FEB 24 1936

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

Do not use this space.

2639

1. PLACE OF DEATH
County RAY
Township RICHMOND
City RICHMOND (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 9

2. FULL NAME ELIZA AGNES LUTZ

(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. 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 1855

7. AGE: Years 80 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Indiana

FATHER
13. NAME Joseph Heiney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

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

17. INFORMANT Mrs. Ray Lucas
(ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Mo DATE 1/20/36 19

19. UNDERTAKER C. M. Jones
(ADDRESS) Richmond Mo

20. FILED 2-10 1936 E. E. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1935, to Jan 19 1936

I last saw her alive on Jan 19 1936. Death is said to have occurred on the date stated above, at 10:05 A.m.

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

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic 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?
If so, specify

(Signed) E. E. Hay, M. D.
(Address) Richmond Mo

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.