

REC'D MAR 17 1933

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

Do not use this space.

6852

 File No. _____
 Registered No. 10 _____
 St. _____ Ward _____
1. PLACE OF DEATH
 County Harrison Registration District No. 334
 Township Cypress Primary Registration District No. 5481
 City _____ (No. _____) St. _____ Ward _____
2. FULL NAMEHenry Butcher 326
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	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 Missouri Ann Butcher				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st 1853				
7. AGE YEARS 85	MONTHS 1	DAYS 9	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Ohio
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13. NAME	Andrew Butcher
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Ohio
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15. MAIDEN NAME	Permelia Mc Clain
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Ohio
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17. INFORMANT (ADDRESS)	Mrs. G. Russell Pattensburg, Mo.
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18. BURIAL, CREMATION OR REMOVAL PLACE	Pleasant Ridge cemetery	DATE	Feb, 13, 38
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19. UNDERTAKER (ADDRESS)	A. Schomer Pattensburg Mo.
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20. FILED	2-15-1938	A. R. Wheeler	Registrar.
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MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10, 193822. I HEREBY CERTIFY, That I attended deceased from 2-5, 1938, to 2-10, 1938I last saw him alive on 2-10, 1938. Death is said to have occurred on the date stated above, at 11:50 p.m.

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

Endocarditis Date of onset 193452-Other contributory causes of importance:
Pneumonia 2/4/38Leucemia 1933Name of operation None 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? No

If so, specify _____

(Signed) D. Baumgardner 38(Address) Pattensburg 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.

