

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

Do not use this space.

25763

**1. PLACE OF DEATH**

County Newton  
Township Van Buren  
City (No. ....) St. .... Ward)

Registration District No. 6.12  
Primary Registration District No. 5814

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Emma Hasselbring

(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 2 yrs. - mos. - ds. How long in U. S., if of foreign birth? 2 yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William Hasselbring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
31 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Berry Co. Missouri

13. NAME Frank Hemmerling

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

15. MAIDEN NAME Loeber

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

17. INFORMANT (ADDRESS) William Hasselbring  
Sarsora, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sarsora DATE July 6 1931

19. UNDERTAKER (ADDRESS) Joseph Elud Co.  
Waverly, Mo.

20. FILED July 6, 1931 Grace Hudson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to July 14, 1931.  
I last saw her alive on July 31, 1931. Death is said to have occurred on the date stated above, at 9:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
46B 46B  
Other contributory causes of importance: ?

23. Name of operation Exploratory Date of May 29/31  
What test confirmed diagnosis? Lab. 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? No  
If so, specify ?  
(Signed) Joseph Elud, M. D.  
(Address) Sarsora, 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.

