

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state amount of care given. AGE should be stated EXACTLY.

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

Do not use this space.

13616

REC'D MAY 9 1938

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township _____ Primary Registration District No. 1002
 City Kansas City (No. 3804 East 12th Terrace St. 1596 Ward)

2. FULL NAME
Clara N. Butler
3804 East 12th Terrace
 (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 65 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Female	White	Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. Claude Butler</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19 1873</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
65	1	25		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Johnson County Kansas</u>				
FATHER	13. NAME <u>Wm. Mulkey</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
MOTHER	15. MAIDEN NAME <u>Sarah H. Wells</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>W. Claude Butler 3804 E. 12th Terrace</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>4/15/1938</u>				
19. UNDERTAKER (ADDRESS) <u>Eads Bros. 1416 Minnesota</u>				
20. FILED <u>4-14 1938</u> <u>M. M. Crowe</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12-1938, to 4-12-1938
 I last saw h. & a. alive on 4-13, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Terminal Pericarditis
Coronary Artery Sclerosis
General Debilitation

Date of onset Eight years ago

Other contributory causes of importance:

Coronary Artery Sclerosis

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? _____ 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) Lo. B. Wyatt, M. D.
 (Address) 3850 Prospect

