

REC'D MAY 25 1938

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

14440
Do not use this space.

1. PLACE OF DEATH

(a) County Bradford Registration District No. 231
(b) Township 3 Primary Registration District No. 4141 Registered No. _____
(c) City Shelville 9710 (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 Alta M. Butt 300

(a) Residence, No. _____ 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 F 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 Jesse H. Butt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 | 5 | 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Bradford Co MoFATHER 13. NAME John Slough14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Co MoMOTHER 15. MAIDEN NAME Katherine Ogel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradford Co Mo17. INFORMANT (ADDRESS) Jesse H. Butt
Shelville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shelville Cemetery 5/8-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. J. J. J.
Shelville Mo20. FILED 5-21 1938 Alta M. Butt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6 - 193822. I HEREBY CERTIFY, That I attended deceased from Apr 1 1938, to May 6 1938

I last saw her alive on May 6 1938. Death is said to have occurred on the date stated above, at 11:58 m.

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

Acute Pulmonary Tuberculosis

Date of onset

1934Other contributory causes of importance: 23

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? NoIf so, specify Geo W. Peers, M. D.(Signed) _____ (Address) Shelville Mo

STATEMENT BY LICENSED EMBALMER
CERTIFICATE NO. _____

DATE OF DEATH _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.