

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

Do not use this space.

5102

1. PLACE OF DEATH
 24 County Clay Registration District No. 201
 5 Township Liberty Primary Registration District No. 3012
 4 City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Jane Pfeisterer
 (a) Residence, No. 2nd & Birch St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 65 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF J. A. Pfeisterer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sew
 10. Date deceased last worked at this occupation (month and year) 2 years 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co Ky

FATHER
 13. NAME Living Thompson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
 15. MAIDEN NAME Sarah Watson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mame Pfeisterer (ADDRESS) Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty, Mo DATE 7/21/33

19. UNDERTAKER Church-Anchor Co. (ADDRESS) Liberty, Mo.

20. FILED Wm. Jackson Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY That I attended deceased from June 1, 1932 to July 20, 1933
 I last saw her alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Endoarteriosclerosis
General Arteriosclerosis 1928
 Date of onset Feb 19, 1933

Other contributory causes of importance:
S. B.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Bryston Malley, M. D.
 (Address) Liberty, 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.

MAR 10 1933

