

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

Do not use this space.

*Dr. Chapman*  
**9562**

**APR 30 1930**

**1. PLACE OF DEATH**

County Mississippi Registration District No. 556 <sup>367</sup>  
Township St. James Primary Registration District No. 5713  
City Weldon (No. ....) St. .... Ward)

File No. ....  
Registered No. 30

**2. FULL NAME** La Mae Hahn

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 1/2 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R.O. Hahn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
48 | 2 | 21

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

9. BIRTHPLACE (CITY OR TOWN) Graves County  
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER Dr. J. E. McSpairy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Weakley County  
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Charity Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Weakley County  
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs. Katie Williams  
(Address) Weldon Ky.

15. Mar 23 1930 F.S. W. Brown  
FILED REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 1:20 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/22 1930

17. I HEREBY CERTIFY, That I attended deceased from JUNE 24, 1924 to MARCH 21, 1930 that I last saw HER alive on MARCH 21, 1930 and that death occurred, on the date stated above, at 1:20 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

VALVULAR DISEASE OF HEART (MITRAL)

131 974 (duration) 4 yrs. mos. ds.

CONTRIBUTORY NEPHRITIS-  
(SECONDARY) (duration) .... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Weldon Ky.

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS CLINICAL SYMPTOMS  
(Signed) H. M. Chapman M. D.

, 19 (Address) CHARLESTON, 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 St. Marias Tennessee DATE OF BURIAL 3/24 1930

20. UNDERTAKER Laird & Co. Weldon Ky. ADDRESS Charleston Mo.



MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miss. Registration District No. 367 File No. \_\_\_\_\_  
Township St. James Primary Registration District No. 3-763 Registered No. 41  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ida Mae Hahn  
(a) Residence. No. \_\_\_\_\_ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. O. Hahn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Graves Co. Ky.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. E. McQuinn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeWitt Co. Tenn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Esther Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Westley Co. Tenn.  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Katie Williams  
(Address) Fulton Ky.

15. FILED 5-12 1930 Duffin Hodges  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/22 1930

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
April 24 1930 to Mar 21 1930  
that I last saw him alive on Mar 21 1930 and that death occurred, on the date stated above, at 1:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Disease of Heart (mitral)  
(duration) 11 yrs. 0 mos. 0 ds.  
CONTRIBUTORY (SECONDARY) Nephritis  
(duration) 1 yrs. 0 mos. 0 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? Physical Symptoms

(Signed) A. W. Chapman, M. D.

, 19 (Address) Charleston 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 DATE OF BURIAL

Mt. Mariah Tenn. 3/24 1930

20. UNDERTAKER ADDRESS

Lair and Co. Fair Charleston Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD

3-9562