

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.

JUN 20 1934

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

Do not use this space.

16190

1. PLACE OF DEATH

County Cooper Registration District No. 214
 Township _____ Primary Registration District No. 3018
 City Boonville (No. _____ St. _____ Ward _____)

File No. 28
 Registered No. _____

2. FULL NAME

Rose Magdaline Pfeiffer

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16th 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>Clarksfort, Top Cooper Co. Mo.</u>		
MOTHER FATHER	13. NAME <u>Emil Christ Pfeiffer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prairie Home Mo.</u>	
	15. MAIDEN NAME <u>Florence Jimmons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklaahoma</u>	
17. INFORMANT <u>E. C. Pfeiffer</u> (ADDRESS) <u>Boonville #1 Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Love Elm</u> DATE <u>May 17th 1934</u>		
19. UNDERTAKER <u>Schwitzky Warnhoff</u> (ADDRESS) <u>Boonville Mo.</u>		
20. FILED <u>S-11</u> 1934 <u>PNW B. G. W. G. W. G. W.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 17, 1934
 I last saw her alive on May 16, 1934. Death is said to have occurred on the date stated above, at 2 9 m.
 The principal cause of death and related causes of importance were as follows:

Premature Infant - (6 mos.) Date of onset _____

Other contributory causes of importance:

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

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?
 If so, specify _____
 (Signed) W. H. Ziegler, M. D.
 (Address) Boonville, Mo.

1948

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1948, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director