

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

Do not use this space.

12446

1. PLACE OF DEATH

County Stowell
Township Stowell
City (No.) (Ward)

Registration District No. 384
Primary Registration District No. 5535-

File No. 47
Registered No.
St. Ward)

2. FULL NAME

Charles Clifford Pfeifer

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

Length of residence in city or town where death occurred yrs. mos. da. 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 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) Oct. 8 - 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Dont huord
(STATE OR COUNTRY)

10. NAME OF FATHER F.W. Pfeifer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont huord
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rhodes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont huord
(STATE OR COUNTRY)

14. INFORMANT Orph Beke
(Address) W.O. Mo Rus

15. FILED 4-28-30 O.P.A. Heurich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-22-, 1930, to 4-23-, 1930, that I last saw him alive on 4-23-, 1930, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

179. Accidental burns - fall into forest fire.

181 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. Claude Bohrer, M. D.
4-28-1930 (Address) West Plains, Mo.

*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 Love Pim Cem DATE OF BURIAL 4-24 1930

20. UNDERTAKER Mrs Ralph Falwell, acting ADDRESS West Plains, 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.

WRITE PLAINLY, WITH OVERTING INK—THIS IS A PERMANENT RECORD

JUN 25 1930

