

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

Do not use this space.

36936

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 105

City Kansas City (No. 4231)

Independ. Ave.

File No. _____

Registered No. 4585

St. _____ Ward _____

2. FULL NAME

Fidelis J. Lutz Lighthizer

(a) Residence. No. 4231 Independ. Ave. - St. 10 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 23, 1844

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.
84 | 2 | 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) Ohio

10. NAME OF FATHER Jesse Campbell

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. Frank J. Gray
4231 Independ. Ave.

15. FILED 11/14/28 M. M. Lesperve REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1928

I HEREBY CERTIFY That I attended deceased from Jan 1, 1927 to Nov 14, 1928 that I last saw him alive on Nov 13, 1928 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

930
1927 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Myocarditis & Chronic Arterio-Sclerosis (duration) 10 yrs. mos. ds.

18. WHERE THIS DISEASE CONTRACTED 909

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. R. Foster, M. D.

11/14, 1928 (Address) 1529 Lister

*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 Edmwood DATE OF BURIAL 11-14 1928

20. UNDERTAKER D. H. Newcomer & Sons ADDRESS K. C. Mo.

K. R.—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.

1529 Luster
Ben. 2865
afternoon.