

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

Do not use this space.

21647

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Josephs Hospital)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 2995 (Ward)

2. FULL NAME Anna Lutz

(a) Residence. No. Lenexa Kansas St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Lutz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>7</u>	<u>21</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Ireland

10. NAME OF FATHER John Shanahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. E. D. Nixon
(Address) 4126 Bell St.

15. FILE # 731 1927 M. M. Brown
REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1927

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1927, to July 29, 1927, that I last saw him alive on July 29, 1927, and that death occurred, on the date stated above, at 1 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppurative Cholangitis
12 1/2 (duration) yrs. 1 mos. _____ ds.
12 1/2 Cholelithiasis
CONTRIBUTORY (SECONDARY) (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 12 1/2
DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 30 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Harry H. Jones, M. D.
7/30, 1927 (Address) Kansas City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Lenexa Kansas

Aug. 1 19 27
ADDRESS

20. UNDERTAKER

H. W. Gates

K. C. K.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every statement of occupation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

