

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 20 1936

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

Do not use this space.

36786

1. PLACE OF DEATH

County... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph (No. 1023 Church)

File No.
 Registered No. 1315
 St. Ward

2. FULL NAME Margaret Teresa Hackett

(a) Residence, No. 1023 Church St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 53 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
-------------------------	----------------------------------	-----------------------------------------------------------------------------

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas W. Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>6</u>	<u>6</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	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) Kansas,
 (STATE OR COUNTRY) Illinois

FATHER	13. NAME <u>Michael Harrington</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ireland</u>

MOTHER	15. MAIDEN NAME <u>Hanorah Quilter</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ireland</u>

17. INFORMANT Miss. Maude Hackett
 (ADDRESS) 1023 Church Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
 PLACE St. Joseph, Mo. DATE Oct. 20 36

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Oct 19 1936 A. J. Matthews
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17 1936

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1929, to Oct 17, 1936
 I last saw her alive on Oct 17, 1936. Death is said to have occurred on the date stated above, at 5:00 P.
 The principal cause of death and related causes of importance were as follows:

Chronic Valvitis (Aortic) Date of onset ?

Other contributory causes of importance

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) W. J. Clarke, M. D.
 (Address) St. Joseph, Mo.

