

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

Do not use this space.

NOV 18 1937

County Rockwood Registration District No. 2
 Township Rawley Primary Registration District No. 1
 City Kansas City No. 1845 E 68th File No. 36843
 2. FULL NAME Stephen A. Butler Registered No. 2372 Ward
 (a) Residence, No. 1845 E 68th St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1937 to Oct 24, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7-1863

I last saw him alive on Oct. 23, 1937 Death is said to have occurred on the date stated above, at 6:40 P.M.

7. AGE YEARS 74 MONTHS 7 DAYS 17 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. Contractor - Builder.
 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

Larynx carcinoma
Starvation
2107746

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island Illinois

Other contributory causes of importance:
Secondary anemia
Starvation

13. NAME William Butler

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Hannah Passag

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Clara Louise Butler
1845 E 68th

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 27, 37

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

19. UNDERTAKER (ADDRESS) Newcomer
Brush Creek & Pass

(Signed) George Jones, M. D.

20. FILED 10-25-37 M. M. Crow, esq.
 Registrar

(Address) 80th & Pass.

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.

