

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.

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

Do not use this space.

1076

FEB 7 1937

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township White Oak Primary Registration District No. 5795 Registered No. _____
 City Abingdon (No. _____) St. _____ Ward _____

2. FULL NAME

Berthner Bennett Hackney
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. 1 mos. 28 ds.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maudie May Hackney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>56</u>	<u>1</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
 10. Date deceased last worked at this occupation (month and year) Sept 1934 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urich Missouri

13. NAME George H. Hackney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri

15. MAIDEN NAME Josephine E. Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri

17. INFORMANT (ADDRESS) Charlie Miller Urich Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Urich DATE 1-15 1937

19. UNDERTAKER (ADDRESS) Smith & Graham Urich Missouri

20. FILED 1-25-37 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 13 1937, to Jan 13 1937

I last saw him alive on Jan 13 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 1/13-37
Acute indigestion 1/13-37

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Physian 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? _____ (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) J. G. McDonald M. D.
 (Address) Urich, Mo.

