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.

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 379 — File No. 22974
Township Kaw — Primary Registration District No. 1002 — Registered No. 2020
City Kansas City (No. 307 South Hardesty St. Ward)

2. FULL NAME Sallie Lutsenhizer
(a) Residence, No. 307 South Hardesty 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: Famale
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: Benton Lutsenhizer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1856

7. AGE: 81 YEARS, 3 MONTHS, 13 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Missouri

FATHER
13. NAME: William Ewin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Ebigail Bidges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Jessie B. Kelley, 307 South Hardesty

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Butler, Mo. DATE: 6-30-37, 19

19. UNDERTAKER (ADDRESS): QUIRK AND TOBIN CO, 20 W. Linwood

20. FILED 6/29, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May - 20, 1937, to June 28, 1937
I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	6-4-37
NMO 97	

Other contributory causes of importance:

Arteria Sclerosis	1933
Anemia	1933

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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) F. N. Evans, M. D.
(Address) 520 Argyle.