JUL 4 1935

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

Do not use this space.

18657

1. PLACE OF DEATH

County Scotland — Registration District No. 810 810 — File No.

Township Jefferson — Primary Registration District No. 6055 — Registered No. 22

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William D. Butler

(a) Residence, No. County Home. 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): Widower

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Alice Duvall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1864

7. AGE: YEARS 70 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Scotland Co Mo

FATHER

13. NAME Isaac Butler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

MOTHER

15. MAIDEN NAME Frances Moss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

17. INFORMANT (ADDRESS) Geo. Dunn Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union DATE May 11 1935

19. UNDERTAKER (ADDRESS) Geth & Boskett Memphis Mo

MAY 11 1935

20. FILED ..... 19 C. C. Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1935, to May 9th, 1935

I last saw him alive on May 9th, 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Date of onset

Other contributory causes of importance: Influenza and General Debility.

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) C. C. Parrish, M. D.

(Address) Memphis, Mo.

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.