REC'D MAY 22 1939

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

16363

Do not use this space.

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.

1. PLACE OF DEATH
(a) County Vernon — Registration District No. 874
(b) Township or — Primary Registration District No. 4523 — Registered No.
(c) City Bronaugh — (d) Street No. ... 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Newton Butterlee
(a) Residence, No. Bronaugh Mo. 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1850
7. AGE: Years 89 | Months 1 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as saw mill, bank, etc. f
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) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. C. Brubaker (ADDRESS) Bronaugh, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Worsley Cem. DATE Apr 13 1939
19. FUNERAL DIRECTOR (NAME) Hays Funeral Service (ADDRESS) Bronaugh Mo.
20. Filed May 13 1939 N. B. Trumm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1939
22. I HEREBY CERTIFY, That I attended deceased from 12/15 1938, to 12/15 1938
I last saw him alive on Dec. 15 1938. Death is said to have occurred on the date stated above, at 9 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
I arrived after he had died but had seen him about 4 months before	

Other contributory causes of importance: 94 D

Name of operation None Date of
What test confirmed diagnosis? Had suffered very like pains over heart Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19 0
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. G. Eddlemon, M. D.
(Address) Liberal, Mo.

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Allen V Kaye

Licensed Embalmer No. 1968

P. O. Address Nevada Mo

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

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