

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

Do not use this space.

OCT 21 1936

34725

1. PLACE OF DEATH

County Jasper Registration District No. 409
Township _____ Primary Registration District No. 3020
City Carthage (No. _____ St. _____ Ward _____)

2. FULL NAME

Nicholas Milton Butler
(a) Residence, No. Route 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Linn, Missouri

13. NAME Sylvanus Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polass, Missouri

15. MAIDEN NAME Mary Ann Dodson

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

17. INFORMANT (ADDRESS) Robert Fraher, Route 1 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cemetery DATE Sept 24, 1936

19. UNDERTAKER (ADDRESS) Kneel M. Ortman, Carthage, Missouri

20. FILED Sept 22, 1936 S. B. Chilton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936 to Sept 21, 1936
I last saw him alive on Sept 21, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic myocardial insufficiency

Other contributory causes of importance: Chr. Interstitial nephritis

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? no
If so, specify _____
(Signed) Lloyd Blanton, M. D.
(Address) 1 Carthage, Mo.

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.

1948

1. The first part of the document discusses the general situation of the country and the progress of the work.

2. The second part deals with the specific measures taken to improve the economic situation.

3. The third part describes the results of the work and the progress made.

4. The fourth part discusses the future plans and the measures to be taken.

5. The fifth part concludes the document and expresses the confidence in the future.