

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

Do not use this space.

10475

1. PLACE OF DEATH

County Newton
Township Danburein
City Newton (No. 73)

Registration District No. 612
Primary Registration District No. 5814

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

2. FULL NAME

(a) Residence No. John Kutzy 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. (If nonresident, give city or town and State)

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 Rose Kutzy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1852

7. AGE YEARS 80 MONTHS 6 Ds 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Germany

13. NAME John Kutzy

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Giesche

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ben Kutzy
Monticello Mo.

18. BURIAL, CREMATION, OR REMOVAL St Marys Church DATE March 4 1933

19. UNDERTAKER (ADDRESS) Mr. Wm. H. H. H.
St. Louis Mo.

20. FILED 3-9 1933 Grace Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1933, to March 2 1933

I last saw him alive on Feb. 26 1933 Death is said

to have occurred on the date stated above, at 930 a.m.

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

Heart Insufficiency
92A 9/17
211
Other contributory causes of importance: _____

Name of operation none Date of _____
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 _____, 1933

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 E. B. Haight M. D.

(Signed) E. B. Haight (Address) St. Louis City Mo.

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

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.

APR 24 1933

MARGIN RESERVED FOR BINDING

V. S. No. 2

