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.

DEC 20 1937

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

Do not use this space.

40224

File No. 4538

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 7240 Belleview St. Ward)

2. FULL NAME Henry C. Pfaffmann

(a) Residence, No. 7240 Belleview St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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) ~~WIFE OF~~ Mrs. Anna Pfaffmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24, 1857

7. AGE: YEARS 80 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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. Retired Painter
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) Missouri

FATHER

13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Anna Pfaffmann Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 11/11/37 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary &Chapel Kansas City, Mo.

20. FILED Nov 11 1937 M. M. Crowe
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1937, 19, to Nov 9, 1937

I last saw her alive on Nov 8, 1937 Death is said to have occurred on the date stated above, at 4 a m.

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

Chr Hypertension
Chronic myocarditis
auricular fibrillation

93C

Date of onset

Other contributory causes of importance:
Gangrene R foot and leg to mid tibial region (embolism?)

Name of operation no 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? 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) R R Coffey, M. D.
(Address) 4103 Grand

Dr R. R. Coffey
12:30 to 5:00 P.M.
Prof Bldg.