

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.

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

Do not use this space.

JAN 20 1938

1. PLACE OF DEATH
 56 County Lewis Registration District No. 478
 2 Township Highland Primary Registration District No. 4287
 1 City Ewing (No. _____ St. _____ Ward _____)

2. FULL NAME Elizabeth Hackett
 (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 Female 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 Tim S. Hackett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75- 3 6

OCCUPATION
 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. Melinary
 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) Palmyra, Mo

MOTHER FATHER
 13. NAME Sanford West
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Anna Roberson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Alvin Longfield
 (ADDRESS) Empire, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ewing, Mo DATE Dec. 27, 1937

19. UNDERTAKER Thor Ball & son
 (ADDRESS) Ewing, Mo

20. FILED Jan 4, 1938 Anna K. Ball
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937 to Dec 23, 1937
 I last saw her alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 12.19 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1930

Other contributory causes of importance:
930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Medical 3 D.O.
 (Address) Ewing, Mo M.D.

