

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

Do not use this space.

1938

1. PLACE OF DEATH

County Bates Registration District No. 49
Township Elkhart Primary Registration District No. 5077
City Amsterdam, Mo. St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Barbara June Butler 346

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1938

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

22. I HEREBY CERTIFY, that I attended deceased from Jan. 10, 1938, to Jan. 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1938

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 Am.

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

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

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____

Premature child, possibly 7 1/2 mo. Asthenia

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Bates Co.

13. NAME Frank L. Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co.

15. MAIDEN NAME Lottie V. Balling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co.

17. INFORMANT (ADDRESS) Frank L. Butler

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Cem. DATE Jan 19 1938

19. UNDERTAKER (ADDRESS) Buried by parents no undertaker

20. FILED Jan. 29 1938 Grace L. Swiser Registrar.

Name of operation _____ Date of _____
What test or special diagnosis? _____ Was there an autopsy? _____

23. If death 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) E. E. Robinson M. D.

(Address) Adrian, Mo.

RECEIVED
FEB 21 1938

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.

