

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.

FEB 21 1935

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

Do not use this space.

519

## 1. PLACE OF DEATH

County Ledard  
Township Linn  
City        (No.       )

Registration District No. 165  
Primary Registration District No. 5231

File No. Jan 20 1935  
Registered No. 96  
St.        Ward       

## 2. FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                                  |                                  |                                                                                 |
|------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------|
| 3. SEX<br><u>Female</u>                                                                                          | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u>     |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Butler</u>                                  |                                  |                                                                                 |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 1910</u>                                                       |                                  |                                                                                 |
| 7. AGE<br><u>24</u>                                                                                              | YEARS<br><u>24</u>               | MONTHS<br><u>20</u>                                                             |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>House work</u> |                                  | 11. Total time (years) spent in this occupation <u>      </u>                   |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>      </u>              |                                  | 10. Date deceased last worked at this occupation (month and year) <u>      </u> |

|                                                                 |                                                                                           |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| MOTHER                                                          | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ledard Co. Mo.</u>                 |
|                                                                 | 13. NAME<br><u>Unknown</u>                                                                |
|                                                                 | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>      </u>                         |
|                                                                 | 15. MAIDEN NAME<br><u>Retta Cornbe</u>                                                    |
| FATHER                                                          | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Missouri</u>                       |
|                                                                 | 17. INFORMANT (ADDRESS)<br><u>Carl Butler, Ledard, Mo.</u>                                |
|                                                                 | 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Liberty Cemetery</u> DATE <u>Jan 7 1935</u> |
|                                                                 | 19. UNDERTAKER (ADDRESS)<br><u>H. Davis and Co., Stockton, Missour</u>                    |
| 20. FILED <u>1-20</u> 19 <u>35</u> <u>H. A. Brown</u> Registrar |                                                                                           |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1935  
22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Jan 6, 1935  
I last saw her alive on       , 19      . Death is said to have occurred on the date stated above, at        m.  
The principal cause of death and related causes of importance were as follows:

Due Tuberculosis  
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       , 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?         
If so, specify         
(Signed) J. J. Bacon, M. D.  
(Address) Stockton, Mo.

