

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

Do not use this space.

16254

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. Kansas City Gen Hosp) St. _____ Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2132

2. FULL NAME

(a) Residence No. 3222 Roberts St. Ward. 12

(Usual place of abode) 3209 E. 9th (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>11</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lon Butcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sarah McMillan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14.

INFORMANT Reverend Clerk
(Address) Kansas City Gen. Hosp

15.

FILED 7/21/30 M. M. Krowner REGISTRAR
Wes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-20 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-29, 1929, to 5-20, 1930 that I last saw him alive on 5-20, 1930 and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephrolithiasis of left kidney
134A

(duration) Several years ds.
CONTRIBUTORY (SECONDARY) 134A
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-12-30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Uteric Clin. & Indurip
(Signed) P. E. Williams M. D.

5-21-1930 (Address) Supt. K.C. Gen. Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Shawnee Cem May 27 1930

20. UNDERTAKER

ADDRESS

S. F. Newcomer's Son No. 16 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.

