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.

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 19643
Township Marshall — Primary Registration District No. 6039 — Registered No. 94
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME George Adams Ludwig
(a) Residence, No. 580 South Lyon 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1893

7. AGE: Years 44 — Months 8 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

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) Saline County (STATE OR COUNTRY) Missouri

FATHER
13. NAME Ernest Herman Ludwig
14. BIRTHPLACE (CITY OR TOWN) Herrn-Kaschutz (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Katherine Simon
16. BIRTHPLACE (CITY OR TOWN) West Bend (STATE OR COUNTRY) Wis.

17. INFORMANT Miss Clara Ludwig (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE June 9, 1938

19. UNDERTAKER Campbell-Lewis Funeral Home (ADDRESS) Marshall, Mo.

20. FILED 6-8-1938 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th, 1938

22. I HEREBY CERTIFY, That I ~~XXXXXXXXXXXX~~ held inquest on June 7th, 1938 ~~XXXXXXXXXXXXXXXX~~, 19..... Death is said to have occurred on the date stated above, at 6:30 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance:
none

Name of operation none ~~XXXX~~
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify no
(Signed) B. C. Bradshaw, M. D.
(Address) Arrow Rock, Missouri
Coroner Saline Co. Mo.