

MAR 27 1931

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

Do not use this space.

6942

1. PLACE OF DEATH

County Wain Co.
Township Central
City Gene Lawton (No. 3718)

Registration District No. 789

Primary Registration District No. 6033B

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Mrs. Elma Pflugbeil

(a) Residence. No. 9326 Edmondson St. Ward _____

Length of residence in city or town where death occurred yrs. mos. 20 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Walter Pflugbeil

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 3 4

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

9. BIRTHPLACE (CITY OR TOWN) Richmond (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm F Jackson

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

12. MAIDEN NAME OF MOTHER Jamie Elmore

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

14. INFORMANT Wm F Jackson (Address) Collinsville Ill.

15. FILED 3/1, 1931 Rolla Bruce, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from February 2, 1931, to February 22, 1931 that I last saw her alive on February 22, 1931, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Septicemia - with many Pyemic abscesses

Staphylococcus (duration) yrs. mos. 14 da.
CONTRIBUTORY (SECONDARY) Etiology: mix infection of staphylococcus-streptococcus
with complete destruction of both eye & encephalitis? (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? Yes DATE OF February 1931
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical - Laboratory
(Signed) Luke B. Terman, M.D.
2/23, 1931 (Address) 3718 Jennings Rd.

*State the DISEASE CAUSING DEATH, or if 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 Collinsville Ill DATE OF BURIAL Feb 25 1931

20. UNDERTAKER Schroepfel and Co ADDRESS Collinsville Ill.

X. E.—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.

