

OCT 17 1935

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

Do not use this space.

28655

File No. ....  
Registered No. 64  
St. .... Ward

## 1. PLACE OF DEATH

County Bates Registration District No. 50  
Township ..... Primary Registration District No. 3004  
City Butler (No. ....)

2. FULL NAME Amanda Butler

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 2 11

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Ft. Smith (STATE OR COUNTRY) Arkansas13. NAME James Hollar14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)17. INFORMANT Mrs Jack Roe (ADDRESS) Butler, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wal. Hill DATE Sept 18 193519. UNDERTAKER Butler (ADDRESS) Butler Mo.20. FILED Sept 18 1935 Thos L. Culver Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1935 to 9-15-1935  
I last saw her alive on 9-15-1935 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:

Date of onset

Cerebral thrombosis

Other contributory causes of importance:

HypertensionName 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) Abraham Woodbridge, M. D.  
(Address) Butler, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death in extreme supine. AGE should be stated EXACTLY. PHYSICIANS should state

7  
3  
455  
9  
21

