

25502

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 62

REC'D AUG 17 1939

Registration District No. 266Primary Registration District No. 5370

## 1. PLACE OF DEATH:

- (a) County Dent  
 (b) City or town Springcreek  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: XXXXXX 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XX  
 (Specify whether  
 In this community all her life  
 years, months or days)

3. (a) PRINT FULL NAME 346 Mrs Dollie Butler

3. (b) If veteran, name war XX  
 3. (c) Social Security No. XX

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Wige Butler  
 6. (c) Age of husband or wife if alive -- years  
 7. Birth date of deceased February 10 1866  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Tenn  
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name John Ferguson13. Birthplace Tenn  
(City, town, or county) (State or foreign country)14. Maiden name Jane Brown  
(City, town, or county) (State or foreign country)15. Birthplace Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Carl Butler(b) Address Salem, Missouri17. (a) Burial (b) Date thereof July 12, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wagner Cem.18. (a) Signature of funeral director Carl K. Spencer(b) Address Salem, Missouri19. (a) July 12 1939 (b) C. E. Butler M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dent  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. 3  
 (If rural, give location) 3  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1939 hour 12:30 minutes \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from October 11  
1938 to July 11 1939;  
that I last saw her alive on July 10 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Hepatitis

Duration

6-29-39Due to Chronic Gall Bladder Disease secondary

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: Cholecystectomy with  
Of operations Cholelithiasis Dec 1937  
Of autopsy None

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_23. Signature C. E. Butler M.D. (M. D. or other) \_\_\_\_\_Address Salem Missouri Date signed 7-12-39

RECEIVED

District Health Officer No. 5,

District File Number 83910

Date Filed 8-10-28

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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.....

Licensed Embalmer No.....

P. O. Address.....

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

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