Dr Morton,

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

Do not use this space.

15369

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 3012 Lafayette Street, St. Ward)

File No.
Registered No. 494

2. FULL NAME Sophia Hahn,
(a) Residence, No. 3012 Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home,
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) Nashville, Tennessee, 2

FATHER
13. NAME Louis Pfeiffer, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany, 10

MOTHER
15. MAIDEN NAME Madeline Schott,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Heidelberg, Germany,

17. INFORMANT (ADDRESS) Miss Sylvia Hahn 3012 Lafayette Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE May 18th. 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th St. Funeral Home

20. FILED MAY 17 1932 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from August, 1930, to May 17, 1932.
I last saw her alive on March 28, 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

CARCINOMA UTERI CERVICI — Date of onset
48
48

Other contributory causes of importance:
None

1

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

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) Daniel Morton, M. D.
(Address) St Joseph Mo

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.

JUN 21 1932