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.

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

Do not use this space.

35081

1. PLACE OF DEATH

County Moniteau — Registration District No. 576 — File No.

Township Burris Fork — Primary Registration District No. 5774 — Registered No. 9

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William J. Hahn

(a) Residence, No. ..... Olean, Mo. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th, 1878

7. AGE: YEARS 52 — MONTHS 9 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Hill Missouri.

FATHER

13. NAME Christian Hahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Missouri

MOTHER

15. MAIDEN NAME Elizabeth Walser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centertown Missouri

17. INFORMANT (ADDRESS) Mrs. C. L. Taylor Olean, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Olean Cem. DATE Oct. 18th, 1931

19. UNDERTAKER (ADDRESS) G. N. Steffens Russellville Mo.

20. FILED Nov 10 1931 W. H. Finke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Oct 15, 1931
I last saw him alive on Oct 1, 1931. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach 46B 46B

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. C. Allen, M. D.

(Address) Eldon Mo