SEP 17 1934

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

Do not use this space.

30242

1. PLACE OF DEATH

County: Nodaway
Township: White Cloud
City: (No. , St. Ward)

Registration District No. 617
Primary Registration District No. 5816

File No.
Registered No. 11

2. FULL NAME: Jessie Gertrude Hackett

(a) Residence, No. (Usual place of abode) 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: F
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: Ray D. Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 29, 1895

7. AGE: 38 YEARS, MONTHS: II, DAYS: 2I, If LESS than 1 day, hrs. or min.

OCCUPATION

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.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winfield Kansas

FATHER

13. NAME: Frank D. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Mo.

MOTHER

15. MAIDEN NAME: Moretta Gaddie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville, Ky.

17. INFORMANT (ADDRESS): Ray Hackettt Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Burlington Jct DATE: Aug 22 34

19. UNDERTAKER (ADDRESS): Price Funeral Home Maryville Mo.

20. FILED: 8/22 1934 Chas. D. Humbert M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934, to Aug 20, 1934
I last saw her alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 2:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia from acute Pancreatitis and nephritis also shock	

210

Other contributory causes of importance: Excessive heat and auto accident

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 28 1934
Where did injury occur? Maryville, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury: Collision with other auto
Nature of injury: Lacerated wound of cylinder and anthrax (Eng)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) D. Peterson, C. V. Martin M. D.
(Address) Maryville, Mo