

MAY 18 1937

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

Do not use this space.

15906

1. PLACE OF DEATH

County Camden
Township Osage
City Camdenton

Registration District No. 117
Primary Registration District No. 3167

File No. 13
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Larry Buster Butts

(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.

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 Mannis Butts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1889
7. AGE YEARS 47 MONTHS 9 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
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) Camden Co Mo

13. NAME Richard Butts

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

15. MAIDEN NAME Sallie McQuire

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

17. INFORMANT Mannis Butts
(ADDRESS) Camdenton, mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roach Cem DATE May 2 1937

19. UNDERTAKER Banksen Woolley F.S.
(ADDRESS) Camdenton mo

20. FILED May 10 1937 Logie Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 1, 1937
I last saw him alive on May 1, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:
Success of nature Date of onset 1936

Other contributory causes of importance: HO

Name of operation partial mastectomy Date of 1-7-37

What test confirmed diagnosis? pathologic 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? NO

If so, specify _____

(Signed) W. C. Quabone, M. D.

(Address) Camdenton Mo

