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

Do not use this space.

30494

1. PLACE OF DEATH U.S.VET.HOSP. #67,
County Jackson Registration District No. File No. 3745
Township Kaw Primary Registration District No. Registered No.
City Kansas City. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME LUTHOLTZ, Walter Cleveland C-1,087,459
(a) Residence. No. Strasburg, Virginia. St., Ward. Pvt. 115th Inf. 29th Div.
(Usual place of abode) (If nonresident give city or town and State)
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.

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) July 23, 1888.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	1	15	

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

9. BIRTHPLACE (CITY OR TOWN) Clary.
(STATE OR COUNTRY) Virginia.

PARENTS
10. NAME OF FATHER John C. Lutholtz,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT HOSPITAL RECORDS.
(Address) U.S.VET.HOSP., Kansas City, Mo.

15. FILED 9/10, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 8, 1928.

17. I HEREBY CERTIFY, That I attended deceased from October 5, 1927, to September 8, 1928 that I last saw him alive on September 8, 1928, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pul.chr. Advanced "C".

(duration) Unknown. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ——
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF ——
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & X-Ray exams

9/9/28 (Signed) W. E. Chambers M.D.
75 (Address) W.E.CHAMBERS, Medical Officer in Chge., U.S.VET. HOSP., 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. Strasburg Va
DATE OF BURIAL 9/10 1928

20. UNDERTAKER The Taylor Funeral Home Inc
ADDRESS

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.