

MAY 25 1934

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

Do not use this space.

15552

1. PLACE OF DEATH

County Webster Registration District No. 896
Township Ozark Primary Registration District No. 6198
City Leavell Newland

File No. _____
Registered No. 19
St. _____ Ward) _____

2. FULL NAME

Donald Newell Pfaff
(a) Residence, No. Marshfield, Mo. Teagues Route Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 10 min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Teagues Route Ozark Township, Mo.

13. NAME John Newland Pfaff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne, Kans.

15. MAIDEN NAME Verda Esther Ellen Fausett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelton Kansas

17. INFORMANT Father John N. Pfaff (ADDRESS) Teagues Route, Marshfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Teagues DATE April 17 1934

19. UNDERTAKER Ray Marshall (ADDRESS) Marshfield, Mo.

20. FILED Apr. 22, 1934 Elizabeth K. Hoff Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from birth 4/17, 1934, to _____, 19____
I last saw him alive on April 17, 1934. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage Date of onset 4/17/34
Respiratory Paralysis. 4/17/34
150
160
Other contributory causes of importance: Birth Injury 4/17/34

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. P. Macdonnell, M. D.
(Address) Marshfield, 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.

