

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

Do not use this space.

43616

1. PLACE OF DEATH

JAN 10 1935

County Mo Donald
Township White Rock
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1149
Primary Registration District No. 5697

File No. 5
Registered No. 25

2. FULL NAME

Mrs. Nancy Ellen Smith Buttram

(a) Residence, No. _____ St. _____ Ward. Haley, Idaho
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Mike Buttram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 4, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) August 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Smith
14. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Unkown
16. BIRTHPLACE (CITY OR TOWN) Unkown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Lena Robinson
(ADDRESS) Bentonville, Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Buttram Cemt. DATE Dec. 5, 1934

19. UNDERTAKER Burns Funeral Home
(ADDRESS) Bentonville, Arkansas

20. FILED 12-26, 1934 Lee Q. Carnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th, 1934, to Dec 3rd, 1934

I last saw h. alive on Dec 3rd, 1934. Death is said to have occurred on the date stated above, at 3 A. M.

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

Cerebral hemorrhage
Chronic pleuritic sclerosis
Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Chas. F. Hurley, M. D.
(Address) Bentonville, Arkansas

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.

