

REC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Pettis

Registration District No.

668

Township

Sedalia

Primary Registration District No.

3032

City

Sedalia

(No. Hospital)

1 Hospital

2. FULL NAME

Grant B. Butcher

(a) Residence, No.

Sedalia Route 6

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.

File No.

15762

Registered No.

189

St.

Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Emma Butcher

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

April 8, 1867

7. AGE

YEARS

71

MONTHS

11

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retired

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

Game warden

10. Date deceased last worked at this occupation (month and year)

1925

11. Total time (years) spent in this occupation.

27

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

Fustoe Mo

13. NAME

Joseph Butcher

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

Indiana

15. MAIDEN NAME

Mary Ellen Lopp

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

Tenn

17. INFORMANT

L. P. Butcher

(ADDRESS)

Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt Vernon

DATE

April 11 1939

19. UNDERTAKER

Mrs Laughlin Bros

(ADDRESS)

Sedalia

20. FILED

4-22-1939

Mrs Harry Sneed

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr 8 1939

22. I HEREBY CERTIFY, That I attended deceased from

Apr 6 - 1939, Apr 8 1939

I last saw him alive on

Apr 8 1939

Death is said

to have occurred on the date stated above, at

4:30 pm

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

Myocarditis, chronic
Hypertension, coronary
sclerosis -
Cerebral hemorrhage -
Hypostatic pneumonia

Date of onset

Other contributory causes of importance:

93C

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

93C
J. P. Tomlinson

(Signed)

M. D.

906 (Address)

Sedalia Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED
District Health Officer No. 8,
District File Number 375/39
Date Filed _____