

JUN 1 1935

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

Do not use this space.

13830

1. PLACE OF DEATH

County Perry
Township Boysen
City Probus (No. St. Ward)

Registration District No. 657
Primary Registration District No. 5874

File No.
Registered No. 4

2. FULL NAME

Mrs. Emma Gachring

(a) Residence, No. Probus Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? 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 Theodore F. M. Gachring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 60 MONTHS 10 DAYS 17
If LESS than 1 day, hrs. or min.

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. Home
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) Probus Mo.

13. NAME Martin Heinrich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Probus Mo.

15. MAIDEN NAME Magdalena Noemig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atterburg Mo.

17. INFORMANT (ADDRESS) Carl J. Loyd Probus Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Probus Mo. DATE April 5 - 1935

19. UNDERTAKER (ADDRESS) Young & Demick Perryville Mo

20. FILED 4-4-1935 Adolph G. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1935 to 4-2-1935
I last saw her alive on 4-2-1935. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Breast
50
Date of onset 3-15-30
Other contributory causes of importance:

Name of operation Removal of Breast Date of Aug 1930
What test confirmed diagnosis? 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) GA Paluch, M. D.
(Address) Probus 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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OCCUPATION
MOTHER FATHER

11/1/79

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