

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

Do not use this space.

7588

FILED MAR 14 1940

1. PLACE OF DEATH

County Nodaway  
Township Hughes  
City                     

Registration District No. 622  
Primary Registration District No. 4373  
(No. R R # 2 Graham, Mo.)

File No.                       
Registered No. 3  
St.                      Ward                     

2. FULL NAME

(a) Residence, No. R R # 2, Graham St., Mo. Ward                     

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm  
10. Date deceased last worked at this occupation (month and year) 1-40 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Mt. Pleasant Mo.

13. NAME Joseph Henry Butts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Cherry Run W. Va.

15. MAIDEN NAME Eliza Jane Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Oregon Mo.

17. INFORMANT (ADDRESS) J. H. Butts

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) Cambell Funeral Home

20. FILED March 8, 1940 Nysced Black Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from                     , 1940, to                     , 1940

I last saw him                      alive on                     , 1940. Death is said

to have occurred on the date stated above, at 6:00 p. m.

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

Suicide by gunshot wound of heart Date of onset 2/17

Other contributory causes of importance: 167

Name of operation none 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? suicide Date of injury 2/17, 1940

Where did injury occur? near Graham Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. farm home

Manner of injury gunshot wound

Nature of injury laceration of heart

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify                     

(Signed) Chas. J. Humbert M. D.

(Address) Corner, Nodaway Co., Mo.

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. 117

District File Number 349-323

Date Filed MAR 12 1940

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed: William Campbell

Licensed Embalmer # 267

Address: Marquette 7