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.

DEC 28 1935

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

Do not use this space.

1. PLACE OF DEATH
County Vernon
Township Dover
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 878
Primary Registration District No. 6166

File No. 38379
Registered No. 45

2. FULL NAME Charles Henry Hackney

(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF)~~ Ellen Hackney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 - 35

7. AGE: YEARS 82 | MONTHS 11 | DAYS 7 | 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 all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

FATHER
13. NAME Nathaniel Hackney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Cole Co. Mo.

MOTHER
15. MAIDEN NAME Virginia Scruggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Kentucky

17. INFORMANT (ADDRESS) Fred Sweet

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Olive Branch DATE 12-1-1935

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo.

20. FILED Nov 30, 1935 Kate Willhite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1935, to Nov. 25, 1935
I last saw him alive on Nov. 21, 1935. Death is said to have occurred on the date stated above, at 3.40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	not Known

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. L. Kuthly, M. D.
(Address) Milo Mo.