MARGIN RESERVED FOR BINDING

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.

20M-2-19-36 I X7294

REC'D JUN 19 1939

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

Do not use this space.

17964

1. PLACE OF DEATH

County Bates — Registration District No. 49 — File No. 3

Township — Primary Registration District No. 4029 — Registered No.

City Amsterdam (No. , St. Ward)

2. FULL NAME Dolly M. Butler

(a) Residence, No. Haynesville La St., Ward. Haynesville La.
(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: female
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 J.E. Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1873

7. AGE — YEARS: 66 — MONTHS: 0 — DAYS: 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, 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) Franklin Co. Texas

FATHER

13. NAME B.E. Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Ga.

MOTHER

15. MAIDEN NAME Ann Stubbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Ga

17. INFORMANT (ADDRESS) J.E. Butler Haynesville La.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Haynesville La. DATE 5-21-39, 19

19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo.

20. FILED 5/20 1939 Merrill C. Ripper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 20, 1939
I last saw her alive on May 20, 1939 Death is said to have occurred on the date stated above, at 9:25 pm.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency

Date of onset

Other contributory causes of importance:
Pleural abscess
left lung. Probably a
localized pneumonia.

Name of operation None 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? No
If so, specify
(Signed) A. A. Lusk, M. D.
(Address) Butler Mo.

District Health Officer No. 7

District File Number 7-39-925-

Date Filed 6-14-39

RECEIVED

District Health Officer No. 7

District File Number

Date Filed