

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 21 1937

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

Do not use this space.

41778

File No. _____

Registered No. 112

1. PLACE OF DEATH

County Linn

Registration District No. 496

Township _____

Primary Registration District No. 3025

City Brookfield (No. _____)

St. _____ Ward _____

2. FULL NAME

Reidolph Francis Pfister

(a) Residence, No. 408 Market St. 3 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Pfister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1872

7. AGE YEARS 65 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Aug 13 - 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.

13. NAME Reidolph Pfister

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

15. MAIDEN NAME Mary Bolander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Eugene Banning (ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Nov - 20, 1937

19. UNDERTAKER Bill Brunel & Chapel (ADDRESS) Brookfield, Mo

20. FILED Dec 9 1937 Registrar Brookfield, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1937, to Nov 18, 1937

I last saw him alive on Nov 17, 1937. Death is said to have occurred on the date stated above, at 5:00 pm.

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

myocarditis

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? no If so, specify _____

(Signed) Dr. H. R. Poth, M. D.

(Address) Brookfield, Mo.

