

MAY 21 1937

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

Do not use this space.

1. PLACE OF DEATH

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 7
 County Jasper Registration District No. 408 File No. 16630
 Township Carthage Primary Registration District No. 3020 Registered No. _____
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

William Henry Peiffer
 (a) Residence, No. 1404 S. Grand St., Ward. _____ (If nonresident, give city or town and State)
 (Usual place of abode)

 Length of residence in city or town where death occurred 45 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) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amy A. Peiffer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1843
 7. AGE YEARS 93 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Meafville (STATE OR COUNTRY) Pennsylvania

 13. NAME Salomon Peiffer

 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Pennsylvania

 15. MAIDEN NAME Hester Graft

 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Pennsylvania

 17. INFORMANT Miss Elizabeth Peiffer (ADDRESS) 1404 S. Grand - Carthage Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE April 17, 1937

 19. UNDERTAKER J. Neel Mortuary (ADDRESS) Carthage, Mo.

 20. FILED Aug 11, 1937 E. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 193722. I HEREBY CERTIFY, That I attended deceased from Carthage, 1937, to Apr 14, 1937
 I last saw him alive on April 14, 1937. Death is said to have occurred on the date stated above, at 10:35 m.

The principal cause of death and related causes of importance were as follows:

The Heart ceased to beat and He Ceased to breathe
Other contributory causes of importance: His age and arteriosclerosisName of operation none Date of _____What test confirmed diagnosis? clinical 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) E. D. Fatcher, M. D.(Address) Carthage Mo

