

**JUL 21 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25793

**1. PLACE OF DEATH**

County Cape Girardeau,  
Township Cape,  
City Cape Girardeau, (No. \_\_\_\_\_)

Registration District No. 125  
Primary Registration District No. 3089  
South East Mo Hospital.

File No. \_\_\_\_\_  
Registered No. 221  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Hiram Thomas Hacker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Mary Jane Hacker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67      5      25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber Inspector.  
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) Buncombe Johnson Co. Ill.

FATHER 13. NAME James W. Hacker

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Elizabeth Bridges

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Johnson Co. Ill.

17. INFORMANT (ADDRESS) Miles Siegel Hacker Dieterich Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna Ill. DATE July 12 1936

19. UNDERTAKER (ADDRESS) A. J. Baker Lutesville Mo.

20. FILED July 10 1936 Thompson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 10 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936, to July 10 1936  
I first saw him alive on July 19 1936 Death is said to have occurred on the date stated above, at 5. A m.

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

Pulmonary Embolism Date of onset \_\_\_\_\_

Other contributory causes of importance:

Thrombosis of left leg

Name of operation \_\_\_\_\_  
What test confirmed diagnosis? Clydes Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury July 1936  
Where did injury occur? Buncombe Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. On the farm

Manner of injury Spanned by a post  
Nature of injury Spinal Fracture

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Voluntary Surrendering RR ties  
(Signed) [Signature] M. D.

(Address) Cape Girardeau Mo

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

322 Broadway  
375 N. Park

J. Marten  
125 S. Spruce

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

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**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 128 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 221  
 City Cape Girardeau (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hiram Thomas Hacker  
 (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. flowing in U. S. If of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_ I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or \_\_\_\_\_  
67 5 25  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolism Date of onset \_\_\_\_\_

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 \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
Phibbler of left leg  
fell from R.R. Bus

13. NAME \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) \_\_\_\_\_  
 Manner of injury sprained knee in step  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) J. H. Berry, M. D.

20. FILED 8-29-36 J. M. Thompson (Address) Cape Girardeau  
 Registrar

SUPPLEMENTAL  
 1936

5-25793