

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

Do not use this space.

DEC'D DEC 22 1938

1. PLACE OF DEATH

County Putnam
 Township Elm
 City Wills (No. 1)

Registration District No. 719
 Primary Registration District No. 5-95-0

File No. 40101
 Registered No. 13 St. _____ Ward _____

2. FULL NAME

Robert Ophus Butler
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 0 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Oct 1 1938 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Missouri

13. NAME Journey H. Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Missouri

15. MAIDEN NAME Gertrude Casaday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co Missouri

17. INFORMANT Journey H. Butler (ADDRESS) State, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Long Pine Cemetery DATE Nov 3 1938

19. UNDERTAKER Copinstock Mear Co (ADDRESS) Unionville Mo

20. FILED Nov 3 1938 Mamie Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to 1, 1938. I last saw h. alive on 1, 1938. Death is said to have occurred on the date stated above, at 9 A.m.

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

Suicide by firearms Date of onset Nov 1 1938

Other contributory causes of importance: 167

Name of operation _____ Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Nov 1, 1938

Where did injury occur? Graysville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Neighbors residential yard

Manner of injury Shot by firearms
 Nature of injury Shot Right Temporal Skull

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. B. Hanson M. D. D.
 (Address) Unionville, Mo

Coroner

N. B.—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.

[Faint, mostly illegible text, possibly a letter or report, covering the majority of the page.]

RECEIVED

District Health Officer No. 10

District File Number 10-38-738

Date Filed 12/13/38