

OCT 22 1935

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

Do not use this space.

12249-1

1. PLACE OF DEATH

County Clark Registration District No. 191
Township Docker Primary Registration District No. 5272
City (No. St. Ward)

2. FULL NAME

Full Name Frank Nelson Butler
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Emp.
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) Leray Mo.13. NAME N. F. Butler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass15. MAIDEN NAME Eunice Dewey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Mr. Howard Butler
Wayland Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem Co. DATE April 4 193519. UNDERTAKER (ADDRESS) Futtering's Used
Gaines Mo.20. FILED April 6 1935 R. S. Colahan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1935 to Apr. 3 1935
I last saw him alive on Apr. 1 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Intestines Date of onset
Influenza and
Inflammation of Urinary System
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) Dr. J. H. West, M. D.
(Address) Shanger 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.

