

Dist No. 23

## CERTIFICATE OF DEATH

57011774

Serial No. 85

1. NAME OF DECEASED (Type or print) <u>Albert Maxwell Butcher</u>			2. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1957</u>		
3. PLACE OF DEATH a. COUNTY <u>Logan</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>W. Va.</u> b. COUNTY <u>L Logan</u>		
b. CITY OR TOWN <u>Logan</u>		c. LENGTH OF STAY IN CITY OR TOWN		c. CITY OR TOWN <u>MAN</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Logan General Hospital</u>			d. STREET ADDRESS		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			c. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 21, 1910</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Professional Ball Player</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Baseball</u>	11. BIRTHPLACE (State or foreign country) <u>Helders, W. Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
3. FATHER'S NAME <u>John Lee Butcher</u>			14. MOTHER'S MAIDEN NAME <u>Victoria Ann Fillinger</u>		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY No.	17. INFORMANT Address <u>Mrs. Esth Butcher, MAN, W. Va.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: 5810 IMMEDIATE CAUSE (a) <u>Cirrhosis of the Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year, Hour M.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK At WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWN COUNTY STATE	

21. I attended the deceased from <u>Sept. 12, 1957</u> to <u>Sept. 15, 1957</u> and last saw the deceased alive on <u>Sept. 15, 1957</u> . Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Logan Gen. Hospital</u>	
				22c. DATE SIGNED <u>Sept 18, 1957</u>	

BURIAL, CREMATION, REMOVAL (Specify) <u>3661</u>		23b. DATE <u>9/18/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Park Mill, W. Va.</u>	
DATE REC'D. BY LOCAL REG. <u>9-23-57</u>		24. REGISTRAR'S SIGNATURE <u>Dorothy Hall</u>		26. FUNERAL DIRECTOR <u>C. B. Gilman, Man, W. Va.</u>	