JUL 16 1936

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

Do not use this space.

22010

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 773
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Lulu M. Goetze,
(a) Residence, No. 2432 Felix St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 33 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 August F. Goetze,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1865
7. AGE YEARS 71 MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) May 1936,
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport, Kentucky,

FATHER
13. NAME Thomas Jones,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Earl J. Goetze Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetary DATE June 4, 1936
19. UNDERTAKER (ADDRESS) Heaton-Bergalt Bowman Funeral Home 319 So. 10th. St.
20. FILED June 3, 1936 A. J. Nestlebush Registrar. Jo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2nd, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1936; to June 2, 1936
I last saw her alive on June 2, 1936. Death is said to have occurred on the date stated above, at 11:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage - Left Hemiplegia	May 23/36
Other contributory causes of importance: Arterio Sclerosis & Hypertension	15 yrs

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) Clarence A. Gaal, M. D.
(Address) St. Joseph Mo

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2
100M-11-24-33