

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

Do not use this space.

20451

JUN 25 1936

1. PLACE OF DEATH

County Ray
Township Hubsville
City (No. _____) _____

Registration District No. 915
Primary Registration District No. 6236

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rebekah Butler

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Robert Butler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 8, 1844</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Campbell Co Tenn.</u>		
FATHER	13. NAME <u>Wiram Richardson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>James Butler</u> (ADDRESS) <u>Polo mo RR 3</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>St Paul Chapel</u> DATE <u>May 31 1936</u>		
19. UNDERTAKER <u>C. H. Larkins</u> (ADDRESS) <u>Cougell, Mo.</u>		
20. FILED <u>June 10 1936</u> <u>Marnie Lile</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936

I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 30, 1936
I last saw h. or alive on May 29, 1936 Death is said to have occurred on the date stated above, at 4:45 pm.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Advanced Senility
Date of onset _____

Other contributory causes of importance:
OA

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) D. G. W. Gaines, M. D.
(Address) Richmond, Mo.

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

16-20-36 1 X704

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.

