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.

JUL 27 1937

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

Do not use this space.

14

1. PLACE OF DEATH
County Calloway Co. Registration District No. 105 File No. 23333
Township Auxvasse. Primary Registration District No. 5155 Registered No. 15
City Portland, Mo. RFD (No. 2 St. Ward)

2. FULL NAME Luther Herman Guoltzau,
(a) Residence, No. Portland, Mo. RFD 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: Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25th 1880

7. AGE: YEARS 57 MONTHS 2 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steddman, Calloway Co. Mo.

FATHER
13. NAME Niclous Guoltzau.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lottie Bomhofner,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Margaret Bridges Portland, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portland, Mo. DATE June 6th-1937

19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.

20. FILED 6-6- 1937 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th-37, 19

22. I HEREBY CERTIFY, That I attended deceased from L917, 19, to June 2, 1937, 19
I last saw him alive on June 2, 1937, 19 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
Pernicious Anemia	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Usual Was there an autopsy?

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?
If so, specify
(Signed) A. D. Bridges, M. D.
(Address) Portland Mo.