

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 16 West, Dartmouth)

File No. 19088
Registered No. 527
St. _____ Ward _____

2. FULL NAME Ed Butler

(a) Residence, No. 16 West Dartmouth St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1936, to May 18, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1858

I last saw him alive on May 18, 1937. Death is said to have occurred on the date stated above, at 5:15 P.m.

7. AGE YEARS 78 MONTHS 8 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired K.C.

Date of onset _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stockyards

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 29 years

Carcinoma of Prostate
(51)

Other contributory causes of importance: Hemorrhage filling Bladder

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millbrook N.Y.

13. NAME Thomas Butler

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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

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)

15. MAIDEN NAME Mary O'Mera

Specify whether injury occurred in industry, in home, or in public place. _____

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

17. INFORMANT Anne Butler (ADDRESS) New York

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 21, 1937

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Robert C. ... M.D.
(Signed) Robert C. ... M.D.
(Address) 1025 Rialto Bldg., K.C., Mo

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) _____

20. FILED May 26, 1937 M. M. Crown Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Rialto Bldg.