

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

Do not use this space.

41805

DEC 28 1936

**1. PLACE OF DEATH**

County Lincoln  
Township Winevah  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 494  
Primary Registration District No. 5658

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

**2. FULL NAME Bernard E. Ludd**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Lincoln Co. Mo.

FATHER 13. NAME John R. Ludd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

MOTHER 15. MAIDEN NAME Booker Ludd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

17. INFORMANT L. E. Flynn (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 11/29/36

19. UNDERTAKER W. R. Young (ADDRESS) St. Louis, Mo.

20. FILED Dec 12, 1936 Dr. D. G. Hazzard Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to Nov. 27, 1936

I last saw him alive on Nov. 24, 1936. Death is said to have occurred on the date stated above, at 5 P. M.

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

Fracture of 2<sup>nd</sup> Cervical vertebrae

Date of onset

Other contributory causes of importance:

Chronic cervical lymphadenopathy of undetermined cause

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury Nov. 27, 1936

Where did injury occur? at home Linn Co. Mo.

(Specify city or town, county, and State)

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

at home

Manner of injury Head flew off heavy maul while at work

Nature of injury Fracture of cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Reginald Barrymore, M. D.

(Address) Bowling Green, 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.

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