

# STATE OF TENNESSEE

98

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Cassell

Civil Dist. 15

OR  
Village Brewer Station

OR  
City

Registration District No. ....

Primary Registration District No. ....

File No. ....

Registered No. ....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Littlefield Butler

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH Nov. 30, 1846  
(Month) (Day) (Year)

7 AGE 78 yrs. 1 mos. 17 ds. If LESS than 1 day, ..... hrs. or ..... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Tennessee  
(State or country)

10 NAME OF FATHER Wm. Butler

11 BIRTHPLACE OF FATHER Tennessee  
[State or country]

12 MAIDEN NAME OF MOTHER Bettie Ford

13 BIRTHPLACE OF MOTHER Tenn  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] .....

[Address] .....

15 Filed 2/21, 1925 L. D. Murphy  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17, 1925  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1918, to Jan 17, 1925, that I last saw him alive on Jan 16, 1925, and that death occurred, on the date stated above, at 3:20 P.M.  
The CAUSE OF DEATH\* was as follows:

Acute Insufficiency  
[Duration] 6 yrs. 8 mos. 18 ds.

Contributory [SECONDARY] .....

Signed L. D. Murphy M.D.  
Feb. 21, 1925 Address Brewer Station

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL M. Aubrey Lane DATE OF BURIAL Jan 18, 1925

20 UNDERTAKER A. P. Siler ADDRESS .....

MARGIN RESERVED FOR BINDING  
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. See instructions on back of certificate.