

DEC'D JUL 14 1938

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

22842

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City Farmington (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

Registered No. 83

2. PRINT FULL NAME

Levina James Butterfield 361
(a) Residence, No. _____ St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maurice Butterfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 23 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) after 1st of Oct 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Ohio13. NAME Mr. James14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry15. MAIDEN NAME Ellen Lane16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Ohio17. INFORMANT (ADDRESS) Mary Fred Butterfield18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE 7-7 193819. FUNERAL DIRECTOR (ADDRESS) Farmington 4th Cos Farmington Mo.20. FILED July 2 1938 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 193822. I HEREBY CERTIFY, That I attended deceased from May 10 1938, to July 1 1938I last saw her alive on June 18 1938. 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:

myocardio chronic
sudden acute
arteriosclerosis of heart
Date of onset _____

Other contributory causes of importance: 93CName of operation None Date of _____What test confirmed diagnosis Cholera Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

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) R. P. Johnson M. D.699 (Address) Farmington Mo.

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed: Nellie Harter
Licensed Embalmer No. 2969

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)