

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

Do not use this space.

40526

1. PLACE OF DEATH

County Daniel
Township _____
City Patterson mo (No. _____)

Registration District No. 254
Primary Registration District No. 454

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME Lola utz Lola Utz

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>M</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-30-31</u>		
7. AGE	YEARS	MONTHS
<u>X</u>	<u>16</u>	<u>Months</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1931 to Dec 30 1931

I last saw her alive on Dec 30 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
159 159
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John F. Parker, M. D.
(Address) Patterson mo

FATHER	13. NAME <u>Bill utz</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Daniel mo</u> (STATE OR COUNTRY)
MOTHER	15. MAIDEN NAME <u>Ester Parker</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>mo</u> (STATE OR COUNTRY)
17. INFORMANT <u>William Utz</u> (ADDRESS) <u>Patterson mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Butcher</u> DATE <u>12-31-31</u> 19 <u>31</u>	
19. UNDERTAKER <u>Family S. Gromer</u> (ADDRESS) <u>Patterson mo</u>	
20. FILED <u>Jan 31</u> 19 <u>31</u> <u>John Parker</u> Registrar.	

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.

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