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.

MAR 17 1936

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

Do not use this space.

File No. 4940

Registered No. 69

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: — Primary Registration District No. 3009

City: Cape Girardeau (No. St. Mo Hospital St. Ward)

2. FULL NAME: Marjean Ludwig

(a) Residence, No. P.O. Mo Hospital 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29 - 1932

7. AGE: Years 3 — Months 8 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None (Child)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fruitland, Jackson, Mo

FATHER

13. NAME: Mr John L. Ludwig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oak Ridge Mo

MOTHER

15. MAIDEN NAME: Miss Lydia Woodward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Water Mo

17. INFORMANT (ADDRESS): Mrs Lydia Ludwig, Oak Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: DATE: 2-27, 1936

19. UNDERTAKER (ADDRESS): Mc Combs Jackson Mo

20. FILED 2-25, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to Feb 25, 1936

I last saw h.m. alive on Feb 25, 1936. Death is said to have occurred on the date stated above, at 3 48 a.m.

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

	Date of onset
Spinal Meningitis	Feb 18
Nasal Contagious	
Other contributory causes of importance: Influenza	Feb 18

Name of operation: None — 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? No

If so, specify

(Signed) D. L. Stotsenburg, M. D.

(Address) Jackson Mo