

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township
City Bethany (No.)

Registration District No. 334
Primary Registration District No. 4197

File No. 37754
Registered No. 77 (Ward)

2. FULL NAME

Charles 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Belle Hacker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1899

7. AGE YEARS 38 MONTHS 3 DAYS 20 IF LESS than 1 day, hrs. or min.

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

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) Bethany (STATE OR COUNTRY) Mo.

13. NAME Daniel Hacker

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Hannah E. Cornelison

16. BIRTHPLACE (CITY OR TOWN) Harrison Co (STATE OR COUNTRY) Mo.

17. INFORMANT Belle Hacker (ADDRESS) Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Nov 1 1937

19. UNDERTAKER Joe E. Wheeler (ADDRESS) Bethany Mo.

20. FILED 10-31 1937 A. L. Weverling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937, to Oct 30, 1937

I last saw him alive on Oct 30, 1937 Death is said

to have occurred on the date stated above, at 4:00 a.m.

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

Cerebral and complication of bronchial pneumonia

Other contributory causes of importance:

Name of operation..... Date of.....

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....., 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?.....

If so, specify.....

(Signed) Forest R. Wood, M.D.

(Address) Bethany Mo.

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.

