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

Do not use this space.

16973

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 3019 — Registered No. 186

City Independence (No. Indep Sanitarium St. Ward)

2. FULL NAME Gazel Lux

(a) Residence. No. Sugar Creek St., Ward. (If nonresident give city or town and State)
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4th, 1901.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
26	6	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Boiler Maker

(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): Austria

PARENTS

10. NAME OF FATHER: Boldy Lux

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

12. MAIDEN NAME OF MOTHER: Margret Lazor

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

14. INFORMANT: Boldy Lux
(Address) Sugar Creek Mo

15. FILED May 20, 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1928, to May 11, 1928 that I last saw h[illegible] alive on May 11, 1928, and that death occurred, on the date stated above, at 6 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic tuberculous peritonitis
2.5
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Starvation from inability to retain
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 12, 1928

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Green, M. D

May 12, 1928 (Address) Independence, 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: Mound Grove ~~St. Marys~~ — DATE OF BURIAL: 5-14-1928

20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Independence, Mo