

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

Do not use this space.

8992

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 397
Primary Registration District No. 10
(No. 3930 Belleview Ave)

File No. 8874
Registered No. 8874
St. _____ Ward _____

2. FULL NAME Otto L. Pfahler

(a) Residence. No. 3930 Belleview Ave. St. 7 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 41 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 6, 1873</u>		
7. AGE	YEARS	MONTHS
<u>56</u>	<u>6</u>	<u>21</u>
8. OCCUPATION OF DECEASED		IF LESS than 1 day, hrs. or min.
(a) Trade, profession, or particular kind of work. <u>Clerk</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>State Motor License Bureau.</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Pfahler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Caroline Hauber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) John Pfahler 3930 Belleview Ave.

15. FILED 3/28 30 M.M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27, 1930

17. I HEREBY CERTIFY That I attended deceased from March 19th 1930 to March 20th 1930 that I last saw him alive on March 20th 1930, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Occlusion
94B
9-1

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
Edw. H. Hachinger M. D.
(Signed) March 28, 1930 (Address) 1325 Rialto Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL 3/29 1930

20. UNDERTAKER Greenman Mortuary ADDRESS 104 W. 42nd St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

10-8503

Edw
Edw Haslinger

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