

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

Do not use this space.

12559

**1. PLACE OF DEATH**

County Jackson

Registration District No. 385

Township Wase

Primary Registration District No. 855

City Kansas City (No. 1876)

File No. 1402

Registered No. 1402

St. 1402 Ward

**2. FULL NAME**

Mrs. Sarah Hahn

(a) Residence. No. 1876 E 55th St. St. 15 Ward.

(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

Fe

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Husband Peter Hahn

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

July 30, 1857

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ..... hrs. or ..... min.

72

8

3

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)

(STATE OR COUNTRY)

Canada

10. NAME OF FATHER

John Carroll

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Scotland

12. MAIDEN NAME OF MOTHER

Charlotte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Canada

14.

INFORMANT

(Address)

Peter Hahn

1876 E 55th St.

15.

FILED

19

4/4 30 M. M. Connor

REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to April 3, 1930 that I last saw h. sa alive on Mar 9, 1928, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

121

97

132B Arteriosclerosis

and thrombosis (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis -

nephritis (duration) and thrombosis (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no (check one)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Baer, M. D.

4/4 30 (Address) 1102 E 47th

\*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

Forest Hill

April 5 1930

20. UNDERTAKER

ADDRESS

Dall Newcomers Sons

R. C. No

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.

See journal to Back  
911 Great Circle Building  
20310  
1-5-