

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16593 a MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

16593 a

1. PLACE OF DEATH  
 County Rafayette Registration District No. 460  
 Township Shaver Primary Registration District No. 2223-B  
 City Higginsville (No. ....) St. .... Ward (....)

2. FULL NAME Elizabeth Maria Pevestorff  
 (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. mes. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Pevestorff Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 7 11

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Fy Flugthaupt

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

12. MAIDEN NAME OF MOTHER Maria Schatzemburg

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

14. INFORMANT Wm. Pevestorff Sr.  
 (Address) Higginsville Mo.

15. FILED May 12 1930 Bessie P. Porter  
 REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 02 1929 to May 10 1930 that I last saw him alive on May 9 1930 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetic Coma  
59 (duration) yrs. mos. ds.  
930  
 CONTRIBUTORY Diabetes Mellitus  
 (SECONDARY) Myocarditis (duration) 2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Physical  
Barson Davis (Signed) M. D.  
 (Address) Higginsville 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 Evangelical H-ville DATE OF BURIAL 5/12-1930

20. UNDERTAKER Hagbox Memershausen ADDRESS H-ville- Mo.

