

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 30 1933

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

Do not use this space.

43405

1. PLACE OF DEATH

County Saline Registration District No. 744
Township _____ Primary Registration District No. 4425
City Gilliam (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME

Lavia Butler (Infant)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Gilliam (STATE OR COUNTRY) _____

FATHER 13. NAME Alfred Butler

14. BIRTHPLACE (CITY OR TOWN) Gilliam Mo (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Dortie Ferrell

16. BIRTHPLACE (CITY OR TOWN) Marshall Mo. (STATE OR COUNTRY) _____

17. INFORMANT Alfred Butler (ADDRESS) Gilliam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilliam Mo DATE Nov. 23, 1936

19. UNDERTAKER James H. Delzer (ADDRESS) Saline Mo.

20. FILED Nov 22 1936 J. Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1936, to 11-22, 1936.

I last saw him alive on 11-22-36, 1936. Death is said to have occurred on the date stated above, at 4:35 AM. The principal cause of death and related causes of importance were as follows:

Abnormal presentation at birth Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1936

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) J. Davidson, M. D.

(Address) Gilliam Mo

