APR 30 1929

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

Do not use this space.
11848

1. PLACE OF DEATH
County: Pettis
Registration District No.: ~~669~~ 670
Township: Bowling Green
Primary Registration District No.: 5849
City: ..... (No. ..... St. ..... Ward)
File No.:
Registered No.: 6

2. FULL NAME: Margaret Schlueing Kahrs
(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: 38 yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Kahrs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 11848

7. AGE: Years 80 | Months 11 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Morgan Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: William Schlueing
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Albrecht
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Will Kahrs
(Address): Braman Route 1

15. FILED Mar. 10 1929 Mrs J. L. Mosseer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1929, to Mar 6, 1929, that I last saw her alive on Mar 4, 1929, and that death occurred, on the date stated above, at 1 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Myocarditis
131 Chronic Nephritis
9.3 C
6 3 A
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. W. Dellinger, M. D.
(Address) Smithton Mo. Mar 7, 1929

*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: Smithton Mo
DATE OF BURIAL: 4/8 1929
20. UNDERTAKER: McCaughey Bros
ADDRESS: Sedalia

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.

PERMANENT RECORD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—Every [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED B

1. PLACE OF DEATH
County: Pettis — Registration District No.: 670 — File No.:
Township: Bowling Green — Primary Registration District No.: 5893 — Registered No.: 4
City: (No. , St. , Ward)

2. FULL NAME: Margaret Schlusing Kahrs
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Kahrs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 1 - 1848

7. AGE — YEARS: 80 — MONTHS: 11 — DAYS: 5 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Morgan co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: William Schlusing
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Vilecht
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Will Kahrs
(Address): Bruman Rt. 1

15. FILED 5/22, 1929 Flossie Ferguson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1929 to Mar 6, 1929 that I last saw him alive on Mar 4, 1929, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic Nephritis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E. K. Dellinger, M. D.
Mar 7, 1929 (Address) Smithton mo

*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: Smithton mo — DATE OF BURIAL: 4/8 1929
20. UNDERTAKER: McLaughlin Bros — ADDRESS: Sedalia

SUPPLEMENTARY

5-11848