

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13193

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township East Primary Registration District No. 2  
City Kansas City (No. 2228 Campbell) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1950  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2228 Campbell St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59 - 1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron Florence

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb 1 1934 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Litt Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Julia Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Bertrude Crump

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagon DATE 5/3/34

19. UNDERTAKER (ADDRESS) West Supply & Food

20. FILED 5-24-34 mmenour Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-27-1933 to 4-30-1934

I last saw her alive on 4-30, 1934. Death is said

to have occurred on the date stated above, at 10:38 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary congestion  
Endocarditis & nephritis chronic

Other contributory causes of importance: 181

Name of operation Free Date of \_\_\_\_\_  
What test confirmed diagnosis Lab Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) A. H. Bruce M. D.

(Address) 311 New Centre Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

