

DEC 18 1938

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

Do not use this space.

35921

1. PLACE OF DEATH

County Jackson
Township BROOKING
City Home

Registration District No. 403
Primary Registration District No. 5557

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Henry Leighton Butner

(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 0 yrs. 0 mos. 30 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHILD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 1, 1938</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>30</u>	IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1938, to 9-30, 1938

I last saw him alive on 9-28, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Inanition

Date of onset 9-23-38

1512

Other contributors causes of importance:
Complete cleft palate
& flaccid lip

Date of onset 9-1-38

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>INFANT</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>	13. NAME <u>John Butner</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>
	MOTHER	15. MAIDEN NAME <u>Margaret Tenkinson</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cuckner Jackson Co. Mo.</u>
17. INFORMANT (ADDRESS) <u>John Butner, Mo.</u>	18. BURIAL, CREMATION, OR DISPOSAL PLACE <u>Cuckner</u>	DATE <u>Oct 1 - 1938</u>	
19. UNDERTAKER (ADDRESS) <u>V. M. Peppert</u>			
20. FILED <u>10-18, 1938</u>	<u>D. E. Hubank</u>	Registrar	

Name of operation Wound Date of _____

What test confirmed diagnosis Wound 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 _____

(Signed) [Signature] M. D.

(Address) 365 [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

