WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

MAR 17 1936

Do not use this space.

5051

1. PLACE OF DEATH
County Chariton — Registration District No. 172 — File No.
Township Saltcreek — Primary Registration District No. 5239 — Registered No. 5
City (No. , St. Ward)

2. FULL NAME George W. Pfister
(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 56 yrs. mos. 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) Salome Pfister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1856

7. AGE: YEARS 79 — MONTHS 7 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Rudolph Pfister
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Bohlander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Carl Pfister

18. BURIAL, CREMATION, OR REMOVAL
PLACE Siloam Chapel DATE Feb 18 1936

19. UNDERTAKER (ADDRESS) J. D. Rusk, Marceline

20. FILED Feb. 27, 1936 W. D. West, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1936, to Feb 16, 1936
I last saw him alive on Feb 15, 1936. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	(?)

131

Other contributory causes of importance:
Senility
Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Clin & Lab 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?
If so, specify
(Signed) M. L. Dietroeger, M. D.
(Address) Marceline Mo