

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

Do not use this space.
28831

1. PLACE OF DEATH

County Scott
Township Buttrick
City Buttler (No. 14553)

Registration District No. 821
Primary Registration District No. 6090

File No. 65
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs.	or min.
		<u>1</u>	<u>15</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Buttler
(STATE OR COUNTRY) Mo. Scott

10. NAME OF FATHER Danford Soligly

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

12. MAIDEN NAME OF MOTHER Lula Holder

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

14. INFORMANT Lula Soligly
(Address) Buttler Mo

15. FILED 8/8/30 Walter E. Deeds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2-1930

17. I HEREBY CERTIFY, That I attended deceased from July 18 1930, to Aug 2 1930 that I last saw him alive on Aug 2 1930, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Self Decease
11913

CONTRIBUTORY (SECONDARY) 11313
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) A. A. Mayfield, M. D.

Buttler, 1930 (Address) Buttler Mo

*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

minor switch cemetery 8-3 1930

20. UNDERTAKER ADDRESS

S. R. Dempster side along m.

AUG 26 1930

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.

