

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sedalia(No. Bothwell Hospital)File No. 126Registered No. 668

St. _____ Ward)

2. FULL NAME Mary Ann Kahrs(a) Residence, No. 218 E 6th

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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

Aug. 29th 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.61712

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.FATHER
MOTHER

13. NAME

John C. Kahrs14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

15. MAIDEN NAME

Louisa Momberg16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)Mrs. E. S. Lugen
112 E. 16th Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Mo

DATE

4/1519. UNDERTAKER
(ADDRESS)Gillespie Furn Home
Sedalia Mo.

20. FILED

4-15-1934Jeann Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 4 1934

22. I HEREBY CERTIFY, That I attended deceased from

body, 19____, to____, 19____

I last saw h. _____ alive on____, 19____. Death is said

to have occurred on the date stated above, at____ m.

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

First and only cause
of death was
2 fractures of upper
limb

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur? Mo P Shop Sedalia

(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)

(Address)

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

100

100

100