18-68

AUG 31 1937

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

Do not use this space.

28454

1. PLACE OF DEATH
County Saline
Township
City Marshall (No. , St. Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 121

2. FULL NAME George J. Hahn
(a) Residence, No. 317 East North 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
90	5	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer- Stockman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Real estate Retired
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) Rockingham county Virginia

FATHER
13. NAME Hammond P. Hahn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sarah Saufley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) G. C. Waters Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall, Mo DATE July 15 1937

19. UNDERTAKER (ADDRESS) R. H. Campbell Marshall, Mo.

20. FILED 7-15-1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to July 13, 1937
I last saw him alive on July 13, 1937. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mitral stenosis	
1860	

Other contributory causes of importance:
Extensive laceration of scalp and loss of blood from accidental fall from porch steps at his home

Name of operation Date of 6/16/37
What test confirmed diagnosis? 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) D. Manning, M. D.
(Address) Marshall, 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.

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