

WHITE PEARL PAPER 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.

NOV 26 1930

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

Do not use this space.

33734

1. PLACE OF DEATH

County Barry
Township St. Marys
City..... (No..... St..... Ward)

Registration District No. 1161
Primary Registration District No. 5891A

File No.....
Registered No.....

2. FULL NAME

Ruth 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Hahn

7. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29th 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 2 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife & school teacher
(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) Indo

10. NAME OF FATHER J. D. Johnson

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

12. MAIDEN NAME OF MOTHER Effie Young

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

14. INFORMANT J. H. Johnson
(Address) Barry Co. Mo. R. 1, Box 1001

15. FILED 10 1930 Ruben Edwards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 29th 1930 to Oct 12th 1930 that I last saw him alive on Oct 12th 1930 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoidal fever

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Edward Crites, M. D.

. 19 (Address) Sedgewickville, 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 Yount, Ind. DATE OF BURIAL Oct 15th 1930

20. UNDERTAKER Webb ADDRESS Fredericktown

