

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.

UG 22 1927

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

Do not use this space.

21287

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence Mo (No. 689 S. Grapple)

Registration District No. 998
Primary Registration District No. 3019

File No. _____
Registered No. 186
St. 4 Ward

2. FULL NAME

William Henry Ludwig
(a) Residence. No. 689 S. Grapple St. 4 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Ludwig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-12-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
79 | 5 | 4

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

9. BIRTHPLACE (CITY OR TOWN) Wayton Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Paul Kue

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

12. MAIDEN NAME OF MOTHER Mrs. Nepper

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

14. INFORMANT G. T. Lewis Ludwig
(Address) 689 S. Grapple Ind. Mo.

15. FILED 7/22 1927 F.S. Cooke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1927

17. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Coronary Sclerosis
94B
91
910
Chronic Arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____
Sclerosis (duration) _____ yrs. _____ mos. _____ da.

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

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

18 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & inspection
(Signed) Thas Nelson, M. D.
7-16-1927 (Address) Deputy Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harrisonville Mo DATE OF BURIAL July 18 1927

20. UNDERTAKER Edt Mitchell ADDRESS Ind Mo

