

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.

1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

14605

1. PLACE OF DEATH

County Cole  
Township Jefferson  
City Jefferson (No.         )

Registration District No. 213  
Primary Registration District No. 3014

File No.           
Registered No. 133  
St.          Ward         

2. FULL NAME

(a) Residence, No. 707 W. Miller St. (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	6	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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) Cole Co Mo

MOTHER, FATHER

13. NAME Nicholas Lutz

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

15. MAIDEN NAME Mary Schlegel

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

17. INFORMANT (ADDRESS) Andy Lutz

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Mar 13 1936

19. UNDERTAKER (ADDRESS) Lawson Gamm

20. FILED 4/30/1936 W. B. Bradford M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1936 to April 30 1936. I last saw him alive on April 29 1936. Death is said to have occurred on the date stated above, at         . The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Apr 29 1936

Date of onset         

Other contributory causes of importance: Arterio-sclerosis

Name of operation          Date of           
What test confirmed diagnosis?          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) J. E. Bures, M. D.  
(Address) Jefferson City Mo

