

REC'D JUN 24 1938

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

Do not use this space.

19745

1. PLACE OF DEATH

County

Township

City

Stone
Ruth

Registration District No.

Primary Registration District No.

845

6108

File No.

Registered No.

St.

Ward)

2. FULL NAME

(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 42 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

W

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(HUSBAND OR WIFE OF)

Mrs. Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 12 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

7

19

OCCUPATION

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

Hwy.

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)

Mo.

FATHER

13. NAME

Clemuel Davis

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

Don't know

MOTHER

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT (ADDRESS)

Clemuel Butler
Reeds Spring Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Valencia Mo

DATE

May 3 1938

19. UNDERTAKER (ADDRESS)

Mrs Hattie Stultz
Reeds Spring Mo

20. FILED

5/28/1938

19

L. S. Schumate

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1937 to May 1, 1938

Last saw h. alive on April 1, 1938 Death is said

to have occurred on the date stated above, at 10:15 p.m.

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

Senility

Date of onset

Other contributory causes of importance:

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)

L. S. Schumate, M. D.

763

(Address)

Reeds Spring Mo

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.

