

REC'D AUG 10 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County HenryRegistration District No. 347File No. 25434Township 4/2Primary Registration District No. 3018

Registered No. \_\_\_\_\_

City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Marcia Ann Butler 3/6 (Butler)(a) Residence, No. East Jeff 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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

wid

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

Eusebia Franklin Butler

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

Jan 17 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7769

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House work

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)

Henry Co Mo

MOTHER

13. NAME Rachel Williams

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

Not known15. MAIDEN NAME Margaret Jane Lee

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

Howard Co Mo17. INFORMANT Mrs C F Crews

(ADDRESS)

Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel DATE 7/28 '3819. UNDERTAKER Consular & Beck

(ADDRESS)

Clinton Mo20. FILED 8-21938Dr J R Hampton

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/193822. I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 24, 1938I last saw her alive on July 24, 1938 Death is said to have occurred on the date stated above, at 8:42 a.m.

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

Date of onset

Hypostatic pneumonia. 3 days.

Other contributory causes of importance:

Senile Altered mental status.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? \_\_\_\_\_ 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?

If so, specify \_\_\_\_\_

(Signed) R. S. Wallingford M.D.(Address) Clinton MoHoller 158

