N. B.—Every item of information should be carefully supplied. AGE should be stated [illegible]
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 9 1938

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

28678
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township — Primary Registration District No. 3014 — Registered No. 237
(c) City Jefferson — (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Lucille Ann Butzer 326
(a) Residence, No. 722 Mullberry Street St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-9-1935

7. AGE: YEARS 2 — MONTHS 10 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

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.
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) Jefferson City, Mo.

FATHER
13. NAME Guido Butzer 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary's Home, Mo. 0

MOTHER
15. MAIDEN NAME Elizabeth Angenendt 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary's Home, Mo.

17. INFORMANT (ADDRESS) Guido Butzer, Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Resurrection Cem DATE Aug-8-- 1938

19. FUNERAL DIRECTOR (NAME) Shorbey Gordon
(ADDRESS) Jefferson City Mo

20. FILED 8/8/1938 [signature] M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6th, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 2nd, 1938, to August 6th, 1938
I last saw her alive on August 6th, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

Diarrhea
Enteritis

Date of onset

Other contributory causes of importance: 120

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) [signature] M. D.
(Address) 626 Jefferson St

(Licensed Embalmer's Statement on Reverse Side)

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, Thomas J. Gordon, or by .....

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

Signed Thomas J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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