

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

Do not use this space.

1. PLACE OF DEATH

26 County Cole
Township Marion
City Elston (No. 2)

Registration District No. 211
Primary Registration District No. 5291

File No. 30467
Registered No. 8
St. _____ Ward _____

2. FULL NAME

James Robert Hackney
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1932

7. AGE YEARS 5 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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.
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) Cole Co

13. NAME Robert Hackney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticou Co

15. MAIDEN NAME Lucie Buckner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co

17. INFORMANT Robert Hackney (ADDRESS)

18. BURIAL, CREMATION, OR TOMB PLACE Elston Mo DATE 8/30 1937

19. UNDERTAKER (ADDRESS) Williams & Grudmeyer California Mo

20. FILED Aug. 29 1937 H. T. Leach, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 1937

22. I HEREBY CERTIFY That I attended deceased from Aug. 25 1937 to August 28 1937
I last saw him alive on August 28 1937 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Poliomyelitis
(Infantile Paralysis)
Date of onset Aug. 24 1937
Other contributory causes of importance: 16

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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?
If so, specify _____
(Signed) H. T. Leach _____ M. D.
(Address) Elston, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

