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.

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

Do not use this space.

REC'D MAR 13 1939

1

85

5930

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township Washington — Primary Registration District No. — Registered No. 121

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Sadie E. Pfander

(a) Residence, No. Shambaugh Iowa St., Ward. Shambaugh, Iowa.
(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: Milt Pfander

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26 - 1879

7. AGE: YEARS 59 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Near Clarinda Iowa / Page Co. Iowa

FATHER

13. NAME: S. B. Hazelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prescott / Canada

MOTHER

15. MAIDEN NAME: Rachel Jane Keeran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zanesville / Ohio

17. INFORMANT (ADDRESS): A. M. Hazleton / Burlington Jct Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarinda Ia. DATE Feb. 12 - 1939

19. UNDERTAKER (ADDRESS): Leslie P. Walker / Clarinda Iowa

20. FILED Feb. 10, 1939 H. J. Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. - 9 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-31, 1939, to 2-9, 1939
I last saw her alive on 2-9, 1939. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Cerebral embolus	

82 B

Other contributory causes of importance:
Nephemia

Name of operation X Date of
What test confirmed diagnosis? Xray 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 X
(Signed) Wm. B. Rost M. D.
(Address) St. Josephs Hospital St. Joseph, Mo.

Gregg Thompson