MAY 25 1934 MISSOURI STATE BOARD OF HEALTH BUREAU PATHS CENTIFICATE OF DEATH County Pettis Registration District No. Centy Fettis Registration District No. City Sedalia (No. Bothwell Hospital St. City Seda		-1	222	
Sawyer, bookkeeper, etc. At Home S. Industry or business in which work was done, as slik mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 13. NAME JOE Kahrs 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 15. MAIDEN NAME Martha Lutien 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO. 17. INFORMANT As G. Hausam (ADDRESS) 115 E 6th Sedala, MO. 17. INFORMANT As G. Hausam (ADDRESS) 115 E 6th Sedala, MO. 18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton, MO. DATE Apr. 13th 19. UNDERTAKER Gillespie Furn Home (ADDRESS) Sedala MO. DATE Apr. 13th (Signed) (Signed) 19. UNDERTAKER Gillespie Furn Home (ADDRESS) Sedala MO. DATE Apr. 13th (Signed) (Signed) (Signed) (Signed) (Address)	8 # (/)	MAY 25 1934 MISSOURÍ STATE	BOARD OF HEALTH	Do not use this space.
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20 FILED 47 - 7 19 34 (Address) (Address)	Every item of information. E OF DEATH in plain term	L (STATE OR COUNTRY) MO.		
20 FILED 47 - 7 19 34 (Address) (Address)		W IS MAIDEN NAME MONTHO Tart 1en	23. If death was due to external cause	(violence), fill in also the following:
20 FILED 47 - 7 19 34 (Address) (Address)		- IS MAIDER HAVE BILL DIES DOUGLES		
20 FILED 47 - 7 19 34 (Address) (Address)			Speci	ly city or town, county, and State)
20 FILED 47 - 7 19 34 (Address) (Address)		A A Halleam	Specify whether injury occurred in Indu	astry, in home, of including place,
20 FILED 47 - 7 19 34 (Address) (Address)		1/ INFLIRMANT	Manner of initial Deal of the	X by Alexan
20 FILED 47 - 7 19 34 (Address) (Address)			1 1 C/	die
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20 FILED 47 - 7 19 34 (Address) (Address)			Z4. Was disease or injury in any way re	erated to occupation of deceased?
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		20. FILED 7-10 19 34 Registrar.	(Address)	Marin J.
II				

