WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

33516

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Haw — Primary Registration District No. 1002 — Registered No. 85

City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Hackley B. Lewis

(a) Residence. No. 3015 Flora 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-18 1860

7. AGE: Years 66 — Months 11 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Concret Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Jas Hackley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Anna Bales
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Record Clerk
(Address) K. C. General Hosp

15. FILED 11/11, 1927 M. M. Browne Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 1927 to 11-9, 1927 that I last saw him alive on 11-9, 1927, and that death occurred, on the date stated above, at 6:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral thrombosis
82B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George C. Lee, M. D
11-10, 1927 (Address) General Hosp K. C. 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: Highland — DATE OF BURIAL: 11-11 1927

20. UNDERTAKER: Mrs C. L. Forster — ADDRESS: K C Mo