

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

Do not use this space. ✓

23097

1. PLACE OF DEATH **U.S.V. Hosp.**

County **Jackson**

Registration District No. **1002**

Township

Primary Registration District No. **1002**

City **Kansas City, Mo.**

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. **23091**

Registered No. **23091**

2. FULL NAME **SEKAL, Ludwig Frank**

**C-None WOE**

(a) Residence. No. **Cainsville, Mo.** St. \_\_\_\_\_ Ward \_\_\_\_\_

**Pvt. Co E 138th Inf.**

(Usual place of abode)

**Missouri.**

(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)

**Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 25, 1894**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**35**

**11**

**1**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

**Waiter**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Cainsville, Missouri.**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**

14. INFORMANT **Hospital Records.**

(Address) **US Vet Hosp Kansas City, Mo.**

15. FILED **7/26, 30** **Wm Crowe** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 26 19 30**

17. I HEREBY CERTIFY, That I attended deceased from **July 20**, 19 **30** to **July 26**, 19 **30** that I last saw h. **in** alive on **July 26**, 19 **30**, and that death occurred, on the date stated above, at **8:08 A.M.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Abscess of lung**

**108** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY **Pneumonia-lobar (bilateral)** (SECONDARY)

**About 3 weeks** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **Unknown**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Lab & X-ray**

(Signed) **W.E. Chambers, M.D.**

**W.E. CHAMBERS, Medical Officer in Charge**  
**U.S.V. Hospital, Kansas City, 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

**Cainsville, Mo** DATE OF BURIAL **7/26 19 30**

20. UNDERTAKER

**Moss, Ind. Co.** ADDRESS **Princeton Mo.**

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

