

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

Do not use this space.

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Clark Primary Registration District No. 4011
City Fairfax, Mo. (No. 2645) St. _____ Ward _____

File No. 5762
Registered No. _____

2. FULL NAME

Thomas Theodore Butler

(a) Residence, No. Fairfax, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 0 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 9 19

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

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

10. Date deceased last worked at this occupation (month and year) 1-20-1940 11. Total time (years) spent in this occupation 50 yrs

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

13. NAME Issac Owen Butler

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

15. MAIDEN NAME Cornelia Cobb

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

17. INFORMANT Lelia Russell (ADDRESS) 3052 Ruby Ave. R.C. Kamm

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasantridge DATE Jan 29, 1940

19. UNDERTAKER W. H. Schaefer (ADDRESS) Fairfax, Missouri

20. FILED Feb. 10, 1940 Father B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1940

22. I HEREBY CERTIFY, that I attended deceased from 12-20-39, to 1-17-40, 1940

I last saw him alive on 1-16-40, 1940 Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Coronary Atherosclerosis
Hypertensive Nephritis

Date of onset 12-20-1939
1-16-1940

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1940

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) Owen Hunter, M. D.

(Address) Fairfax - 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. 11,

District File Number 340250

Date Filed MAR 5 1940