

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

Do not use this space.

41580

DEC 20 1934

1. PLACE OF DEATH

County Saline  
Township Marshall  
City (No. R.T.D.)

Registration District No. 796  
Primary Registration District No. 6039

File No. ....  
Registered No. 156 St. .... Ward)

2. FULL NAME

Mary Beck Ludwig

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 - 1934, to Nov. 17 - 1934

I last saw him alive on Nov 17 - 1934. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1870

to have occurred on the date stated above, at 11:27 m.

7. AGE YEARS 64 MONTHS 8 DAYS 2 If LESS than 1 day, .... hrs. or .... min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

Carcinoma of Head of Pancreas

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date of onset

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Nov 16

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brietenburg Germany

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME Engelbriet Beck

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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

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

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

15. MAIDEN NAME Victoria Beck

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

17. INFORMANT (ADDRESS) Fred Ludwig Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Nov. 19, 1934

19. UNDERTAKER (ADDRESS) Vaudiver Montary Marshall, Mo.

20. FILED Nov 17, 1934 Kelly Huston Deputy Registrar.

Name of operation

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

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

(Signed) Geo. S. Hardin, M. D.

(Address) Marshall 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.

22.35-  
10  
10  
10

