

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Cole
City (No.)

Registration District No. 59
Primary Registration District No. 5099

File No. 38505
Registered No. 23
St. Ward

2. FULL NAME

Louise Lutjen

(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. H. Lutjen</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 29 - 1860</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>3</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER <u>Bennard Reinert</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
12. MAIDEN NAME OF MOTHER <u>Theresa Supfle</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT

(Address) Wm B Lutjen La Monte Mo

15. FILE

Jan 1 1931 Harry Bay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930 to Dec 15, 1930 that I last saw her alive on Dec 15, 1930, and that death occurred, on the date stated above, at 8:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Lesion

CONTRIBUTORY (SECONDARY) Bronchial Asthma (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED? 9000 (duration) 25 yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry Bay, M. D.

12-16, 1930 (Address) Cole Camp, 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 DATE OF BURIAL

Mr Hulda Cem. Dec 17 1930

20. UNDERTAKER ADDRESS

J. B. Calbert Lincoln Mo.

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.

JAN 1 1931

