					•	
	E NUC	1935		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		Do not use this space. 13870
1. PLACE O	F DEATH				115	70010
County Pettis Registration Dist					et No. 668	File No. 45
10wnsnipQ_A_A_1.4					on District No	Registered No. 68
				Bothwell	Hospital	St
2. FULL NA	ME	Will		Kahre		***************************************
	dence, No.		n RFD #	2 s	.,Ward.	
Us Length of resid	ual place of ence in city		death occurred	yrs. mos.	ds. How long in U. S., if of for	nresident, give city or town and State) clgn birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERT	IFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDO				ED, WIDOWED, OR		Ammed 20/75
M W			DIVORCED (wri	is the word)	21. DATE OF DEATH (MONTH, DAY, AN	
SA. IF MARRIED, WIDOWED, OR DIVORCED					2. I HEREBY CERT	IFY, That I attended deceased S, to Open ZO
HUSBAND OF (OR) WIFE OF						
S DATE OF BIRT	U (момти г		Sant S	3 1871	to have occurred on the date stated a	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1871 7. AGE YEARS MONTHS DAYS If LESS than 1					The principal cause of death and rel	ated causes of importance were as fol
63	1	7	12	day,hrs. ormin.	Change Sand	Contité Date of
8. Trade, profession, or particular						els- Cardillo A
kind of work done, as spinner, sawyer, bookkeeper, etc					avhiley ih	motion /
9. Industry	as done, as	edik mill.				
73. 1		marked at	11 Total fi	me (vers)		N. S. L.
0 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation					Other contributory causes of importan	nce:
<u>_'</u>				·	Lun	
12. BIRTHPLACE (STATE OR CO	CITY OR TOW JNTRY)	N)	Mo.	•		
13. NAME	Pete	· **	Kahra		h 4420	A
AL DIDTING ACT (CHANGE COMMAN)					What test confirmed diagnosis?	Date of Was there an autopsy?
(SIXIEGI	COUNTRY)		MO	•		es (violence), fill in also the following:
15. MAIDEN NAME Margaret Schlusing					Accident, suicide, or homicide?	Date of injury, 19
0 16. BIRTHPLACE (CITY OR TOWN)					Where did injury occur?	cify city or town, county, and State)
STATE OR COUNTRY)					Specify whether injury occurred in Ind	lustry, in home, or in public place.
17. INFORMANT B. F. Kahrs (ADDRESS) Bedalia MO.					75	
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury	
			DATE App	11 22 19 3	524. Was disease or injury in any way	related to occupation of department 1
19. UNDERTAKER.	G11	lespie	Funeral	Home	If so, specify	NW C
(ADDRESS)	Sed	alia l	lo	2	(Signed)	armuni e.
20, FILED 4 - 0	22- 1	35	au L	lock	(Address)	letter Mo,
				Registrar.	l	

