12-6-7

FEB 26 1936

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

Do not use this space.

8977

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township Washington — Primary Registration District No. 6162 — Registered No. 39
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Chauncey Dumont Lotz
(a) Residence, No. State Hospital #3 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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 Mary (Barber-Robinson) Lotz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1890

7. AGE: YEARS 45 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. produce dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (chronic invalid)
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) St. Clair Co. Mo.

FATHER
13. NAME Isaac Wesley Lotz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft. Wayne Ind.

MOTHER
15. MAIDEN NAME Sarah Fern Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. C. D. Lotz Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osceola Mo DATE Feb. 13, 1936

19. UNDERTAKER (ADDRESS) Hull-Nuck Co.

20. FILED Feb. 13, 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1932 to Feb. 13, 1936
I last saw him alive on ..... 1936 Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. paralysis of the insane (meningo-encephalitic type of syphilis of the C.N.S.)	1922
	80
Other contributory causes of importance: myocardial insufficiency	?

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? ..... 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) T. T. O'Dell, M. D.
(Address) Nevada, 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.