JAN 19 1938

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

Do not use this space.

File No. 45734

Registered No.

1. PLACE OF DEATH
County: Jefferson
Township: Valley
City: De Soto (No. ..... St. ..... Ward)
Registration District No. 420
Primary Registration District No. 3022

2. FULL NAME: Harvey W. Butler

(a) Residence, No. ..... 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: 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: Birdie Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9 1880

7. AGE: Years 57 | Months 2 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 98
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): De Soto Mo

FATHER
13. NAME: Nash Butler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Mo

MOTHER
15. MAIDEN NAME: Emma Repple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Mo

17. INFORMANT (ADDRESS): Birdie Butler De Soto Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: 12/4 1937

19. UNDERTAKER (ADDRESS): Funk Funeral Co Festus, Mo

20. FILED 1-4 1938 Jeneva Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1937, to Dec. 1, 1937
I last saw him alive on Nov. 27, 1937. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of larynx — Date of onset unknown

Other contributory causes of importance: 47

Name of operation: none Date of
What test confirmed diagnosis? Clinical 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? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Ford V. McFinstry, M. D.
(Address) Edgar Bldg. De Soto, 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.

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

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