REC'D DEC 15 1938

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

38813
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau 2 Registration District No. 121
(b) Township Primary Registration District No. 3009 Registered No. 356
(c) City Cape Girardeau (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 201 Vergil Howard Hahs
(a) Residence, No. Oak Ridge, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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) July 14, 1922
7. AGE: YEARS 16 MONTHS 4 DAYS 5 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Oak Ridge, Mo. O

FATHER
13. NAME M. C. Hahs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friedheim, Mo. O

MOTHER
15. MAIDEN NAME Michl Roe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgewickville O

17. INFORMANT (ADDRESS) M. C. Hahs
18. BURIAL, CREMATION, OR REMOVAL, PLACE Close to Gravel Hill DATE 11-21, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Crescroft & Miller Jackson Mo 121
20. FILED 11-19, 1938 J. M. Thompson Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19, 1938
22. I HEREBY CERTIFY, That I attended deceased from 11-1-, 1938, to 11-19-, 1938
I last saw him alive on 11-14-, 1938. Death is said to have occurred on the date stated above, at 8 30/A m.
The principal cause of death and related causes of importance were as follows:
Intra-cranial Hemorrhage — Date of onset 6 hrs
2127
Other contributory causes of importance:
Concussion (accidental) 3 wks ago
Name of operation none Date of
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? Oak Ridge, Mo (Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public school
Manner of injury Fell from bycicle
Nature of injury Concussion
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D R Strabaugh, M. D.
(Address) Jackson, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**