Edward B. Butcher
in the Montana, State Deaths, 1907-2016

Name:	Edward B. Butcher
Gender:	Male
Race:	White
Age:	Abt 70
Birth Date:	abt 1855
Birth Place:	England
Death Date:	1 Oct 1925
Death Place:	Great Falls, Cascade, Montana, USA
Father:	Chas Butcher
Mother:	Fannie Butcher
Certificate Number:	2197

Source Citation
Montana Department of Public Health and Human Services; Helena, Montana; *Montana Death Records*

Source Information
Ancestry.com. *Montana, State Deaths, 1907-2016* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2001.

Original data: State of Montana, Montana State Deaths, 1868-2016, State of Montana Department of Public Health and Human Services, Office of Vital Statistics, Helena, Montana.

Description
Index to death records from Montana between 1907 and 2016. Learn more...

Form V. S. 3. 6-24-10M.

G.F. File No. 2197

STATE OF MONTANA
Bureau of Vital Statistics
Certificate of Death

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.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

1 PLACE OF DEATH

County Cascade Montana Registered No. 323

Township .... or Village .... or

City Great Falls No. Columbus Hospital St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward B. Butcher

(a) Residence. No. Victoria Hotel St., ... Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occured ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (Write the word). single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years about 70 Month ... Days ... If less than 1 day. hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. camp cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or Country) England

PARENTS

10 NAME OF FATHER Chas. Butcher

11 BIRTHPLACE OF FATHER (City or Town, State or Country) England

12 MAIDEN NAME OF MOTHER Fannie Beck

13 BIRTHPLACE OF MOTHER (City or Town, State or Country) England

14 Informant Col Hospital records
(Address) Great Falls, Montana

15 Filed 10/7, 1925 Thos. F. Walker M.D. by L.S.W. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, Day and Year) Oct 1- 1925

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1925, to Oct 1, 1925, that I last saw him alive on Oct 1, 1925, and that death occurred on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas (49)

(duration) ... yrs. 8 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Cut Bank, Mont

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Findings at autopsy

(Signed) [illegible signature], M. D.

Oct 5- 1925, 1925 (Address) Gt Falls

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal: ~~Highland~~ Calvary cemetery — Date of Burial: Oct 8, 1925

20 UNDERTAKER T. F. OConnor Co — ADDRESS Gt Falls Mt