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.

JAN 8 1935

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

Do not use this space.

43838

1. PLACE OF DEATH
County Nodaway
Township
City Burlington Jct. (No. , St. Ward)
Registration District No. 668
Primary Registration District No. ~~5870~~ 4369
File No.
Registered No.

2. FULL NAME George L. Hackett
(a) Residence, No. Burlington Jct. 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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Mrs. Addie Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18.1858

7. AGE: YEARS 76 | MONTHS 8 | DAYS 23 | If LESS than 1 day, ? hrs. or ? min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cook County Ill.

FATHER
13. NAME James Hackett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Sarah Bettibome
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT (ADDRESS) Jennie A. Williams

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Jct. DATE 12/12/34 19

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

20. FILED Jan 7 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934 to Dec. 10, 1934
I last saw him alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset about 2 yrs

131

Other contributory causes of importance:

131

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? No
If so, specify
(Signed) W. B. Hufford, M. D.
(Address) Maryville Mo.