

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 27 1930

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

Do not use this space.

5432

1. PLACE OF DEATH

County Jefferson Registration District No. H 70
Township Free Primary Registration District No. 302 B
City Osato Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME

(a) Residence. No. 412 S 4th St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Kutzy (nee) (Wes)</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 2 - 1862.</u>				
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Blacksmith.</u> (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) <u>Buffalo Mo.</u>				
10. NAME OF FATHER <u>Theodore Kutzy</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) <u>Germany</u>				
12. MAIDEN NAME OF MOTHER <u>not known.</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) <u>Germany</u>				
14. INFORMANT <u>Mrs. Edd Bell.</u> (Address) <u>412 S 4th. Osato Mo.</u>				
15. FILED <u>Feb 6 1930</u> <u>D. J. Terry</u> (REGISTRAR)				

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1930

17. I HEREBY CERTIFY, That I deceased from _____
January - 11, 1930 to Feb 6, 1930
that I last saw her alive on Feb 5, 1930 and that death occurred, on the date stated above, at 9-30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation of heart with arteriosclerosis

not known (duration) yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic nephritis (SECONDARY) (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
not known

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Walter C. Lippin M. D.
Feb 6, 1930 (Address) D L Sob 240

*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 <u>Louisiana Mo.</u>	DATE OF BURIAL <u>Jan 8 1930</u>
20. UNDERTAKER <u>Richardson Brothers</u>	ADDRESS <u>Osato</u>

