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.

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

APR 2 1935

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 7943
Township — Primary Registration District No. 3001 — Registered No. 47
City Kirksville (No. ..., ... St. ... Ward)

1 2 7

2. FULL NAME Fannie Butler
(a) Residence, No. 1018 E. Jefferson St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 G. W. Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1858

7. AGE — YEARS: 77 — MONTHS: 9 — DAYS: 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) March 3, 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NE of Kirksville Missouri

FATHER
13. NAME John Waddill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Illinois

17. INFORMANT (ADDRESS) J. S. Butler Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville DATE 3/17/35, 19

19. UNDERTAKER (ADDRESS) Davis & Wilson Kirksville, Mo.

20. FILED March 16, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10th 1935, to March 15th, 1935
I last saw her alive on March 15th, 1935. Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis — Date of onset
93 ☉

Other contributory causes of importance:
Myocarditis (chronic)
Pericarditis (chronic)
Senility

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

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? No
If so, specify
(Signed) J. Woodson Creed, M. D.
(Address) Kirksville, Missouri

1 2 2