

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. No. # 3
Ino. Town Central City
City (No. St., Ward)

Registration District No. 870
Primary Registration District No. 2435

File No. 27932
Registered No. 17
(If death occurred in a hospital, nursing home, or other institution, give the name of the institution.)

2 FULL NAME George Hahn Jr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>August 8, 1915</u> (Month) (Day) (Year)		
7 AGE <u>23</u> yrs. <u>3</u> mos. <u>27</u> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) Clinton Ky

PARENTS	10 NAME OF FATHER <u>Geo Hahn</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Poller Lane</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>England</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo Hahn
(Address) Central City

15 Filed Dec 8, 1915 at D. L. Handford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
November 30, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1915, to Nov 30, 1915, that I last saw him alive on Nov 30, 1915, and that death occurred on the date stated above at 5:00 pm. The CAUSE OF DEATH was as follows:
Heart failure long standing
Contribution

(Duration) ... yrs. ... mos. ... ds.
Contributory (secondary) Central City
(Duration) ... yrs. ... mos. ... ds.
(Signed) Harry J. Roberts M. D.
Nov 25, 1915 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) NAME OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <u>Shinnant</u>	DATE OF BURIAL <u>Dec 1, 1915</u>
20 UNDERTAKER <u>Martin Moore</u>	ADDRESS <u>Central City Ky</u>