

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township _____ Primary Registration District No. 3335
 City Richmond (No. _____) St. _____ Ward _____

 File No. 42278
 Registered No. 91
2. FULL NAME Charles Franklin Pifer

(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 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) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bettie Pifer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1854
 7. AGE YEARS 83 MONTHS 10 DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining
 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) Frankford, ~~Kent~~ Ken-
(STATE OR COUNTRY)MOTHER FATHER 13. NAME C. F. Pifer14. BIRTHPLACE (CITY OR TOWN) Alexandria
(STATE OR COUNTRY) Germany15. MAIDEN NAME Bettie Denton16. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Ten-17. INFORMANT George W. Pifer
(ADDRESS) Richmond, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Dec 5 - 193719. UNDERTAKER E. Thurman
(ADDRESS) Richmond, Mo.20. FILED 12/10 1937 Ray, Mo. McDonal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5 27, to 12-4 37
 I last saw him alive on 11-27 37 Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Chronic Nephritis Date of onset ?
131

Other contributory causes of importance:

Myocardial Infarction
Disease ?

Name of operation _____ Date of _____
 What test confirmed diagnosis Phy Ex 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) Thos J Cook, M. D.
 (Address) Richmond, 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.

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WRITE PLAINLY, WITH CAPITAL LETTERS

