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.

DEC 4 1933

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

Do not use this space.

39958

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 39958

Township [illegible] — Primary Registration District No. 6248 B — Registered No. 407

City Jefferson Barracks (No. Veterans Administration Facility St. ..... Ward)

2. FULL NAME John L. BUTLER

(a) Residence, No. 615 East Main St., ... Ward. DeSoto, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn 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~~ Mrs Rose Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1872

7. AGE: YEARS 64 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) 10 years ago
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto Missouri

FATHER

13. NAME unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable unavailable

MOTHER

15. MAIDEN NAME unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable unavailable

17. INFORMANT (ADDRESS) E. S. Pilkington Acting Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeSoto Mo. DATE Oct 29 1936

19. UNDERTAKER (ADDRESS) Daniel J. Mahn DeSoto Mo.

20. FILED Oct 27 1936 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1936, to October 27, 1936

I last saw him alive on October 27, 1936. Death is said to have occurred on the date stated above, at 3:10 a.m.

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

	Date of onset
Lobar Pneumonia, Left Upper	unkwn

Other contributory causes of importance: none

108

Name of operation none Date of .....

What test confirmed diagnosis? clin. manifestations, phy. exam laboratory 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? .....

If so, specify .....

(Signed) W. L. Fleck W. L. FLECK, Acting Chief Medical Officer

(Address) Jefferson Barracks, Missouri.