

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

Do not use this space.

**39319**

**1. PLACE OF DEATH**

County SALINE  
Township MARSHALL  
City MARSHALL (No. ....)

Registration District No. 796  
Primary Registration District No. 3038

File No. ....  
Registered No. 169  
St. .... Ward)

**2. FULL NAME** EVA LUELLE HAHN

(a) Residence. No. 317 E. NORTH 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE HAHN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) SEPT. 17. 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>72</u>	<u>1</u>	<u>24</u>	

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

9. BIRTHPLACE (CITY OR TOWN) MIAMI MO.  
(STATE OR COUNTRY)

10. NAME OF FATHER JOSEPH ALBERT SAUFLEY

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

12. MAIDEN NAME OF MOTHER MARTHA JANE SAUFLEY

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

14. INFORMANT MRS GROVER C. WATERS  
(Address) 317 E. North St. Marshall Mo.

15. FILED 11-18-29 Mrs John H. McGuire  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 26 1929, to Nov 11 1929 that I last saw her alive on Nov 10 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of sigmoid  
4701 / 5  
1165 / 5  
(duration) yrs. 18 mos. .... ds.  
CONTRIBUTORY (SECONDARY) Carcinoma of liver and lung (metastatic)  
(duration) yrs. 2 mos. .... 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 Clinical  
(Signed) T. W. Campbell, M. D.

(Address) Marshall, 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 Tridge Park Cem DATE OF BURIAL Nov 15 1929

20. UNDERTAKER T. W. Campbell ADDRESS Marshall

WRITE MAINLY, 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.

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