

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.

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

Do not use this space.

SEP 17 1934

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2902  
 City Jasper (No. of Jasper, Mo.) St. Mo. Ward

File No. 29775

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 416 W. Adams St., Pittsburg, Kans. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
12 11 10

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden, Minn.

13. NAME Carl W. Butler

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

15. MAIDEN NAME Ladette LeRoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsport, Ind.

17. INFORMANT (ADDRESS) Carl W. Butler

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Pittsburg, Kan. 8-29-34

19. UNDERTAKER (ADDRESS) Ed P. Jones

20. FILED 8-28, 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1934 to Aug 26, 1934

I last saw him alive on Aug 26, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Shock and hemorrhage  
confused heart from H. Ry  
7:30 AM  
9:03 AM  
 Other contributory causes of importance:  
Heart and cerebral  
weakness

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 8-26, 1934

Where did injury occur? Lawell, Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Under bridge structure, Kansas

Manner of injury Collision with bridge

Nature of injury Confused heart & cerebral weakness

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

(Signed) W. P. Rogers, M.D. (Address) of Co. Kan.

SEP 17 1934

Shock and Hemorrhage, compound fracture  
lower right leg.

Fracture 2nd cervical vertebrae

accident 8-26-34

Lowell, Kansas

Under bridge, Riverton, Kansas  
Collision of two boats  
Compound fracture lower right leg,  
broken neck.

**DR. ED D. JAMES**

Office 826-7-8 Frisco Building  
Office Phone 2600

Reg. No. 6992

Residence 710 North Byers Ave  
Residence Phone 448

FOR.....

DATE .....

R<sub>x</sub>

S-29775  
Aug. 26, 1934

TAKE THIS TO  
**MCCOOL'S 4TH ST. DRUG STORE**  
216 West 4th St., Joplin, Mo.  
Phones 887-888

.....M. D.