

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

Do not use this space.

**JUL 22 1936**

**1. PLACE OF DEATH**

County Jackson  
Township Prairie  
City Jackson

Registration District No. 400  
Primary Registration District No. 4235

File No. 23190  
Registered No. 144  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Crigler Hackley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF J. M. Hackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8, 1860

7. AGE YEARS 76 MONTHS 2 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper  
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) Glasgow Mo.

FATHER 13. NAME John Crigler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. Kentucky

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Tom Hackley  
(ADDRESS) Box Summit, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette, Mo DATE 6/9/36

19. UNDERTAKER Fields-James  
(ADDRESS) Box Summit

20. FILED 6/9 1936 William T. Holdrege  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY That I attended deceased from April 16, 1936, to June 7, 1936  
I last saw her alive on June 5, 1936. Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of the Urinary Bladder (Primary)

Date of onset 10/15/35

Other contributory causes of importance: 3

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy 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) Clint A. Meller, M. D.  
(Address) Lee's Summit, Mo

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.

