

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

Do not use this space.

33203

File No. **10110**

1. PLACE OF DEATH

County Registration District No. **782**
 Township Primary Registration District No. **005**
 City **St. Louis** (No. **Barnes Hospital**) St. Ward)

2. FULL NAME

Wm Thomas Hackler
 (a) Residence, No. **429 n. Chapman** St., **12** Ward, **Shawnee Okla**
 (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 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 Empo M. Hackler		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26. 1895		
7. AGE	YEARS 35	MONTHS 10
	DAYS 4	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving	11. Total time (years) spent in this occupation. 9
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co	
	10. Date deceased last worked at this occupation (month and year) Apr 1931	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Okla**

FATHER 13. NAME **John J. Hackler**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

MOTHER 15. MAIDEN NAME **unk**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

17. INFORMANT **Empo M. Hackler**
(ADDRESS) **Shawnee Okla**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Springton Okla** DATE **Oct 3 31**

19. UNDERTAKER **Dawson & Zanner**
(ADDRESS) **Jefferson City Mo**

20. FILED **SEP 21 1931**

Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9 - 30, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **9-24, 1931 to 9-30, 1931**

I last saw him alive on **9-30, 1931**. Death is said to have occurred on the date stated above, at **11:20 pm**.

The principal cause of death and related causes of importance were as follows:

Pneumonia lobar
Myocardial failure
108
85
9311
 Other contributory causes of importance:
States Epilepticus

Date of onset
7-25-31

Name of operation **None** Date of

What test confirmed diagnosis? **X-ray** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **I. M. Arneson**, M. D.

(Address) **Barnes Hospital**

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.

