

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

Do not use this space.

4343

1. PLACE OF DEATH

County Union
Township Washington
City (No. 4)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Chas H. Sackett
(a) Residence. No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dir. 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY) 1

10. NAME OF FATHER Willie Sackett

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

12. MAIDEN NAME OF MOTHER Sidney Harmon

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

14. INFORMANT State Hosp Record
(Address) Nevada Mo

15. FILED 2-4-31 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1930 to Jan 3 1931, and that I last saw him alive on Jan 3 1931, and that death occurred, on the date stated above, at 6 a m.

87A THE CAUSE OF DEATH* WAS AS FOLLOWS:

87A
9M
Central Hemorrhage
(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY)
(duration) + yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) E. H. Coon M. D.

1931 (Address) Nevada Mo

*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 Lamont, Mo. DATE OF BURIAL Jan 5 1931

20. UNDERTAKER Tracy Funeral Home ADDRESS Nevada Mo

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.

FEB 2 1931

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