

SEP 25 1934

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

Do not use this space.

30709

1. PLACE OF DEATH

County Missouri

Registration District No. 790

Township

Primary Registration District No. 60328

City

Clinton

(No. County Hospital)

File No. ....

Registered No. 296

St. .... Ward

2. FULL NAME

Ferdinand Hutz

(a) Residence, No. Missouri Co. 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 M 4. COLOR OR RACE W 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) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 73

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 20 yr  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber  
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) Ills.

13. NAME Hutz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Hutz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary Hutz (ADDRESS) 9530 2nd a

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 9-7-34

19. UNDERTAKER Southern (ADDRESS) 6322 S. Grand

20. FILED 8/31 1934 John J. Warkentin Registrar.

13 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Abrasions about nose, left hand, left leg. Hematothorax left. Chr. pleural adhesions, bilateral. Chr. myocarditis. Generalized arteriosclerosis. Rt. indirect

Other contributory causes of importance: Complete inguinal hernia. Left. indirect incomplete inguinal hernia. Pericholecystitis. Polycystic

Name of operation Antony Date of.....  
What first confirmed diagnosis?..... Was there an autopsy? yes

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 1934  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....  
(Signed) Yukata Jimeno 8/31/34

(Address) 3718 Juniper Ra.,

St. Louis, Mo., 1934.

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.

left kidney distended kidneys.  
Chr. nephritis. Vesical calculus and cystitis.  
Hypertrophied prostate. Fractured ribs on the l. side  
4-8 inclusive (mid-axillary).  
Secondary; Urinary retention. Fracture of ribs of left  
chest 4-8 inclusive. Interthoracic hemorrhage, many  
bruises and abrasions about body and extremities.  
Shock.

It is a question as to how these injuries occurred.  
He lived alone in a little shack in Carondelet  
Township. Was found by neighbor lying in yard,  
near the front porch. Whether injured by falling  
from porch, or done on highway, and got back to  
his home, so far unable to ascertain.