

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

Do not use this space.

5524

1. PLACE OF DEATH
 County Holt Registration District No. 373
 Township Lewis Primary Registration District No. 4219
 City Oregon (No. _____ St. _____ Ward _____)

2. FULL NAME Martha Adeline Kutzger
 (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 ♀
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>1</u>	<u>14</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER / FATHER

13. NAME Jonas Kutzger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Mo

15. MAIDEN NAME Elain Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Josephson Co Kansas

17. INFORMANT (ADDRESS) Jonas Kutzger Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland DATE Feb 2 1933

19. UNDERTAKER (ADDRESS) _____

20. FILED 2-2-33 W. H. Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933, to Feb 2nd, 1933
 I last saw her alive on Feb 2, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Convulsions from effect of the flu terminating in congestion of base of the brain
 Date of onset Feb 1-33

Other contributory causes of importance: stic about 20 hrs

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) J. O. Tracy, M. D.
 (Address) Moand City 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.

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