

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

Do not use this space.

1208

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5836 Euclid)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2245
St. _____ Ward _____

2. FULL NAME Michael Ludwig

(a) Residence, No. 121 Olive St., 9 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 40 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1867

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>11</u>	<u>14</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brewer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

10. NAME OF FATHER Michael Ludwig

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Carl Ludwig (Address) 121 Olive

15. FILED Jan 7 1932 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931 to January 20, 1932 that I last saw him alive on January 20, 1932, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

46 B 4 C 0 (duration) 1 yrs. mos. ds.

CONTRIBUTORY ulcer of stomach (SECONDARY) (duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF 1

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Laboratory & X rays (Signed) Samuel Doegler M. D.

1/20 1932 (Address) 684 Commerce Bldg

*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 Elmwood Cemetery DATE OF BURIAL Jan 23, 1932

20. UNDERTAKER Wagner Funeral Home 204 W. Linwood ADDRESS

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.

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Handwritten text at the top right, possibly a date or reference number.

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