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.

FEB 27 1937

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

Do not use this space. 2048

1. PLACE OF DEATH
County Lewis — Registration District No. 478 — File No.
Township Highland — Primary Registration District No. 4287 — Registered No. 1
City Ewing (No. 2 St. Ward)

2. FULL NAME John Jacob Lothschuetz
(a) Residence No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 - 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 6-7-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunquarter Rheinpfalz Germany

FATHER
13. NAME John Jacob Lothschuetz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Mrs. Barbara Lothschuetz Ewing, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary DATE Jan 23rd 1937

19. UNDERTAKER (ADDRESS) Thos Ball Ewing, Mo.

20. FILED Feb 7 1937 Verna K. Ball Registrar. Dept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to Jan 21, 1937
I last saw him alive on Jan 21, 1937. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 10 1937
Chronic Myocarditis	1935

Other contributory causes of importance

93C

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) Mahich D.O. ~~M.D.~~
(Address) Ewing Mo