

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

Do not use this space.

7454

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 103  
 City..... (No. City Hospital #2) St. .... Ward

File No. ....  
 Registered No. 1408

**2. FULL NAME**

(a) Residence, No. 116 So. Leavenworth St. Ward. 18

(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-1-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
43 7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salvage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

13. NAME Daniel Hackney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hertrand William (ADDRESS) 984 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2/10 1933

19. UNDERTAKER Wells, Boyd (ADDRESS) 4928 Olive Easton Ave

20. FILED Feb -9 1933 May O. St. Arley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at 4:40 p.

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

Double Pneumonia  
Lobar

Date of onset

100 108

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) W. J. Brown

(Address) Deputy coroner

2/9/33

Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOTE:—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.

