

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

Do not use this space.

JAN 24 1935

41915

**1. PLACE OF DEATH**

County Bates  
Township \_\_\_\_\_  
City Butler (No. \_\_\_\_\_)

Registration District No. 50  
Primary Registration District No. 3004

File No. \_\_\_\_\_  
Registered No. 92  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs Della M 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**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1963

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
21 1 0

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

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Waukegan (STATE OR COUNTRY) Illinois

13. NAME John McConnell

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

15. MAIDEN NAME Mary Elizabeth Thompson

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

17. INFORMANT Hazel L. Neuschaefer (ADDRESS) Chestnut Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE Jan. 3 1935

19. UNDERTAKER Ludwig (ADDRESS) Butler Mo

20. FILED 19 35 Maria L Ludwig Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934 to Dec 30 1934  
I last saw him alive on Dec 30 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
Lobar Pneumonia

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 Carter H. Lutes, M. D.  
(Signed) \_\_\_\_\_ (Address) Butler, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

