

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

Do not use this space.

28871

1. PLACE OF DEATH

32 County Wipacab Registration District No. 259
Township Sherman Primary Registration District No. 3361
City (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Helena, 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Jean Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1894

7. AGE YEARS 38 MONTHS 3 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 9/18/32 11. Total time (years) spent in this occupation 25 yrs

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

13. NAME Nelson W. Hackett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known Iowa

15. MAIDEN NAME Flora Clayton

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

17. INFORMANT Iva Jean Hackett (ADDRESS) Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE 9/27 1932

19. UNDERTAKER H. Willshire (ADDRESS) King City, Mo.

20. FILED Sp 1 1932 J. 2 Phillips Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/25/32

22. I HEREBY CERTIFY That I attended deceased from Sept 18, 1932, to Sept 25, 1932. That I saw him alive on Sept 25, 1932. Death is said to have occurred on the date stated above, at 12:10 P.M.. The principal cause of death and related causes of importance were as follows:

Abscess of liver (Cause unknown) 9/22/32

114B
125B 114B

Other contributory causes of importance: Sanguine of lungs (3) 9/24/32

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? _____ (Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Arthur E. Rockwood M.D. (Address) Union Star, 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.

NOV 2 9 1932

