

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.

OCT 20 1937

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

Do not use this space.

34316

1. PLACE OF DEATH

County Harrison
Township
City Bethany (No. 9)

Registration District No. 334
Primary Registration District No. 4197

File No. _____
Registered No. 65 St. _____ Ward)

2. FULL NAME

Port Butler

(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. mes. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14, 1882</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>6</u>	DAYS <u>12</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>auto shop</u>		
10. Date deceased last worked at this occupation (month and year) _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Suicide by shooting with revolver

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? suicide Date of injury 9-8-37
Where did injury occur? Bethany Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury shot with revolver
Nature of injury head in back of head

24. Was disease or injury in any way related to occupation of deceased? if
If so, specify _____
(Signed) Joe E. Wheeler, Coroner
(Address) Bethany Mo.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Co Mo</u>
	13. NAME <u>Norton Butler</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Co Mo</u>
	15. MAIDEN NAME <u>Sarah Elizabeth Dyke</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dumas</u>
	17. INFORMANT (ADDRESS) <u>Fox Butler Bethany Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cynthiana</u> DATE <u>9-10-37</u>	
19. UNDERTAKER (ADDRESS) <u>S. M. Hagan Bethany Mo</u>	
20. FILED <u>9-9-37</u> <u>A. Killwelder</u> Registrar	

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