

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

Do not use this space.

FEB 13 1930

1. PLACE OF DEATH

County Wadsworth
Township Johnson
City (No. _____) _____

Registration District No. 619
Primary Registration District No. 4575
5821

File No. 2079
Registered No. 1
St. _____ Ward)

2. FULL NAME

Margaret Lutz
(a) Residence. No. _____ St. _____ Ward. _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Worton
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Wm E Hinton

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

12. MAIDEN NAME OF MOTHER Catherine Engles

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

14. INFORMANT Mr Hazel Cornell
(Address) St Joseph Mo

15. FILE NO. Feb 13 1930
2111 Wiley
Feb-13-30 C. P. Kreider REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1929 to Jan 12, 1930 that I last saw her alive on Jan 12, 1930, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of Heart and
acute Encephalitis
75 B
79 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. H. Wiley, M. D.

(Address) Clemons St 840

*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 White Oak Park DATE OF BURIAL Jan 14 1930

20. UNDERTAKER Cummings & Co ADDRESS Wagonville

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.

