

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

Do not use this space.

**1. PLACE OF DEATH**

County Bethlehem Registration District No. OR  
Township St. Joseph Primary Registration District No. 100  
City St. Joseph (No. 1100 Mc. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23388  
Registered No. 898

**2. FULL NAME**

Louis S. Butts  
(a) Residence, No. 2915 Gule St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. <del>SINGLE, MARRIED, WIDOWED, OR</del> <u>Married</u> (write the word)
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira Butts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 9 - 1883</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Hot Keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wm. &amp; Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>1931 July 16</u>		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jopkins Iowa</u>		
13. NAME <u>Trinson Butts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illinois</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT (ADDRESS) <u>Ira Butts 2915 Gule</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland Ken</u> DATE <u>July 30 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Fleeman Mortuary 2915 Gule</u>		
20. FILED <u>JUL 30 1934</u> <u>John R. Boudet &amp; Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28<sup>th</sup> 1934

22. I HEREBY CERTIFY That I attended deceased from July 27, 1934, to July 28, 1934.  
I last saw him alive on July 28, 1934. Death is said to have occurred on the date stated above, at 11 P.  
The principal cause of death and related causes of importance were as follows:  
Heat Exhaustion  
191  
Other contributory causes of importance:  
191

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Chinist Was there an autopsy? Yes

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) Trinson M. D.  
(Address) St Joseph 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.

AUG 14 1934

OCCUPATION  
MOTHER  
FATHER

27  
22  
2  
31

Date of onset  
July 30

30E

