

*Receptor*

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

Do not use this space.

16259

1. PLACE OF DEATH

County Henry Registration District No. 347  
 Township \_\_\_\_\_ Primary Registration District No. 3018  
 City Clinton (No. 401) E. Green St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 80  
 Registered No. \_\_\_\_\_

2. FULL NAME Alpha E. Butcher

(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

3. SEX Female 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 Geo. W. Butcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 26 - 1843

7. AGE YEARS 92 MONTHS 2 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Aggecult  
 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) Green County  
Missouri

13. NAME Wm. D. Mallicoat

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

15. MAIDEN NAME Mary M. Whittleburg

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

17. INFORMANT (ADDRESS) Ada Jones  
Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eaglewood DATE 5-21-35

19. UNDERTAKER (ADDRESS) Sigs Funeral Home  
Clinton, Mo.

20. FILED 6-3 1935 Dr. J. R. Hampton  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20 - 1935

22. I HEREBY CERTIFY, That I attended deceased from About 1-1, 1925, to 5-20, 1935  
 I last saw him alive on 5-20, 1935. Death is said

to have occurred on the date stated above, at 7:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocardosis  
Pulmonary sclerosis  
Pulmonary Edema  
Cerebral Endarteritis

Other contributory causes of importance: \_\_\_\_\_

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) Ed. C. Reel, M. D.

(Address) Clinton, 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.

MAY 21 1935

