

FILED 6 1937

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

Do not use this space.

3231

1. PLACE OF DEATH

County New Madrid Registration District No. 600  
Township Big Prairie Primary Registration District No. 5999  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Irene Ludy

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Dave Ludy

22. I HEREBY CERTIFY, That I attended deceased from Feb-20, 1937, to Mar-3, 1937  
I last saw her alive on Mar-3, 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7-1900

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 2/4/37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
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.

Other contributory causes of importance:  
Sepsis 11/1  
Date of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

13. NAME Arnold Hunt

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

15. MAIDEN NAME Mattie Wehler

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

17. INFORMANT Arnold Hunt (ADDRESS) home

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Cemetery DATE 3-7, 1937

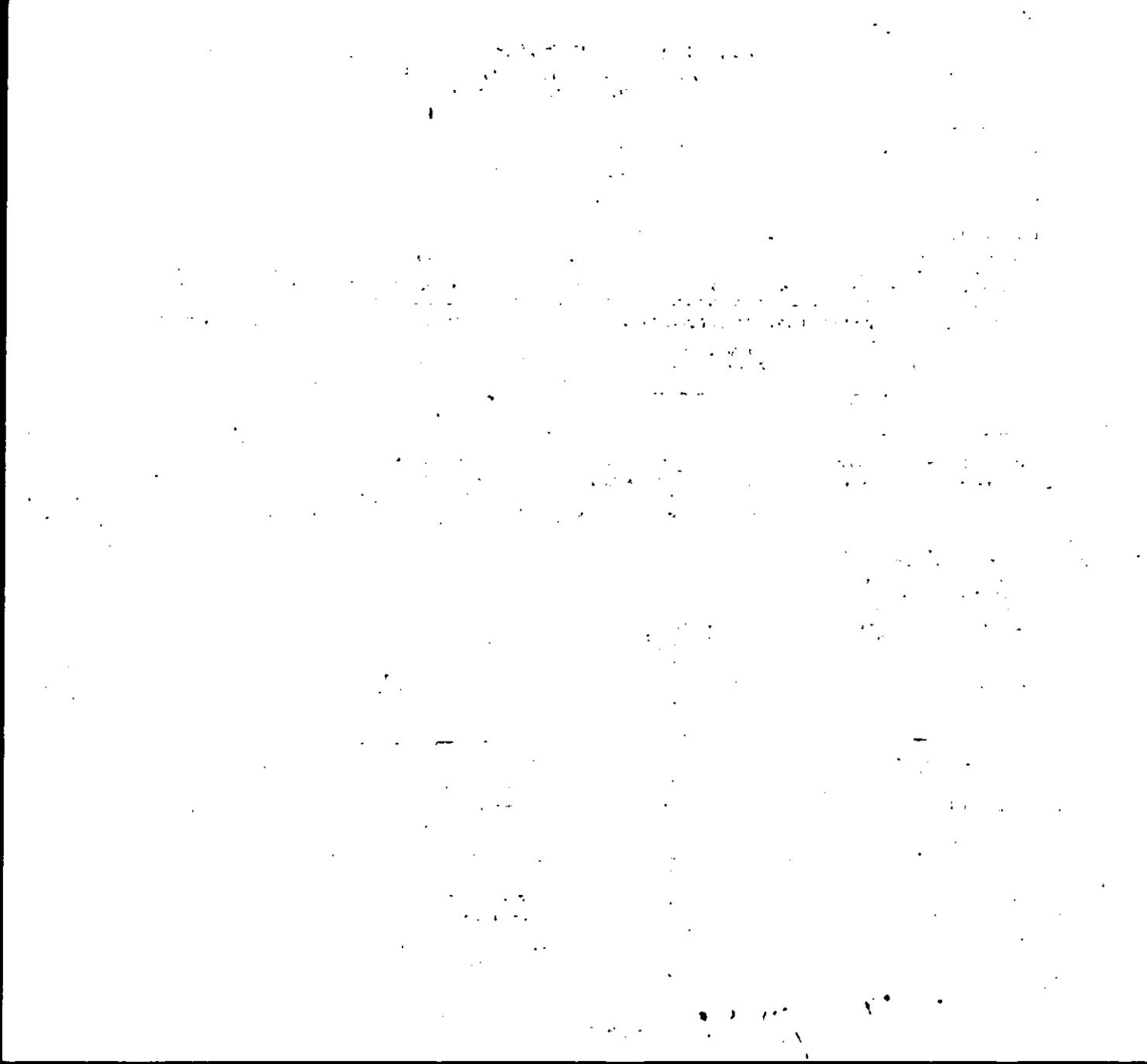
19. UNDERTAKER H. J. Wehler (ADDRESS) Stanton

20. FILED \_\_\_\_\_, 19\_\_\_\_ Registrar.

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?  
If so, specify \_\_\_\_\_  
(Signed) J. A. Beck M. D.  
(Address) Circleville - Mo.

MISSOURI STATE BOARD OF HEALTH



DEPT FEB 6 1939

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

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1. PLACE OF DEATH

County Madison  
Township West  
City 301 Irene Ludy (No. ....)

Registration District No. 603277  
Primary Registration District No. 4057

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

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

7. AGE YEARS 36 MONTHS 5 DAYS 27 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
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) M/O (STATE OR COUNTRY)

13. NAME Arnold Hunt

14. BIRTHPLACE (CITY OR TOWN) M.O. (STATE OR COUNTRY)

15. MAIDEN NAME Matie Webb

16. BIRTHPLACE (CITY OR TOWN) M.O. (STATE OR COUNTRY)

17. INFORMANT Arnold Hunt (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE .....

19. UNDERTAKER H J Walsh (ADDRESS)

20. FILED John P. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ....., 19 .....

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1939 to Feb 13 1939

I last saw him alive on Feb 5 1939. Death is said to have occurred on the date stated above, at 3:00 m.

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

Lobar Pneumonia Date of onset 2-7

Other contributory causes of importance: Influenza

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 ....., 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?

If so, specify .....

(Signed) J. A. Best M. D.

(Address) Canalton, Mo.

S-3231