

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

Do not use this space.

1. PLACE OF DEATH
 86 County Putnam Registration District No. 718
 4 Township Unionville Primary Registration District No. 6430
 0 City Unionville (No.) St. Ward)
 2. FULL NAME Lexisa Christina Hackney 250
 (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.

File No. 3821
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF James J. Hackney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1854
 7. AGE YEARS 83 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
 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) Clark Co. Mo.

FATHER
 13. NAME James Day

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

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Claud Hackney
 (ADDRESS) Lemons Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lemons Mo. DATE Jan. 24, 1938

19. UNDERTAKER J. M. Robinson
 (ADDRESS) Lemons Mo

20. FILED Jan 24, 1938 M. O. Sellum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1938
 I HEREBY CERTIFY That I attended deceased from Jan 9 to Jan 23, 1938
 I last saw her alive on Jan 15, 1938 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 hip
from fall in room Jan 9.

Other contributory causes of importance:
18-60
10-11

Name of operation Autopsy Date of Jan 23, 1938
 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 Jan 21, 1938
 Where did injury occur? 1st month, 1st 1/2
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) M. O. Sellum, M. D.
 (Address) Unionville 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH