

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

Do not use this space.

5643

MAR 23 1936

1. PLACE OF DEATH

County Howard
Township ~~Cherokee~~
City Fayette (No.)

Registration District No. 878
Primary Registration District No. 4222

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Henry 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. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Everette Butler

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan Cemetery Feb 26, 1936

19. UNDERTAKER (ADDRESS) Wesleyan ma

20. FILED Mar 9 1936 N.C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1936 to Feb 23, 1936
I last saw him alive on 2-23, 1936 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Not Known
Acute cardiac decompensation 2-20-36

Other contributory causes of importance:
Name of operation None Date of no
What test confirmed diagnosis? Phys. findings 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. Shaw, M. D.
(Address) Fayette, Mo

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.

