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.

MAR 24 1934

4084

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 23

City ~~St Joseph~~ (No. R F D #5, St. Ward)

2. FULL NAME Helen Lucile Lutz

(a) Residence, No. R F D #5 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Joseph Lutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1896

7. AGE: YEARS 37 — MONTHS 6 — DAYS 5 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Aberdeen South Dakota

FATHER
13. NAME Jacob Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Joseph Lutz R F D #5 St. Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE Febr. 24, 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED Feb 23, 1934 J. J. Bruneland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to 2/23, 1934
I last saw her alive on 2/21, 1932. Death is said to have occurred on the date stated above, at 5:50P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uterus	unknown
Other contributory causes of importance:	
Myocarditis	unknown

Name of operation Oil & Insertion Radium Date of Nov 16th 1932
What test confirmed diagnosis? Laboratory 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?
If so, specify
(Signed) C. S. Francis M. D.
(Address) 212 Kirkpatrick Bldg