

MAY 28 1930

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

Do not use this space.

15128

1. PLACE OF DEATH

County Vernon  
Township Badger  
City Nevada, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 875  
Primary Registration District No. 6161

File No. \_\_\_\_\_  
Registered No. 81

2. FULL NAME

George Caldwell Hackstaff  
(a) Residence. No. Vernon, Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bell Hackstaff  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 11 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Inspector  
(b) General nature of industry, business, or establishment which employed (or employer) Mine Machinery  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Prattville  
(STATE OR COUNTRY) New York

10. NAME OF FATHER DK  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK  
(STATE OR COUNTRY) New York  
12. MAIDEN NAME OF MOTHER DK  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York  
(STATE OR COUNTRY) New York

14. INFORMANT Bell Hackstaff  
(Address) Nevada, Mo

15. FILED 5/6/30 ER King  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25, 1930  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Supposed Heart Disease  
Which Very Sudden  
No Violence  
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. C. Terry Coroner

April 25 1930 (Address) Nevada 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 Deepwood Cem DATE OF BURIAL 4/28 1930

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada Mo

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.

