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.

12558

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible] — File No.
Township Kane — Primary Registration District No. [illegible] — Registered No. 1481
City Kansas City (No. 310 E 30th St. St. Ward)

2. FULL NAME Theodore J Hackley
(a) Residence. No. 310 E 30th St St., B 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	wh	Widower Heneretta

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	0	29	

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

29

9. BIRTHPLACE (CITY OR TOWN) Howard Co. Mo.
(STATE OR COUNTRY)

1

PARENTS

10. NAME OF FATHER William E Hackley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucy McClary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

2

14. INFORMANT J B Hackley
(Address) Huntsville Mo.

15. FILED 4/4, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-18, 1930, to 4-3, 1930 that I last saw him alive on 4-3, 1930, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Tongue
43 45B
107A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Terminal Broncho
pneumonia (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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P E Williams, M. D.
4-4, 1930 (Address) Supt K.C. Gen'l Hosp

*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	DATE OF BURIAL
Elmwood Cem	April 5 19
20. UNDERTAKER	ADDRESS
Dill Newcomer's Sons	K. C. Mo