

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

Do not use this space.

40794

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Law Primary Registration District No. 1002 Registered No. 5201
 City Kansas City (No. Kansas City Genl Hosp) St. _____ Ward _____

2. FULL NAME

Theodore Pfeiffer
 (a) Residence. No. Holden Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 26, 1919</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>6</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-11 1929 to 12-16 1929 that I last saw him alive on 12-15 1929 and that death occurred, on the date stated above, at 10:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cavernous Sinus Thrombosis and Lobar Pneumonia

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Student
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Fibrous Pleurisy
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George P. Pfeiffer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lenexa
 (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Gertrude Stuleff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lenexa
 (STATE OR COUNTRY) Kansas

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) P. E. Williams, M. D.
12-17, 1929 (Address) Sept 7 K.C. Genl Hosp

14. INFORMANT Reina Clark
 (Address) K.C. Genl Hosp

15. FILED 17 12 29 M. M. Crowe
Asst REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Holden Mo DATE OF BURIAL 12-18 1929

20. UNDERTAKER J. W. Goodman ADDRESS Holden Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
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