

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

Do not use this space.

13735

1. PLACE OF DEATH

County *Rayette*
Township *Washington*
City *Washington* (No.)

Registration District No. *461*
Primary Registration District No. *3024*

File No. *38*
Registered No.
St. Ward)

2. FULL NAME

Lillie Belle Hackley

(a) Residence, No. St., Ward. (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Joseph Hackley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 26 - 1882*

7. AGE YEARS *50* MONTHS *7* DAYS *15* If LESS than 1 day, hrs. or min.

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Multon MO*

13. NAME *John A Reynolds*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howling Green MO*

15. MAIDEN NAME *Mary Flora Bond*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *West Va*

17. INFORMANT (ADDRESS) *Joseph Hackley Washington Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Higdon MO* DATE *April 13 1933*

19. UNDERTAKER (ADDRESS) *Ernest Wagner MO*

20. FILED *April 13 1933* *Mrs Worch Bates* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 11 1933*

I HEREBY CERTIFY, That I attended deceased from *Jan 1 1932* to *April 11 1933*
I last saw her alive on *April 11 1933* Death is said to have occurred on the date stated above, at *6:45 p.m.*

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

Other contributory causes of importance:
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) *J. Chalkey*, M. D.
(Address) *Higdon 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.

MAY 22 1933

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