

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene Registration District No. 318

Township \_\_\_\_\_ Primary Registration District No. 2007

City Springfield Mo. 950 Weller Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 981  
Registered No. 75

**2. FULL NAME**

Emmett E. Haskett

(a) Residence. No. 950 Weller Ave 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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida J. Haskett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-25-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman 192  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Irwood  
(STATE OR COUNTRY) Indiana 2

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Leo Haskett  
(Address) Springfield, Mo

15. FILED 1/29 19 31 Ed. Hays REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-27 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1930, to 1-27, 1931  
that I last saw him alive on 1-26, 1931, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Liver

18. WHERE WAS DISEASE CONTRACTED  
4/13 (Duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) HTG (Duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Mag. examination  
(Signed) Leila R. Webb, M. D.  
1-28, 1931 (Address) Springfield - Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery  
Republic Mo DATE OF BURIAL 1-29 1931

20. UNDERTAKER Oliver Schmeyer  
Funeral Home ADDRESS 534 St Louis St

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.

39  
5-10  
FEB 1 1931

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