

OCT 31 1930

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

Do not use this space.

30710

1. PLACE OF DEATH

County Peru
Township St Marys
City _____ (No. _____)

Registration District No. 663
Primary Registration District No. 5881

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Clarence Ernest 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1927

7. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. or min.
3 1 3 — — —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Yount
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Hahn mo.

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

12. MAIDEN NAME OF MOTHER Julianay Whittier mo.

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

14. INFORMANT Jeffie Hahn
(Address) Yount, mo.

15. FILED 9-18, 1930 Hy J. Duwall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1930, to Sept. 17, 1930
that I last saw him alive on Sept. 17, 1930, and that death occurred, on the date stated above, at 11:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis
10013 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) 11413 (duration) yrs. 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? General symptoms
(Signed) E. A. Neident, M. D.
, 19 (Address) Peruville, 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 Bellevue Lake Cem. DATE OF BURIAL 9-17-30

20. UNDERTAKER Zoellner & Young ADDRESS Peruville, mo.

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.

WHITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD

