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.

19068

**1. PLACE OF DEATH**

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

Township: Washington — Primary Registration District No.: 527 — Registered No.: 46

City: St. Joseph (No. Slaybach Addition. St. Ward)

**2. FULL NAME** Nicholas F. Lutz

(a) Residence, No. Slaybach Addition. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Litwina Lutz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21, 1865

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 69 | 9 | 12 | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster

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): Sept. 1934

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa, Russia.

**FATHER**

13. NAME: Adam Lutz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa, Russia.

**MOTHER**

15. MAIDEN NAME: Caroline Goetz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Odessa, Russia.

17. INFORMANT (ADDRESS): Mrs. Litwina Lutz, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet Cemetery DATE: June 5, 1935

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: June 5, 1935 J. J. Bunshoff, Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934, to June, 1935

I last saw him alive on June 1, 1935. 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:

| | Date of onset |
|---|---|
| Anaemia | |

Other contributory causes of importance: Cancer of Prostate gland.

Name of operation: Suprapubic cystostomy Date of: Dec 7/34

What test confirmed diagnosis? Was there an autopsy?

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? no
If so, specify
(Signed) Charles Greenberg, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.