

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.

36913

NOV 15 1934

1. PLACE OF DEATH

County Jerry Registration District No. 663
Township St. Marys Primary Registration District No. 5781
City _____ (No. _____) St. _____ Ward _____

File No. 9
Registered No. 9

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 15 05

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jerry Mo

13. NAME Lois Hahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

15. MAIDEN NAME Clays Elders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

17. INFORMANT Lois Hahn (ADDRESS) Subur Lake Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waldersholm Mo DATE Oct 6 1934

19. UNDERTAKER Webb Under Taker (ADDRESS) Fredericktown Mo

20. FILED 10-13 1934 Hy J. Duvall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1934 to Oct 4 1934

I last saw her alive on Oct 3rd 1934 Death is said to have occurred on the date stated above, at 7:30 am.

The principal cause of death and related causes of importance were as follows:

Influenza
11 15
15
11 8
Other contributory causes of importance:
malnutrition

Name of operation no 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? _____

If so, specify _____

(Signed) Harry J. Knapp M. D.

(Address) Cannell Mo

