

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

23182
 Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH

(a) County Vernon ³ Registration District No. 875
 (b) Township Washington ¹ Primary Registration District No. 6162
 (c) City..... (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. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 163

2. PRINT FULL NAME

Edward G. Butler ³⁴⁶
 (a) Residence, No. State Hospital # 3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Cora Butler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Station agent
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1938
 22. I HEREBY CERTIFY That I attended deceased from June 25, 1938, to July 2, 1938
 I last saw him alive on....., 1938. Death is said

to have occurred on the date stated above, at 2:15 P. M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset ?

Other contributory causes of importance:

Name of operation..... 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?..... 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) T. T. O'Neil, M. D.
 (Address) Merida,

12. BIRTHPLACE (CITY OR TOWN) Cass Co. Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Jacob Butler 9

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Elizabeth Arnold

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY)

17. INFORMANT Cora Butler (ADDRESS) Humanville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE city cemetery DATE July 6, 1938

19. FUNERAL DIRECTOR Joseph Treston (ADDRESS) Humanville, Mo.

20. FILED 7-2, 1938 Allen E. Hays Local Registrar

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.

RECORD THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)