

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 760

Do not use this space.

37964

1. PLACE OF DEATH

County St. Charles
Township Crown
City (No. _____) _____

Registration District No. 150
Primary Registration District No. 5999

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

William Albertian Ludsay

(a) Residence, No. St. Paul St., _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 86 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

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Mrs. Matilda D Ludsay
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept 2 - 1842

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
<u>86</u>	<u>2</u>	<u>10</u>	<u>1</u>

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)

St. Charles Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER

Ludsay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Charles Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Colbertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

not known
(STATE OR COUNTRY)

14. INFORMANT

Mrs. Maydee Waters
St Paul Mo

15. FILED

11/3, 1928
Dr. J. H. Jentzen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Nov. 12, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Nov 12, 1928, and that I last saw him alive on Nov 11, 1928, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis
11B
99 (duration) 1 1/2 yrs. mos. ds.
CONTRIBUTORY Diabetes
(SECONDARY) (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED

BY NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. H. Gossenger, M. D.
, 19 (Address) 97 Faulkner 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

St. Charles Mo Oak Grove 11/14/28

20. UNDERTAKER

Ed Keithly Dallas Mo

N. B.—Every item of information should be carefully supplied. AGE should be STATE EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

