

APR 16 1936

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

Do not use this space.

9727

1. PLACE OF DEATH

County CharitonRegistration District No. 175

Township

Primary Registration District No. 404City Salisbury (No. _____) St. _____ Ward) _____

File No. _____

Registered No. 17

2. FULL NAME

(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

male

4. COLOR OR RACE

Blk

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

single

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

89

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)

Mo.

13. NAME

Walter Butner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

15. MAIDEN NAME

Julia Fritzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Julia Fritzer Butner
Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Salisbury

DATE

3/191936

19. UNDERTAKER (ADDRESS)

Geoble Infelmeier
Salisbury Mo

20. FILED

3/101936W. S. Lawton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 193622. I HEREBY CERTIFY, That I attended deceased from 2-1 1936, to 3-8 1936I last saw him alive on 3-7 1936. Death is said to have occurred on the date stated above, at 12 a.m.

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

Pyelitis

Date of onset

Other contributory causes of importance:

Injury of left kidney
Partially cholelith.

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.

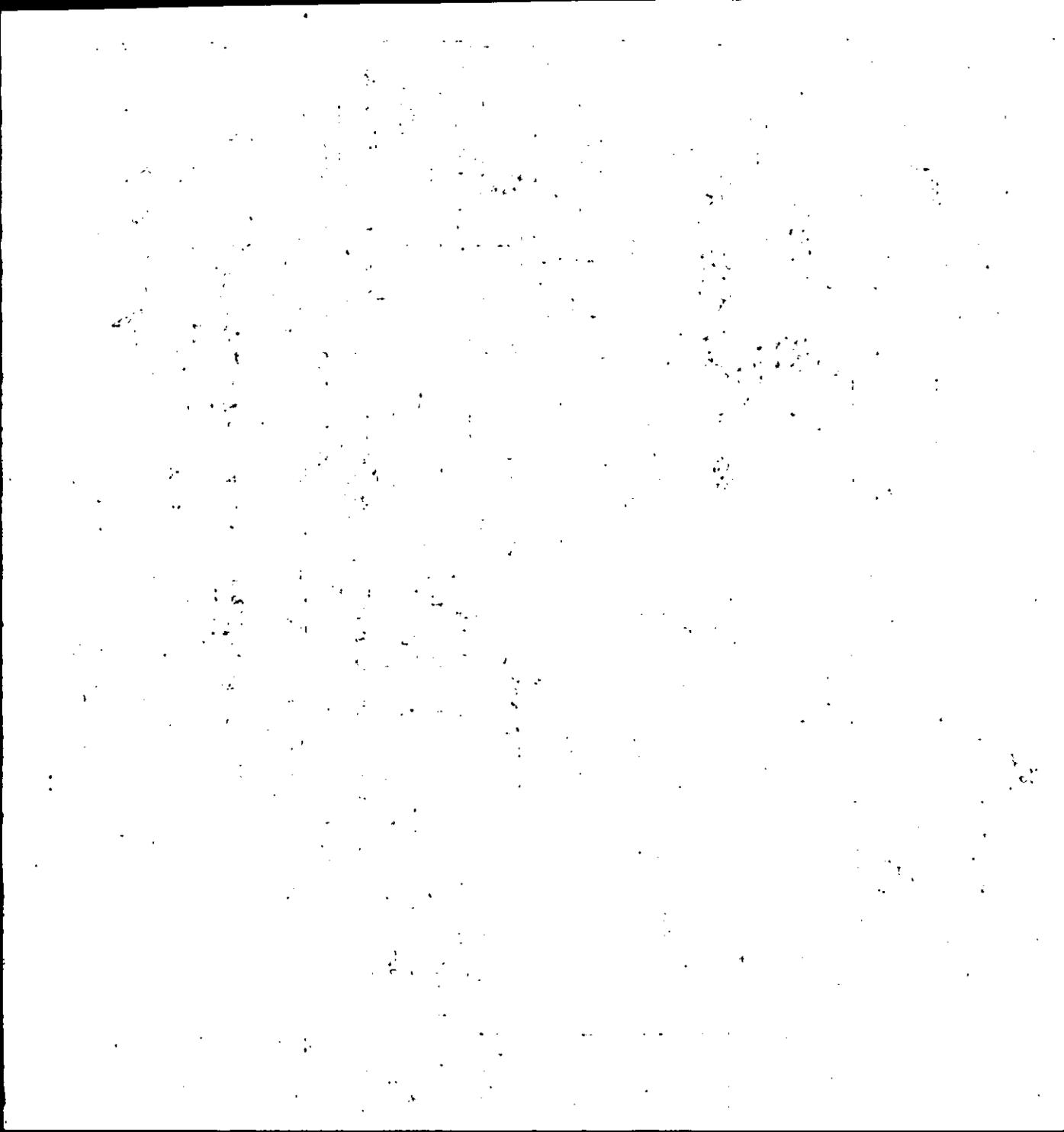
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. S. Lawton, M. D.(Address) Salisbury Mo



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

Do not use this space.

1. PLACE OF DEATH

County Chariton

Registration District No. 175-

File No.

Township

Primary Registration District No. 4104

Registered No.

City Salisbury (No.)

St. Ward)

2. FULL NAME

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>9</u>	<u>0</u>	

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 5/14 1936 G. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

SUPPLEMENTARY

..... contributory causes of importance
tumor of left kidney

Wilms Tumor (Embryonal)
Name of operation Adeno-myo-epi-pancrea

What test confirmed diagnosis? Pathology Was there an autopsy? yes

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) G. W. Hawkins, M. D.

(Address) Salisbury mo

DEPARTMENT OF THE ARMY
ENGINEERING CENTER
FORT BELLEVILLE, ILLINOIS

MEMORANDUM FOR THE RECORD
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

S-9727

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]