

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
 Township Salt River
 City Mexico Mo

Registration District No. 26
 Primary Registration District No. 3002
 (No. 923 W. Breckenridge St. _____ Ward)

File No. 31590
 Registered No. 123

2. FULL NAME Elizabeth Pfiffer

(a) Residence, No. 923 W. Breckenridge St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 Female 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 Joseph Pfiffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1884

7. AGE YEARS 53 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Germany (STATE OR COUNTRY)13. NAME Theodore Holtkamp14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Marie Holtkamp16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Mrs. Earnest Turner (ADDRESS) Mexico, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 9/13/3819. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Missouri20. FILED Sept 13, 1938 Blanche Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/38, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1938 to Sept 9th, 1938

I last saw her alive on Sept 9, 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Multiple carcinoma of abdomen, colon, liver & uterus

Primary seat in uterus

Other contributory causes of importance:

none.Name of operation Exploratory Date of 4/27/38What test confirmed diagnosis? operation 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 _____, 1938

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) Paul E. O'Neil, M. D.(Address) Mexico, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 10
District Health Officer No. 10-38-240
District Health Officer No. 10-38-240
District Health Officer No. 10-38-240