

DEC 14 1937

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

Do not use this space.

40526

1. PLACE OF DEATH

County Adair
Township Clay
City (No.)

Registration District No. 1023
Primary Registration District No. 5006

File No. _____
Registered No. 208 St. _____ Ward _____

2. FULL NAME Thomas Matthew Ludden

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937, to Oct 24, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1922

I last saw him alive on 10-5, 1937. Death is said to have occurred on the date stated above, at 1:45 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 8 10

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. Student
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 _____

Influenza of pneumonia
Empyema of Bronchial fistula
Date of onset April 1937
May 1937

12. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Mo

Other contributory causes of importance: 110
Phlebitis left leg 9-25-37
Myocardial failure 10-1-37
Terminal ganglions 10-20-37

13. NAME Garvare Ludden

Name of operation thoracotomy Date of 8-27-37

14. BIRTHPLACE (CITY OR TOWN) Marceline (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Maria Quinn

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

17. INFORMANT (ADDRESS) Matt Bringer
Brashear, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair Mo DATE Oct. 26 1937

19. UNDERTAKER (ADDRESS) F. R. Gasley
Brashear, Mo

20. FILED Nov. 11 1937 Spencer L. Freeman Registrar

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

If so, specify _____ (Signed) George E. Goin, M. D.
(Address) Warrensburg, Mo

Thomas Sudden

