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

Do not use this space.

30350

1. PLACE OF DEATH

County Iron. Registration District No. 392 File No.

Township Arcadia Primary Registration District No. 65-46B Registered No. 17

City Pilot Knob (No. ..... St. ..... Ward)

2. FULL NAME Otto Alexander Lueddecke.

(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 Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 19-1856

7. AGE

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer.

(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 Not Known

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

12. MAIDEN NAME OF MOTHER Not Known.

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

14. INFORMANT Gilbert Lueddecke.
(Address) Pilot Knob. Mo.

15. FILED 9-26-1928 L. J. Effinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Sept. 26, 1928 that I last saw him alive on Sept 19th, 1928, and that death occurred, on the date stated above, at 5:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

NA 58A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

(1) DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. W. Gale, M. D

Sept 26, 1928 (Address) Bismark. 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 Pilot Knob. Cemetery.

DATE OF BURIAL Sept. 27 1928

20. UNDERTAKER H. Rieke

ADDRESS Fronton. 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.