

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

Do not use this space.

JAN 18 1935

43744

1. PLACE OF DEATH

County *Monteair*
Township *Walker*
City (No. St. Ward)

Registration District No. *571*
Primary Registration District No. *5769*

File No.
Registered No. *57*

2. FULL NAME

Cinthia Hackney

(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 <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Haden Hackney</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 16 - 1850</i>		
7. AGE	YEARS <i>84</i>	MONTHS <i>8</i>
	DAYS <i>7</i>	If LESS than 1 day, hrs. or min.
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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Leafe Co, Mo.</i>	
FATHER	13. NAME <i>Robert Scott</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
	15. MAIDEN NAME <i>Cinthia Smith</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>	
17. INFORMANT <i>Irish Hackney</i> (ADDRESS) <i>California Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Old Lebanon Cem</i> DATE <i>12/24 1934</i>		
19. UNDERTAKER <i>Hulligan & Friedmeyer</i> (ADDRESS) <i>California Mo</i>		
20. FILED <i>12-23 1934</i> <i>H.R. Popajoy</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-22-1934*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw him alive on *Never*, 19..... Death is said

to have occurred on the date stated above, at *10 P* m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Date of onset

Other contributory causes of importance:

Name of operation *none* 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? *No*
If so, specify

(Signed) *H.R. Popajoy* Coroner, M.D.
(Address) *California 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.

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