Butcher

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

Do not use this space.

1248

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 101
Township Kan — Primary Registration District No. 1002 — Registered No.
City of Kansas City (No. St. Josephs Hospital St. Ward)

2. FULL NAME R E Butcher
(a) Residence, No. St., Ward. Chilhowee, Mo
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st. 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
45	45	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Norris Henry Co. Mo

FATHER
13. NAME Parish P Butcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norris Henry Co Mo

MOTHER
15. MAIDEN NAME Edith McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norris Henry Co Mo

17. INFORMANT (ADDRESS) H R Butcher Chilhowee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg Mo DATE Jan 8th 1936

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Co. Warrensburg Mo.

20. FILED Jan 8 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1935, to Jan 7, 1936
I last saw him alive on Jan 7, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Collapse	
Chronic & Acute Myocarditis	

Other contributory causes of importance:
Thyrotoxicosis

Name of operation Thyroidectomy Date of Jan 4 36
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Park Neal, M. D.
(Address) 736 Argyle Bldg KC Mo