

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan Registration District No. 852
Township Pleasant Hill Primary Registration District No. 6122
City (No.) Ward

File No. 22897
Registered No.

2. FULL NAME

William Anderson Butler
(a) Residence, No. St. Ward

(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary C. Butler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
	DAY <u>07</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Co., Missouri</u>		
FATHER	13. NAME <u>James Butler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Lucretia Mullen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Wm. A. Butler, Cuba, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Springfield, Mo. DATE June 11, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. A. Stephens, Milan, Mo.</u>		
20. FILED <u>July 3, 1934</u> <u>Cleo Hagan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY That I attended deceased from April 30, 1934 to June 8, 1934
I last saw him alive on June 4, 1934 Death is said to have occurred on the date stated above, at 1:00 p. m.
The principal cause of death and related causes of importance were as follows:
Congestive heart failure, brain arteriosclerosis and myocarditis Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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

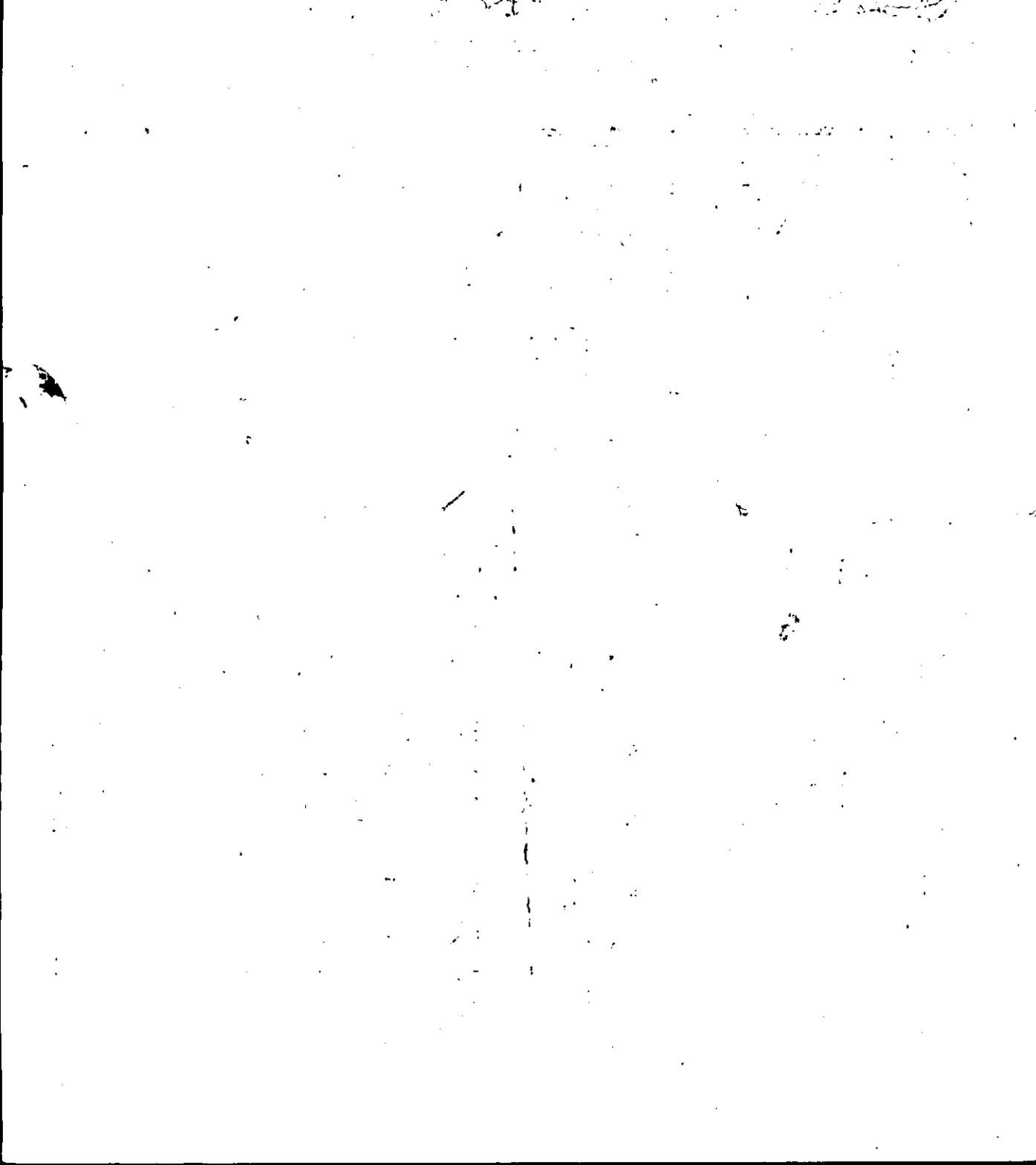
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) J. S. Montz, M.D. M. D.
(Address) Milan, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 9 1934



Sullivan

WASHINGTON 22897

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: Wm Anderson Butler
Who died at _____ on June 8 - 1934
Residence: No. _____ St. 1
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 80 Months 1 Days 7

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: Conjecture heart failure from Month _____ Year _____
Birthplace (State or country) endocarditis & myocarditis
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Endocarditis was chronic

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes
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. S. Montgomery
Address of physician Milan Mo

X Signature of Registrar Clas Hagan 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. 852

E. T. McLaughlin

Primary Reg. Dist. No. 6122

Special Agent, State Registrar

S-22897