

OCT 22 1935

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

Do not use this space.

29658

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 335 Maple) St. _____ Ward _____

File No. _____
Registered No. 32970
St. _____ Ward _____

2. FULL NAME Anna L. Lutz

(a) Residence, No. 335 Maple 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 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) Sept 24 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
58 11 25

OCCUPATION

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

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) K.C. Mo. (STATE OR COUNTRY)

MOTHER

13. NAME Thomas Gilcrist

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

15. MAIDEN NAME Kate Madder

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

17. INFORMANT Husband (ADDRESS) 335 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE 9-19-35 19

19. UNDERTAKER Melbodie McGilley (ADDRESS) Kansas City, Mo.

20. FILED 9-22 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933, to Sept 19 1935
I last saw him alive on Sept 16 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:

Carcinoma of uterus Oct 1932
U.S.

Other contributory causes of importance:
Metastatic Carcinoma of Liver June 1935

Name of operation Hysterectomy Date of Jan 15 1933
What test confirmed diagnosis? Operative 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: _____
Nature of injury: _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) C. J. Cornish, M. D.
(Address) 2602 East 15th Kansas City, Mo.

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.

