

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 25 1937

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

Do not use this space.

1748

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002
 City Stangeville (No. _____ St. _____ Ward _____)

2. FULL NAME William A. Butler
 (a) Residence, No. 717 1/2 E. 11th St. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Genevieve Butler</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22, 1864</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>			
	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) <u>Unknown</u>				
MOTHER	13. NAME <u>Fred Butler</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
	15. MAIDEN NAME <u>Elizabeth Thaggett</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
17. INFORMANT (ADDRESS) <u>Fred G. Butler</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Berlingame New York</u>				
19. UNDERTAKER (ADDRESS) <u>Finweather & Werner</u>				
20. FILED <u>Jan 30 1937</u> <u>M.M. Crowe</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
 I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic sclerosis
Chronic fibrous myocarditis
 Date of onset _____

Other contributory causes of importance:
None

Name _____ Occupation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? Y

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 or cause related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) _____

