

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

Do not use this space.

28379-2

1. PLACE OF DEATH

County Mills Registration District No. 561
 Township Selma Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 51
 St. _____ Ward _____

2. FULL NAME

Thomas B Hackney

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah J Hackney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 26 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired on U.S. Pension
 (b) General nature of industry, business, or establishment in which employed (or employer) Formerly Painter
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

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 J. C. Hackney
 (Address) Eldon, Mo

15. FILED 11-1 1929 Belle Haynes
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1929, to Aug. 21, 1929
 that I last saw him alive on Aug. 21, 1929, and that death occurred, on the date stated above, at 2 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
1st
Rank

(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 2 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) G. B. Shelton, M. D.

, 19 (Address) Eldon 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 Eldon Cemetery DATE OF BURIAL Aug 23 1929

20. UNDERTAKER W. A. Phillips ADDRESS Eldon, Mo

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.

28379-2

69

30

66

