FILED OCT 13 1947

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

Do not use this space.

File No. 31979

Registered No. 77

1. PLACE OF DEATH
County: Modaway
Township: Lincoln
City: Elmo. (Rural) (No. 1, St., Ward)
Registration District No.: Registrar no - 817
Primary Registration District No.: 5846

2. FULL NAME: Lena Pflug

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 47 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? 62 yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Philip Pflug (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 15 1864

7. AGE: 83 Years, 0 Months, 11 Days. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife (retired)
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): don't know
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Henry Mueller
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): Leslie C. Moore, Elmo, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burial DATE: Sept. 28, 1947

19. UNDERTAKER (ADDRESS): L. M. Stevens, College Springs, Iowa.

20. FILED 10-4, 1947 Bess Holt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 26, 1947

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1947 to Sept 26, 1947
I last saw her alive on Sept 26, 1947. Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	4/1947

Other contributory causes of importance: senility

Name of operation: none Date of:
What test confirmed diagnosis? none 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) Maxwell [illegible] M.D.
(Address) Elmo - Mo. 9/28/47

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

DISTRICT HEALTH OFFICE
Cameron, Mo.