



22856-1

27

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Marion M. Butler
Who died at _____ on June 27 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 19 Months 2 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

Date deceased last worked at this occupation: Septecennia Pus appendix Month _____ Year _____
Birthplace (State or country) Empyema
Birthplace of father (State or country) Empyema was sec. to
Birthplace of mother (State or country) pus appendix
Principal cause of death: Not a purpural case.

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician J. A. Furness
Address of physician Shelburne Mo

X Signature of Registrar Mrs. R. H. Wailes Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 830

E. T. McLaugh

Primary Reg. Dist. No. 4503

Special Agent, State Registrar

S-22856-A

SECRET