

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.

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

Do not use this space.

39204

1. PLACE OF DEATH

County GasconadeRegistration District No. 303Township RoarkPrimary Registration District No. 5420

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No. Gasconade Co. Farm 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMary Butler

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

Unknown

AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, ...hrs.

or min.

OCCUPATION

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

Laborer

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)Osage City, Mo.

FATHER

13. NAME

Wm Butler14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tenn.

MOTHER

15. MAIDEN NAME

Frances Jett16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Osage City, Mo.17. INFORMANT
(ADDRESS)Hy Hollingsworth
Bay, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baptist Cem. DATE 12/11 193519. UNDERTAKER
(ADDRESS)Hugo J. Lumber
Herrmann, Mo.

20. FILED

12-111935Anna K. Riehl

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 25, 1935, to Dec 9, 1935I last saw him alive on Dec 6, 1935. Death is saidto have occurred on the date stated above, at 8:00 A.M.

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

Cerebral Hemorrhage

Date of onset

11-25-35

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Cerebral 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

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? no

If so, specify

(Signed) J. J. Hessling M. D.(Address) Herrmann, Mo.

SECRET
CONFIDENTIAL - SECURITY INFORMATION

1. The purpose of this document is to provide information regarding the activities of the [redacted] and the [redacted] in the [redacted] area.

2. The [redacted] and the [redacted] are both active in the [redacted] area and are both active in the [redacted] area.

3. The [redacted] and the [redacted] are both active in the [redacted] area and are both active in the [redacted] area.

NOTES	
1. The [redacted] and the [redacted] are both active in the [redacted] area and are both active in the [redacted] area.	
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