

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.

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

Do not use this space.
36477

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 388
Primary Registration District No. 1001
(No. 53rd & Troost)

File No. 4200
Registered No. 4200
St. _____ Ward _____

2. FULL NAME Rev. Michael H Lutz

(a) Residence, No. Rockhurst College, 53rd, & Troost 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest--College Professor
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) New York

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Rev. Daniel N Conway
(ADDRESS) 53rd & Troost (Rockhurst College)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE 11/10/33 19.

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 W. Linwood

20. FILED Nov 9 33 M. M. Cronin
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 5 1 1933, to 11 7 1933
I last saw him alive on 11 6 1933. Death is said to have occurred on the date stated above, at 9:30 A M
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset _____
SEE
102
Chronic Hypertension
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? no 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) D. S. Sample M. D.
(Address) city

