

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

51

County Johnson
Township Jackson
City Halden (No. _____)

Registration District No. 427
Primary Registration District No. 5592

File No. 45757
Registered No. 52

2. FULL NAME Betty Jean Ludlam

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

Length of residence in city or town where death occurred yrs. mos. 12 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

| | | |
|---|------------------------------|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1937</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | <u>12</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u> |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>✓</u> |

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

13. NAME Ralph A. Ludlam

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

15. MAIDEN NAME Pauline Beaphart

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

17. INFORMANT Ralph A. Ludlam
(ADDRESS) Halden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Halden Mo. DATE 12/16 1937

19. UNDERTAKER J. H. Murray
(ADDRESS) Halden Mo.

20. FILED Dec 15 1937 Mo & V Redford
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3-37, 1937, to 12-15-, 1937.

I last saw h. or alive on 12-6-, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Congenital Heart defect Date of onset _____

Other contributory causes of importance: 1570

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 _____, 1937

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) A. J. Murray, M. D.

(Address) W. Overstreet Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PLENARY RECORD

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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