

REC'D MAY 13 1938

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

15742
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City (d) Street No. County Infirmary Registered No. 47
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Pfaff 100

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ? unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
78 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. worked in
 9. Industry or business in which work was done, as saw mill, bank, etc. screwworks
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Lynn Bairden

18. BURIAL, CREMATION, OR REMOVAL PLACE County Cemetery Farmington, Mo. DATE April 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) Farmington and Co. Farmington, Mo.

20. FILED Apr 11, 1938 B. F. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11, 1938

22. I HEREBY CERTIFY That I attended deceased (from Mar 14, 1938 to Apr 11, 1938)

I last saw alive on Apr 11, 1938 Death is said to have occurred on the date stated above, at 1302 m.

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

Chronic myocarditis
Senile Arteriosclerosis
General Dropsy
 Other contributory causes of importance: 93C

Name of operation Chambers Date of 2/2

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. Pfeiffer, M. D.

(Address) Farmington, 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.

STATEMENT BY LICENSED EMBALMER

I, Rolla Cozear, Licensed Embalmer No. 1657

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by C. H. Cozear, Registered Apprentice No. E 571

working under my personal supervision.

Signed Rolla Cozear

Licensed Embalmer, No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)