

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.

MAR 4 1935

4064

1. PLACE OF DEATH

County Stoddard Registration District No. 840  
 Township Duck Creek Primary Registration District No. 6102  
 City (No. St. Ward)

File No. \_\_\_\_\_  
 Registered No. 5

2. FULL NAME

Fredrick Dale Buttry

(a) Residence, No. \_\_\_\_\_ 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) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1928  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 3 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1935  
 22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1935 to Jan 13, 1935  
 Last saw him alive on Jan 13, 1935 Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:  
Peritonitis Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier Mo.

MOTHER FATHER 13. NAME James Monroe Buttry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Opal Fowler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma Mo.

17. INFORMANT (ADDRESS) James Buttry

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Jan 14, 1935

19. UNDERTAKER (ADDRESS) Hickman White Potosi Mo.

20. FILED 1/14 1935 Vincent B. Hawks Registrar.

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) E. F. Elmore, M. D.  
 (Address) Potosi Mo.

