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.

DEC 28 1937

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

Do not use this space.

42605

1. PLACE OF DEATH

County Scott

Township Kelso

City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 1151

Primary Registration District No. 6065A

File No. .....

Registered No. .....

2. FULL NAME Celestine F. Hahn

(a) Residence, No. Kelso, Mo. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1893

7. AGE: Years 44 | Months 5 | Days 21 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Nov. 20 1937

11. Total time (years) spent in this occupation 15 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso, Mo.

FATHER

13. NAME Joseph Hahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg, Mo.

MOTHER

15. MAIDEN NAME Anna Diebold

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg, Mo.

17. INFORMANT Edw. Hahn,
(ADDRESS) Kelso, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hamburg, Mo DATE Nov. 26 1937

19. UNDERTAKER Mike Welter,
(ADDRESS) Kelso, Mo.

20. FILED 11/27 1937 [illegible]
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1937, to Nov. 24 1937

I last saw him alive on Nov. 24 1937. Death is said to have occurred on the date stated above, at 7 P.M.

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

| | Date of onset |
|---|---|
| Internal Memorrhage | 11-24 1937 |
| Concussion of brain | |
| Other contributory causes of importance: | |
| Crushed chest | 11-24 1937 |
| Injury to head | |

Name of operation ..... Date of .....

What test confirmed diagnosis? clincal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 24 1937

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

Specify whether injury occurred in industry, in home, or in public place.
home, farm, Kelso, Mo.

Manner of injury falling of tree

Nature of injury Crushed chest, head injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible], M. D.

(Address) Illmo, Mo.