WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 16 1938

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

Do not use this space.

37621

File No.

Registered No. 4471

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1002

City Kansas City (No. 3514 Woodland St. Ward)

2. FULL NAME Mrs Emily Rose Butler

(a) Residence, No. 3514 Woodland 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: Fe

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: John H Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS: About 62 | MONTHS | DAYS | 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ashville North Carolina

FATHER

13. NAME: James Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John H Butler 3514 Woodland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Oct 9, 1936

19. UNDERTAKER (ADDRESS): Hy Mewermers Sons Kansas City - Mo

20. FILED Oct 8, 1936 M. M. Brown asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct - 6th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Oct 6, 1936

I last saw her alive on Oct 3 - , 1936. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chron	1 year
Hypertrophy of heart	1½ yrs.
Chronic Nephritis	2 yrs

Other contributory causes of importance

Name of operation Exploratory Date of 5 years ago

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? No 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) Orma Kanaga, M. D.

(Address) 220 Ang Ave Bldg

Dr Owen Kruger
220 Argyle Bldg

1 - 3 30 pm