

APR 23 1940

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

11474  
Do not use this space.

1. PLACE OF DEATH

(a) County Wade Registration District No. 449  
(b) Township Lubauer Primary Registration District No. 4267 Registered No. \_\_\_\_\_  
(c) City Lubauer or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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.

2. PRINT FULL NAME

Martian A Buttram  
(a) Residence, No. \_\_\_\_\_ 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<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Ethel Buttram</u>                |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Sept 23, 1903</u>                                     |                              |   |
| 7. AGE YEARS<br><u>36</u>   | MONTHS<br><u>6</u>           | DAYS<br><u>1</u>  |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>Farmer</u> |                              | 11. Total time (years) spent in this occupation.                            |
| 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)                                   |                              |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Dallas Co Mo</u>                             |                              |   |
| 13. NAME<br><u>Martian Buttram</u>  |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Dartmouth Mo</u>                             |                              |   |
| 15. MAIDEN NAME<br><u>Maggie Buttram</u>  |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Buffalo Mo</u>                               |                              |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. J. E. Rowe<br/>Cochran, Texas</u>                                |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Trans Grave</u> DATE<br><u>3/26/40</u>                |                              |   |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS)<br><u>W. E. Holman<br/>Lubauer Mo</u>                         |                              |   |
| 20. FILED<br><u>73-25</u> 19 <u>40</u> <u>J. M. Coomb</u><br>Local Registrar.                       |                              |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/40 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1940, to 3-24, 1940.  
I last saw h. \_\_\_\_\_ alive on 3-24, 1940. Death is said to have occurred on the date stated above, at 3:20 P. M.  
The principal cause of death and related causes of importance were as follows:  
Tuberculosis of lungs  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 73

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. M. Coomb M. D.  
404 (Address)

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

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.

50M-P-10-35  
I X16803

RECEIVED

District Health Officer No. 7,

District File Number 4-40-647

Date Filed 4-12-40

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

W. E. Halman  
.....  
Licensed Embalmer No. 4107

P. O. Address Lebanon Mo

**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.)**

**If this body is not embalmed, above space should be left blank.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11474

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF BIRTH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Martian a Buttram

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 6 1 \_\_\_\_\_ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 5-4-40 (b) J. McCouler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

20. DATE OF DEATH Month 3 day 24  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. McCouler (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL COPY

11474 (1940)

2000

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