

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.

Corrections

JAN 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 5562
City Carthage No. _____ St. _____ Ward _____

File No. 39933

Registered No. _____

2. FULL NAME

Anna B. Butts
(a) Residence, No. Route 3, St. _____, Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25 1875</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Council Bluffs Iowa</u>				
FATHER	13. NAME <u>Wm. Bauerkemper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Miller</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>L. B. Butts</u> (ADDRESS) <u>Route 3, Carthage</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paul Cell</u> DATE <u>Dec 31 1935</u>				
19. UNDERTAKER <u>Kneel Mortuary</u> (ADDRESS) <u>Carthage, Mo.</u>				
20. FILED <u>Dec 31 1935</u> <u>S. B. Clinton</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Dec 29, 1935
I last saw her alive on Dec 29, 1935. Death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:
Diabetes & Nephritis (Date of onset Long standing)
HA
Other contributory causes of importance:
Hypostatic pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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? NO
If so, specify _____
(Signed) A. L. Cordonnier, M. D.
(Address) Carthage, Mo

