

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

Do not use this space.

35226

1. PLACE OF DEATH

County Dade
Township Marion
City (No. St. Ward)

Registration District No. 238
Primary Registration District No. 3328

File No.
Registered No.

2. FULL NAME

Hubert Byron 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Lutz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24-1904
7. AGE YEARS 28 MONTHS DAYS 4 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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 9 1/2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 - 1932
22. I HEREBY CERTIFY That I attended deceased from bed about 5 minutes before 9 am 1932, to , 19 .
I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
History indicated Heart failure probably dilatation - as he had a putid knee for past 2 years
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? No
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? No
If so, specify
(Signed) John A. Wren, M. D.
(Address) Solden City Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning Mo.
13. NAME Grant Lutz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillips Co. Mo.
15. MAIDEN NAME Sarah Lutz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon, Mo.
17. INFORMANT (ADDRESS) Mrs. Sarah Lutz Solden City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE J.O.P. Cemetery DATE 11-29-1932
19. UNDERTAKER (ADDRESS) E. J. Phillips Solden City Mo.
20. FILED 11-29-1932 J. A. Wren Registrar.

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.

29
1932

