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

Do not use this space.

17200

1. PLACE OF DEATH
County: Saline
Township: Salem Marshall
City: ..... (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. .....
Registered No. 70

2. FULL NAME: Fred Herman Ludwig

(a) Residence. No. ..... 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: 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: Mary Ludwig

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 11 1862

7. AGE: Years 64 | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Carl Ludwig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Hanna Groure

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Mary Ludwig
(Address): Marshall Mo

15. FILED: 5/17, 1927 D. H. Manning, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 6 1926, to May 1927, that I last saw h. alive on May 1, 1927, and that death occurred, on the date stated above, at 12-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121B Pernicious Anaemia
71A
(duration) yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 5800
(duration) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 17 1926 Appendicitis
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Geo E. Hardin, M. D
5/11, 1927 (Address) Marshall 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: Ridge Park | DATE OF BURIAL: May 13 1927

20. UNDERTAKER: Vandiver-Lust | ADDRESS: Marshall 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.