

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

Do not use this space.

28900

1. PLACE OF DEATH

County Lewis Registration District No. 480 File No. _____
 Township Union Primary Registration District No. 5645 Registered No. 14
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Ronald Dean Hackmack

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 3rd 1935**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
				30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) **Lewis County**
 (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Brooks Hackmack**

14. BIRTHPLACE (CITY OR TOWN) **Lewis County, Mo.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Pauline Stewart**

16. BIRTHPLACE (CITY OR TOWN) **Ewing, Mo.**
 (STATE OR COUNTRY)

17. INFORMANT **Brooks Hackmack**
 (ADDRESS) **La Grange, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Dover** DATE **Aug. 4th 1935**

19. UNDERTAKER **A. A. Roberts**
 (ADDRESS) **La Grange, Mo.**

20. FILED **Aug 4 1935** *W. E. Miller*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 3d 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 2d 1935**, to **Aug 3d 1935**.

I last saw him/her alive on **Aug 2d 1935**. Death is said to have occurred on the date stated above, at **2:30 p. m.**

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

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Chloroform* Was there an autopsy? *No*

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) *Dr. L. E. Can*, M. D.
 (Address) *La Grange, 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.

