

REC'D OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway 2
Township 1 Registration District No. 104 File No. 31843
City Sutton (No. 3008) Primary Registration District No. 3008 Registered No. 225
St. _____ Ward _____

2. FULL NAME Ernie Dale Butterfield 361
(a) Residence, No. _____ 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ 10 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sutton, Missouri

FATHER
13. NAME Wm. D. Butterfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT E. D. Butterfield
(ADDRESS) Sutton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Quete DATE Sept 20, 1938

19. UNDERTAKER Leo J. Woodhouse
(ADDRESS) Sutton, Mo.

20. FILED Sept 19, 1938 R. N. Crevo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1938, to 9/18, 1938
I last saw him alive on 9/18, 1938. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enterocolitis Date of onset Aug 20, '38
119A
Other contributory causes of importance: meningitis (not epidemic) 1 day

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? _____ 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) Henry D. [Signature] M. D.
(Address) Fulton, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

