

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

Do not use this space.

37360

**1. PLACE OF DEATH**

County LASCORADE  
Township ROARK  
City..... (No.....).....

Registration District No. 303  
Primary Registration District No. 5420

File No.....  
Registered No. 23  
St..... Ward)

**2. FULL NAME**

LUDEMA MASON  
(a) Residence. No. LASCORADE CO FARM ✓ Ward.....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ✓ mos. ✓ ds. How long in U.S., if of foreign birth? 4 yrs. ✓ mos. ✓ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>UNKNOWN</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>UNKNOWN</u>		
7. AGE YEARS <u>ABOUT 80</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>CO. FARM INMATE</u> (b) General nature of industry, business, or establishment in which employed (or employer) ✓ (c) Name of employer ✓		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 16 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1931, to Nov 16 1931, that I last saw him alive on at Nov 16 1931, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchopneumonia  
1076

CONTRIBUTORY (SECONDARY) 1076 (duration) 5 yrs. mos. ds.

(duration) 1076 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
(STATE OR COUNTRY)

10. NAME OF FATHER - UNKNOWN

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

12. MAIDEN NAME OF MOTHER UNKNOWN

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. H. Laughlin M. D.  
19 (Address) Herman 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.

14. INFORMANT EVERETT PUCHTA  
(Address) HERMANN, MO

15. FILED 11-17, 1931 Anna K. Beckhoff  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL CO. FARM CEMETERY DATE OF BURIAL 11/17 1931

20. UNDERTAKER H. BLUMER ADDRESS HERMANN 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.

DEC 22 1931

CONFIRMING INFORMATION—THIS IS A PERMANENT RECORD

