

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

Do not use this space.

31893

**1. PLACE OF DEATH.**

County Mississippi  
Township Springfield  
City Charleston

Registration District No. 566  
Primary Registration District No. 3030

File No. \_\_\_\_\_  
Registered No. 91  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME.**

Nettie Lutz Andrews

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 66 yrs. 10 mos. 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie W. Andrews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 10 18

**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

82  
87  
91

9. BIRTHPLACE (CITY OR TOWN) Charleston  
(STATE OR COUNTRY)

10. NAME OF FATHER Ignatius Lutz

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

12. MAIDEN NAME OF MOTHER Elizabeth Johnston

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

14. INFORMANT This Mrs. Andrews  
(Address) Charleston, Mo.

15. Sept 22 1931 J. S. Vernon  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/21 1931 11:12 AM

17. I HEREBY CERTIFY, That I attended deceased from 8/15 1931, to 9/21 1931, that I last saw him alive on 9/21 1931, and that death occurred, on the date stated above, at 11:12 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
(with hemiplegia)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Artero-sclerosis  
(duration) 2 yrs. n mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED At Home  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS W. S. Love M. D.  
(Signed) 9/22 1931 (Address) Charleston, 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL L.O.O.F. DATE OF BURIAL 9-23 1931

22. UNDERTAKER Lou Ud. Co. ADDRESS Charleston, Mo.

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.

SEP 24 1931

Dr. Love