

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

Do not use this space.

37408

1. PLACE OF DEATH

County Stone. Registration District No. 1033.
Township Pine. Primary Registration District No. 6113.
City (No. _____) St. _____ Ward _____

2. FULL NAME George E. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1939.

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

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to Sept. 26, 1939

I last saw him alive on Sept. 26, 1939 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1872.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>4</u>	<u>5</u>	

Carcinoma of the Prostate Gland.

Part of the gland was removed in St. John's Hospital Springfield, Mo., in April, 1939.

Other contributory causes of importance:

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

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) Arkansas.

13. NAME Mat Butler.

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

15. MAIDEN NAME Nancy Gofourth.

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

17. INFORMANT C. C. Butler
(ADDRESS) Blue Eye, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler Cemetery DATE Sept. 28, 1939

19. UNDERTAKER Nelson Funeral Home.
(ADDRESS) Berryville, Arkansas.

20. FILED Nov 1939 Christa S. Scott
Registrar.

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 _____
(Signed) C. C. Miller M. D.

(Address) Blue Eye, Missouri.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION 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. 6,

District File Number 1139-2366

Date Filed NOV 16 1939