SEP 27 1937

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

Do not use this space.

32048

1. PLACE OF DEATH
County Texas 2 1
Township Piney
City ~~Bucyrus~~ (No. ..... St. ..... Ward)

Registration District No. 863
Primary Registration District No. 6137

File No. 32048
Registered No. .....

2. FULL NAME Rovena Matilda Butler

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F —
4. COLOR OR RACE W —
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2 35	5-8	1	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Aug 3 - 1937
11. Total time (years) spent in this occupation —

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

FATHER
2 13. NAME Reason Stamper
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER
15. MAIDEN NAME Martha Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Mr Butler

18. BURIAL, CREMATION, OR REMOVAL
PLACE German Cemetery DATE Aug 19 1937

19. UNDERTAKER (ADDRESS) G. V. Elliott Houston, Mo

20. FILED 8/18/ 1937 J. R. Womack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1937 to Aug 16, 1937
I last saw her alive on Aug 16, 19..... Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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. D. Herron, M. D.
(Address) Houston, Mo

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.