JAN 19 1937

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

Do not use this space.

File No. 44947

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 100

City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME: Walter R. Hackett

(a) Residence, No. 201 East Cedar St., Ward. Olathe, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edna Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dry Goods Store

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): Lees Summitt, Missouri

FATHER

13. NAME: H. N. Hackett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield, Ohio

MOTHER

15. MAIDEN NAME: Eliza Jane Fulton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brookfield, Ohio

17. INFORMANT (ADDRESS): Mrs. Edna Hackett, 201 E. Cedar, Olathe, Kansas

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Olathe, Kansas DATE: Dec. 26, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED: Aug 23, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw him alive on ..., 19..... Death is said to have occurred on the date stated above, at ... m. The principal cause of death and related causes of importance were as follows:

Fracture of the skull

Date of onset

Other contributory causes of importance:

Name of operation: Date:

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Date of injury: 12/21/36
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: Fell on the street
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) ..., M. D.
(Address)

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.