

SEP 28 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

31915

1. PLACE OF DEATH

County Perry Registration District No. 663  
Township St. Marys Primary Registration District No. 5881  
City (No. St. Ward)

File No. 5  
Registered No. 5

2. FULL NAME

Francis Melvin 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) May 18, 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 2 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Perry County

13. NAME John Henry Hahn

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

15. MAIDEN NAME Julia Whistler

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

17. INFORMANT (ADDRESS) John Henry Hahn  
Yount, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Siber Lake Cem. DATE Aug. 12, 1936

19. UNDERTAKER (ADDRESS) Bay Funeral Home  
Perryville, Mo.

20. FILED 8 12 1936 Hy J Duwall  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Aug 9, 1936  
I last saw him alive on Aug 9, 1936 Death is said to have occurred on the date stated above, at 1 A. m.  
The principal cause of death and related causes of importance were as follows:

Complete fracture of left femur

Other contributory causes of importance: Hypostatic Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury Aug 1, 1936

Where did injury occur? At home in bed (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home  
Manner of injury Broken leg during convulsion  
Nature of injury " " " " " "

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Raymond C. Leonard, M. D.  
(Address) Perryville, 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.

