MAY 24 1935

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

Do not use this space.

12918

1. PLACE OF DEATH
County Jackson — Registration District No. 390 — File No.
Township Kane — Primary Registration District No. 2002 — Registered No. 1620
City Kansas City (No. 711 W 20 St. Ward)

2. FULL NAME Iva Virginia Lutz
(a) Residence, No. 711 W 20 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Lutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1887

7. AGE Years 47 Months 11 Days 23 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) Near Ashland

FATHER
13. NAME Jesse Ames.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldon Ia DATE Apr - 35

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, ave.

20. FILED 4-15, 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to April 15, 1935
I last saw her alive on April 15, 1935. Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4-11-35
Influenza type	

Other contributory causes of importance:

11a

Name of operation none 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. P. Klepinger, M. D.
(Address) 615 Argyle Bldg.

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.

2/13/24