

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

Do not use this space.

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2567

1. PLACE OF DEATH
 County Dallas Registration District No. 241
 Township S. Benton Primary Registration District No. 5-3-34
 City Buffalo (No.) St. Ward (....)

2. FULL NAME Charles H. Ludwig
 (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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>56</u>	<u>11</u>	<u>7</u>	

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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1 1938

22. I HEREBY CERTIFY That I attended deceased from Jan. 29 1938, to Feb. 1 1938

I last saw him alive on Feb. 1 1938 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:
Eden Pneumonia
RECEIVED
 FEB 23 1938

Other contributory causes of importance:
 Date of onset 1-29-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Iowa

FATHER
 13. NAME Paul Ludwig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Iowa

MOTHER
 15. MAIDEN NAME Esther
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Iowa

17. INFORMANT Pauline Ludwig
 (ADDRESS) Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sumner Iowa DATE 2-6-38

19. UNDERTAKER L. J. ...
 (ADDRESS) Buffalo Mo

20. FILED 2/4 1938 L. J. ...
 Registrar.

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Name of operating hospital or institution Date of operation
 What test confirmed diagnosis? Was there an autopsy? no

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) C. O. Gammow M. D.
 (Address) Buffalo 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.

10/10/10

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