

AUG 24 1937

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

Do not use this space.

27445

1. PLACE OF DEATH

49 County Jasper
3 Township
2 City Earl Junction MoRegistration District No. 406
Primary Registration District No. 4240File No.
Registered No. 12
St. Ward

2. FULL NAME

(a) Residence, No. 307 N. Conroy St., 1 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Augusta Lutz		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1869		
7. AGE YEARS 68	MONTHS -	DAYS 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
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) Illinois
13. NAME Phillips Lutz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
15. MAIDEN NAME Lucinda Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
17. INFORMANT (ADDRESS) Husband August Lutz Earl Junction, Mo.
18. BURIAL, CREMATION, OR REMOVAL Earl Junction Cemetery, DATE July 5, 1937
19. UNDERTAKER (ADDRESS) Hedge-Wilcox Funeral Home Webb City, Mo.
20. FILED July 3, 1937 Earl Junction, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1907, 1935, to July 1, 1937

I last saw her alive on July 15, 1937. Death is said to have occurred on the date stated above, at 10:21 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nutritional
anemia
(Progressive)
(Debility)

Date of onset
6.9.35

Other contributory causes of importance:
4A
Carcinoma arising
from left ovary.

Name of operation none Date of operation
What test confirmed diagnosis? Histology. 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. B. Lutz, M. D.
(Address) Jasper, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-1 22-38
U. S. GOVT. PRINTING OFFICE: 1934

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.

Dr. DETAK