DEC 17 1937

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

Do not use this space.

File No. 41220
Registered No. 91

1. PLACE OF DEATH
County Franklin. Registration District No. 297
Township St. John's. Primary Registration District No. 5414
City ~~Clover Bottom Inst.~~ Krakow, Mo. R.F.D. (No. ..... St. ..... Ward)

2. FULL NAME Anna Lutomski

(a) Residence, No. Krakow, Mo. R.F.D. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. X mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joseph Lutomski.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30th, 1870.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) Jan. 1937.
11. Total time (years) spent in this occupation 41 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow. Missouri. R.F.D.

FATHER
13. NAME Frank C. Nowak.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

MOTHER
15. MAIDEN NAME Annie Brefko.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

17. INFORMANT Mr. Joseph Lutomski.
(ADDRESS) Krakow, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Krakow, Mo. DATE Nov. 22nd, 1937

19. UNDERTAKER Nieburg & Vitt, Inc.,
(ADDRESS) Washington, Mo.

20. FILED Nov. 20 1937 N. A. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1937, to Nov. 18, 1937
I last saw him alive on Nov. 18, 1937 Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance: None

Name of operation Exploratory Date of 5/5/37
What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) R. Matthews, M. D.
(Address) Leasburg Mo

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.