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.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 37184

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 4880

City: Kansas City — (No. Kansas City General Hospital St. Ward)

2. FULL NAME John Hackett

(a) Residence. No. 725½ Main St., 1 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): not known

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Guess — YEARS: 50 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: laborer for

(a) Trade, profession, or particular kind of work: Petersen and Fell

(b) General nature of industry, business, or establishment in which employed (or employer): Boarding & Commission Co 16 W 6th St.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

PARENTS

10. NAME OF FATHER: not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known

12. MAIDEN NAME OF MOTHER: not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT (Address): Eylars 1800 Linwood

15. FILED 12/4, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Thursday

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 15 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental: fracture of skull (Cause unknown)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 2010

(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? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Glen Garfaugh, M. D

11/15, 1928 (Address) Deputy Coroner

*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: Maple Hill — DATE OF BURIAL: Dec 15 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood