SEP 25 1935

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

Do not use this space.

25510

1. PLACE OF DEATH
County Audrain
Township Cuivre
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 912
Primary Registration District No. 6232A

File No. .....
Registered No. 29

2. FULL NAME Arthur G Butts

(a) Residence, No. ..... St., ... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Butts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 13 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Pa

FATHER
13. NAME Wm Butts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

MOTHER
15. MAIDEN NAME Do not Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know

17. INFORMANT (ADDRESS) Clifford Butts

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Aug 18 35, 19

19. UNDERTAKER (ADDRESS) W S Watkins

20. FILED Aug 18 1935 Mattie Fuqua Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1934, to Aug 17, 1935
I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Senility. Possibly Chronic Interstitial Nephritis but no test to prove it.

Date of onset

Other contributory causes of importance:

131

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

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) D. G. Matthews, M. D.
(Address) Vandalia, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD