

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

Do not use this space.

REC'D JUN 14 1938

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Monroe Primary Registration District No. 5776 B
City (No.) (St.) (Ward)

File No. 18923
Registered No.

2. FULL NAME Alberta Hamilton Butfers Alberta Hamilton Bodkins
(a) Residence. No. St. Ward. 394
(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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. G. Butfers
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/13-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 29
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo
10. NAME OF FATHER Alberta Lambrook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo
12. MAIDEN NAME OF MOTHER Pulace Early
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo

14. INFORMANT Mrs. E. Gordon Dovers
(Address) Shelbyville Mo.
15. FILED 6/2 19 38 Mrs. F. W. Thompson
REGISTRAR 512

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/2 1938
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to June 2, 1938, that I last saw her alive on June 1, 1938, and that death occurred, on the date stated above, at 2 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolicism of the brain & lung.
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Endocarditis & Hypertension (duration) Several yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No. DATE OF.....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS Clinical tests.
(Signed) F. R. ... D. O. M. D.
, 19 (Address) Madison, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Madison Mo DATE OF BURIAL 6/3 1938
20. UNDERTAKER Fred A. Thompson ADDRESS Madison Mo

Statement of OCCUPATION is very important.

