

REC'D MAR 20 1938

21

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

Cambridge

7352

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 533
 (b) Township Hudson Primary Registration District No. 3027 Registered No. 17
 (c) City Macon (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lillie Bell Butler 346
 (a) Residence, No. 212 Sheridan St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF W. H. Butler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 7 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Life 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville, Missouri

FATHER 13. NAME Henry Shaw,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unknown) Virginia

MOTHER 15. MAIDEN NAME Deleta Noble,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unknown) Virginia

17. INFORMANT (ADDRESS) Helen Butler, Macon, Mo.

18. BURIAL PLACE Woodlawn (Macon) DATE 2/24/38

19. FUNERAL DIRECTOR (ADDRESS) Albert Skinner, Macon, Mo.

20. FILED 2/28 1938 Lester Hunter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar-3-1937 to Feb-22-1938
 I last saw her or alive on Feb-22-1938. Death is said to have occurred on the date stated above, at 3:45 P.

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

Cardiac Endocarditis
exhaustion - Rheumatic
Carditis
9582

Other contributory causes of importance:
General Polyarthritides - end
inostitis of several
years duration

Name of operation No Op Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. J. Cassel M. D.

(Address) Macon Mo 476

STATEMENT BY LICENSED EMBALMER

I, Albert Skinner, Licensed Embalmer No. 751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Albert Skinner

Licensed Embalmer No. 751

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)