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

Do not use this space.

C1183

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1254

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis Mo. (No. Barnes Hospital St. ..... Ward)

2. FULL NAME James Carroll Hackleman

(a) Residence. No. ..... St., 12 Ward. Sikeston Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	0	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods Store

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER J. C. Hackleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Alabama

12. MAIDEN NAME OF MOTHER Mary Dallas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mississippi

14. INFORMANT Mr Victor Hogan
(Address) 6013 Thekla

15. FILED FEB - 1 1927 Max C Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1927

17. I HEREBY CERTIFY, That I attended deceased from 1-25, 1927, to 2-2, 1927 that I last saw him alive on 2-2, 1927, and that death occurred, on the date stated above, at 9 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor - Endothelioma Benign

5 4 D (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 84 A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & autopsy

(Signed) Louis C. Barrette, M.D.

, 19 (Address) Barnes Hospital.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Johns Cemetery	Feb 5 1927
20. UNDERTAKER	**ADDRESS**
Drehmann Hurral	1905 Union

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD