

AUG 20 1935

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

Do not use this space.

23977

1. PLACE OF DEATH

County BerryRegistration District No. 663Township St. MarysPrimary Registration District No. 5881

City

(No.)

File No. 11Registered No. 11

St. Ward)

2. FULL NAME

Mr. Robert C. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Hahn6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 18917. AGE YEARS 44 MONTHS 3 DAYS 2 If LESS than 1 day, hrs. or min.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) Berry County13. NAME Robert Hahn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County Missouri15. MAIDEN NAME Susie Bini16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry County Missouri17. INFORMANT Viola Hahn (ADDRESS) Young, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Berry Co Arvo DATE July 13, 193519. UNDERTAKER Berry General Home (ADDRESS) Berry, Mo.20. FILED 7 13 19 5 H. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 193522. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to July 11, 1935I last saw him alive on July 8, 1935. Death is saidto have occurred on the date stated above, at 11 a. m.

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

Pulmonary tuberculosis (years) (Date of onset)Other contributory cause of importance: Renal insufficiency months

Name of operation 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 Yes(Signed) Edw. A. Alwood, M. D.(Address) Berry, 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.

16004-11-32-37

