

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

Do not use this space.

20451

JUN 25 1936

**1. PLACE OF DEATH**

County Ray  
Township Hubersville  
City (No. ....) (Ward) .....

Registration District No. 915  
Primary Registration District No. 6236

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

**2. FULL NAME**

Rebekah Butler

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Robert Butler</u> (OR) WIFE OF .....		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8, 1844</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>6</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell Co Tenn.</u>		
13. NAME <u>Hiram Richardson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>James Butler</u> (ADDRESS) <u>Polo Mo RR 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Paul Chapel</u> DATE <u>May 31 1936</u>		
19. UNDERTAKER <u>C. H. Larkins</u> (ADDRESS) <u>Council, Mo.</u>		
20. FILED <u>June 10 1936</u> <u>Maunie Lile</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936

I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 30, 1936  
I last saw h. or alive on May 29, 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
Advanced Senility  
Date of onset .....

Other contributory causes of importance:  
CA

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical 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) D. G. W. Garner, M. D.  
(Address) Richmond, Mo.

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

16-086-1-20-36  
X7044

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.

