

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.

Dr. Clark
May 23 1930

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

Do not use this space.

15667

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 132
St. Ward)

2. FULL NAME Wilhelm Pfeffer

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12th. 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 5 26

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Frank Pfeffer

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Minnie Pfeffer
(Address) Jefferson City, Mo.

15. FILED 5/13/30 S. J. Bidford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th. 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930 to May 8, 1930 that I last saw him alive on May 7, 1930, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ischaemic heart
98E (duration) 4 yrs. mos. ds.
CONTRIBUTORY Gangrene feet
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

57 DID AN OPERATION PRECEDE DEATH? no DATE OF 1
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Dr. Clark M. D.

579 1930 (Address) Jefferson City, 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 DATE OF BURIAL

St. Peters Cem. J. C. Mo 5-10 19 30

20. UNDERTAKER ADDRESS
Cha s. P. Heinrichs J.C.Mo.

