

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.

DEC 22 1930

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

Do not use this space.  
resurgitatio  
File No. 36925  
Registered No.  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
County Hodaway Registration District No. 620  
Township Jefferson Primary Registration District No. 0822  
City Jefferson St. \_\_\_\_\_ Ward)

2. FULL NAME August J. Pfeifer  
(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 67 yrs. 10 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Pfeifer  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-28-73  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 10 9 16  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Hammer  
(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) Conception, Mo  
10. NAME OF FATHER John Pfeifer  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Jenna Haubel  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14-30  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929, to \_\_\_\_\_, 1930 that I last saw h.l. alive on \_\_\_\_\_, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac hypertrophy  
initial regurgitation  
cirrhosis liver  
Edema lung (duration) 7 yrs. 6 mos. 0 ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.  
18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) C. Harsing, M. D.  
, 19 \_\_\_\_\_ (Address) Conception, Mo

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

14. INFORMANT Peter Pfeifer  
(Address) \_\_\_\_\_  
15. FILED Nov 30 1930 Mabel K. Shaw REGISTRAR  
dec-9-30 C. Pfeifer REGISTRAR  
mex.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Conception Mo DATE OF BURIAL 11-17 1930  
20. UNDERTAKER A. H. Sweto ADDRESS Conception Mo

