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.

REC'D FEB 23 1939

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

(Do not use this space.

1. PLACE OF DEATH
County Franklin
Township Boon
City ..... (No. ..... St. ..... Ward)

Registration District No. 1104
Primary Registration District No. 5415C

File No. 2225
Registered No. 2

2. FULL NAME Henry Hackman
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 85 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~~ Katie Hackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29. 1853

7. AGE YEARS 85 MONTHS 3 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) 1-10-39
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gerald Mo

FATHER
13. NAME Wessel Hackman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J W Halkman

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul DATE 1-23 1939

19. UNDERTAKER (ADDRESS) E J Meyer Gerald Mo

20. FILED 1-22 1939 Charles A Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:20 P.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Other contributory causes of importance:

Date of onset

Name of operation ✓ Date of .....
What test confirmed diagnosis? Coroner Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Nat. 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. at 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) Thos. P. Hoffer Coroner
(Address) Sullivan Mo