

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

Do not use this space.

34386

NOV 9 1935

1. PLACE OF DEATH

County
Township
City *St Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *St Lukes Hosp*)

File No.
Registered No. **8823**
St. Ward)

2. FULL NAME

(a) Residence, No. *1 Kingsway Hotel* St. *12* Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Dr Horeph Johnson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 7, 1858</i>		
7. AGE	YEARS <i>77</i>	MONTHS <i>4</i>
	DAYS <i>13</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>Knowlton Tenn</i>		
FATHER	13. NAME <i>Melford Butler</i>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Cliza Dean</i>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT <i>L. C. Johnson</i> (ADDRESS) <i>725 S. Skinner</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine</i> DATE <i>Oct. 22</i> 19 <i>35</i>		
19. UNDERTAKER <i>Wm. and Sons</i> (ADDRESS) <i>6125 Delmar</i>		
20. FILED <i>Oct 21 1935</i> 19..... <i>J. H. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 20* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 7* 19*35* to *Oct. 20* 19*35*
I last saw her alive on *Oct 20* 19*35* Death is said to have occurred on the date stated above, at *8:45 A.M. Oct. 21, 1935*
The principal cause of death and related causes of importance were as follows:
Stroke arteriosclerosis with cerebral thrombosis
Date of onset

Other contributory causes of importance: *82*

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) *J. B. Barger* , M. D.
(Address) *102 N. Broadway*

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.

