

REC'D MAY 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barton  
Township  
City Lamar (No. ....)

Registration District No. 40  
Primary Registration District No. 4024

File No. 13948

Registered No. 17 St. .... Ward)

2. FULL NAME Mary Adelaide Butler

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. P. Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1863

7. AGE YEARS 74 MONTHS 4 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

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

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) Marshall, Ill. (STATE OR COUNTRY)

13. NAME Isaac Brown

14. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Michael Myers (ADDRESS) Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Home DATE 4-17-38

19. UNDERTAKER Miss Elizabeth (ADDRESS) Lamar, Mo.

20. FILED 4-17-38 1938 Mrs. Josephine Myrath (Address) Lamar, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to April 14, 1938

I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cardiac Decompensation  
Atrial Fibrillation

Date of onset April 7-38  
Jan. 1937

Other contributory causes of importance: Chronic myocarditis 1937

Name of operation ..... 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 Yes  
(Signed) John T. Bickel / M. D.  
(Address) Lamar, 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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

