24 1928

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

Do not use this space.

21145

1. PLACE OF DEATH

County Lewis, Registration District No. 480 File No.

Township Union Primary Registration District No. 5645 Registered No. 9

City La Grange, Mo. (No. , St. Ward)

2. FULL NAME Minnie C. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28th 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	7	28	

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

9. BIRTHPLACE (CITY OR TOWN) Lewis County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Adam Ludwig
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Prussia
12. MAIDEN NAME OF MOTHER Kline Schmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Prussia

14. INFORMANT Mrs C.G. Ludwig
(Address) La Grange, Mo.

15. FILED 6/28, 1928 W. Elley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1928, to June 26, 1928 that I last saw her alive on June 25, 1928, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. W. Jennings M.D.
6/27, 1928 (Address) Canton 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	DATE OF BURIAL
Midway	June 29 1928
20. UNDERTAKER	ADDRESS
A.A. Roberts	La Grange, 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.