

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

Do not use this space.

18011

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 131
Township Randolph Primary Registration District No. 0782
City (No. Cape RFD #3) St. _____ Ward _____

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

2. FULL NAME

Cliza Luders
(a) Residence, No. Cape RFD #3 St. _____ Ward _____
(Usual place of abode)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Luders Sr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 7 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt Mills

MOTHER FATHER 13. NAME Charles Neudling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Geretta Huestetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Albert Mavere
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Egypt Mills DATE May 22, 1934

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau Mo.

20. FILED 6/1, 1934 Cliza Luders
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 20 - 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1934, to May 20, 1934.
I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Pericarditis Date of onset
118
900
900
Other contributory causes of importance: Acute Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. Miller, M. D.
(Address) Cape Girardeau Mo.

Handwritten signature

2 Cape Girardeau

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS 16011

E. T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Eliza Luders

Who died at _____ on 5-20-1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 85 Months 7 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Chronic Pericarditis 191

Other contributory causes of importance Acute Nephritis suppurativa
Name of operation _____ Date of _____

What test confirmed diagnosis? H&E & the tin Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.
Reg. Dist. No. 131 Very truly yours,

Primary Reg. Dist. No. 5182

E. T. McLaughlin, M.D.
Special Agent. mt

Department of Agriculture

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