

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

Do not use this space.

34297

1. PLACE OF DEATH
 County New Madrid Registration District No. 605
 Township cons Primary Registration District No. 8804
 City (No. _____) St. _____ Ward _____

2. FULL NAME "Infant" Ludwig (unnamed)
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1928-10-10
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
no no no (2 hrs) _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work man
 (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) Mo
 10. NAME OF FATHER Elmer Ludwig
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Maudie Schrader
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

14. INFORMANT Elmer Ludwig
 (Address) Risco, Mo

15. FILED Oct 28 1928 E. Blackman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-10-1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 10, 1928, to Oct 10, 1928, that I last saw him alive on Oct 28, 1928, and that death occurred, on the date stated above, at 6-40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
139/161 @ (duration) yrs. mos. da. 8 hrs
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH no DATE OF 4
 WAS THERE AN AUTOPSY no
 WHAT TEST CONFIRMED DIAGNOSIS autopsical
 (Signed) E. Blackman, M. D.
 (Address) Parma 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 Stevens Cemetery DATE OF BURIAL Oct 11 1928
 20. UNDERTAKER Thomas C. Knight ADDRESS Parma

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.

