

350 JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. _____)

Registration District No. 669
Primary Registration District No. 5892

File No. 19483
Registered No. _____
St. 9 Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

Charles H Kehrs

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter James Kehrs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-10-76</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
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 occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbina Mo</u>		
13. NAME <u>George Kehrs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co Mo</u>		
15. MAIDEN NAME <u>Anna Cardes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Peter Kehrs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton Mo</u> DATE <u>5-6-39</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. H. Neumeyer</u>		
20. FILED <u>May 6 1939</u> <u>Mrs. J. L. Monees</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-39, 19

22. 5-1-39 I HEREBY CERTIFY That I attended deceased from 5-4-39 to 5-4-39, 19. I last saw him alive on 5-4-39, 19. Death is said to have occurred on the date stated above, at 2:30 P. m. The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset _____

Other contributory causes of importance:
Influenza

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? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (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? No
If so, specify _____
(Signed) E. J. Holtzen M. D.
(Address) Smithton Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

100-20-30
-1 X704

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 9/12/99