

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

Do not use this space.

MAR 7 1935

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo.

(No.)

St.

Ward)

File No. 2664

Registered No. 23

2. FULL NAME James B. Hahs

(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 (write the word)

Married

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

Nora Hahs

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

12-18-1890

7. AGE

YEARS

44

MONTHS

1

DAYS

11

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)

Daisy Mo.

MOTHER FATHER

13. NAME

D. C. Hahs

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

Cape Girardeau Mo.

15. MAIDEN NAME

Ida Seabaugh

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

Cape Girardeau Mo.

17. INFORMANT (ADDRESS)

Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jackson Mo

DATE Jan 29 1935

19. UNDERTAKER (ADDRESS)

B. A. Meyer Jackson, Mo.

20. FILED

Jan 29 1935

T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from
Jan. 21, 1935, to Jan. 29, 1935

I last saw her alive on Jan. 28, 1935. Death is said to have occurred on the date stated above, at 4:50 A. m.

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

Septicemia resulting from Streptococic infection of Throat and tongue

Other contributory causes of importance:
Toxic Psychosis

Name of operation Tracheotomy Date of 1-25-35

What test confirmed diagnosis? Clinical 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?.....

If so, specify.....

(Signed) P. J. Lat, M. D.

(Address) Hosp. #4 Farmington 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.

