

Hoffman

JUN 21 1935

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

Do not use this space.

15881

1. PLACE OF DEATH
County Black Registration District No. 190
Township Jackson Primary Registration District No. 5274
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME George Kell Stutz
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret S. Winkler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 1 —

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Black Co. Missouri

FATHER
13. NAME Louis Stutz

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

MOTHER
15. MAIDEN NAME Alice Hauslow

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

17. INFORMANT (ADDRESS) Mrs. Margaret S. Stutz
Black Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newman Cem. DATE May 5, 1935

19. UNDERTAKER (ADDRESS) Fred J. Charles
Black Co. Mo.

20. FILED 575 1935 J. R. Ovidas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1935

22. I HEREBY CERTIFY that I attended deceased from April 27, 1935 to May 3, 1935
I last saw him alive on April 30, 1935 Death is said to have occurred on the date stated above, at 5:30 AM
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
Chronic Myocarditis

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? _____ 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) M. G. Hoffmann, M. D.
(Address) Black Co. Mo.

Date of onset
4/27/35

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.

