

JUL 29 1937

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

Do not use this space.

23990

1. PLACE OF DEATH

County Jasper  
Township Galena  
City Joplin (No. 1526 Missouri)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sadie Pfotenhauer

(a) Residence, No. 2211 Short St. St. \_\_\_\_\_ Ward Galena Kansas  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred visiting mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 OF (OR) WIFE OF Fred Pfotenhauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
51 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse  
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) Galena Kansas

13. NAME A. J. Lauderback

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

15. MAIDEN NAME Frankie Boswell

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

17. INFORMANT Jess Meeker (ADDRESS) 1526 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest - Galena Kan. DATE 6/17/37

19. UNDERTAKER Frank-Sievers Mortuary (ADDRESS) 4th & Wall St. s

20. FILED 6-18-37 J. J. Janssen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-37

22. I HEREBY CERTIFY, That I attended deceased from 6-16-37 to 6-16-37  
I last saw her dead June 16-1937 Death is said to have occurred on the date stated above, at 5:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Heart Attack

Other contributory causes of importance: ASA

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? view

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) A. A. Winchester Coroner, M. D.  
(Address) Joplin 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.

