

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Fairview
City Deepwater (No. 0)Registration District No. 351
Primary Registration District No. 4208File No. 6875
Registered No. R (St. _____ Ward)2. FULL NAME Beverly Jean Butler 346(a) Residence, No. 1 _____ Ward. (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) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓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) Deepwater (STATE OR COUNTRY) Missouri13. NAME James Butler14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)15. MAIDEN NAME Ester Mcmullen16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT Mr. Ester Butler (ADDRESS) Deepwater, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Deering Antepate DATE 2-22-3819. UNDERTAKER John J. Russell (ADDRESS) Deepwater, Mo20. FILED 2-21-38 J. V. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21, 193822. I HEREBY CERTIFY, That I attended deceased from 2:10, 1938, to 2-21, 1938I last saw her alive on 2-20, 1938 Death is saidto have occurred on the date stated above, at 10 m.

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

Protosmia & Enter PneumoniaOther contributory causes of importance: 9

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 _____, 1938

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) J. V. Russell, M. D.315 (Address) Deepwater, 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.

