

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

Do not use this space.

JAN 23 1929

40342

1. PLACE OF DEATH

County Henry
Towship _____
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 142
St. _____ Ward _____

2. FULL NAME

Lawson Milo Klutz
(a) Residence, No. Bohmer Ave, St. _____ Ward _____
(Usual place of abode)

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 M 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 Adelia Klutz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 9 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Veterinary
(b) General nature of industry, business, or establishment in which employed (or employer) Surgeon
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New Concord
(STATE OR COUNTRY) North Carolina

PARENTS

10. NAME OF FATHER Edolphus Klutz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Elizabeth Beck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs L M Klutz
(Address) Clinton Mo

15. FILED Dec 3 1928 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 2nd 1928

17. I HEREBY CERTIFY That I attended deceased from July 12, 1928, to Dec 2nd, 1928 that I last saw him... alive on Nov 30th, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
124B
93C/2201
(duration) 2 yrs. _____ mos. _____ ds.
CONTRIBUTORY Cirrhosis Liver
(SECONDARY)
(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) Robt D Haire, M. D.
, 19 _____ (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Dec 5. 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton

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.

