

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 22 1934

1. PLACE OF DEATH

County Jackson  
Township Blue  
City Kansas City (No. 3233 Wallace)

Registration District No. 398  
Primary Registration District No. 3934

File No. 35928  
Registered No. 377 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Fred Lueders

(a) Residence, No. 3233 Wallace St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leah Lueders</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 21, 1869</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>64</u>	<u>10</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Albert Lueders</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
INFORMANT	17. INFORMANT <u>Mrs Leah Lueders</u> (ADDRESS) <u>3233 Wallace</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Worsham</u> DATE <u>Oct 23</u> 19 <u>34</u>
	19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>204 W. Linwood</u>
	20. FILED <u>11-16</u> 19 <u>34</u> <u>F. D. Cook</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 34 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1934 to Sept 21 1934  
I last saw him alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 9:40 A.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach - probably two or three years duration  
Several carcinomas - about 6 mos. duration  
Acute disseminated sclerosis - 6 to 7 yrs. duration  
Other contributory causes of importance:  
Severe secondary anemia - 6 months duration  
Myocardial failure Date of onset 10/19/34

Name of operation Gastro-intestinal Date of 11/24/34  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify Arson (Signed) Delap, M. D.  
(Address) 3232 BELLEFONTAINE AVE., KANSAS CITY MO.

3 2 9 2 B.