

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

Do not use this space.

5671

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 88  
Primary Registration District No. 6  
(No. 1242 Huntington Road

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Caroline Martens

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Jersey City, N.J.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widowed</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<b>79</b>		<b>2</b>	<b>14</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Henry Martens

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

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

**14.**

INFORMANT G.H. Martens  
(Address) 1242 Huntington Road

**15.**

FILED 3/17, 1931 M.M. Crowley REGISTRAR  
Am

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 1931 that I last saw her alive on Feb 16 1931 and that death occurred, on the date stated above, at 5:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis (Chronic)  
Heart Block (duration) 10 yrs. 10 mos. ds.  
CONTRIBUTORY (SECONDARY) 30 Minutes (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

at place of death  
IF NOT AT PLACE OF DEATH, DISSEMINATION PRECEDE DEATH. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chrical knowledge  
(Signed) Howard Hall M. D.

Feb 16 1931 (Address) 734 W. 4th St. Bldg  
\*State the DISEASE CAUSING DEATH, or in cases of VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jersey City, N.J. DATE OF BURIAL 2/18/31

20. UNDERTAKER Freeman Mortuary, Kansas City, Mo. ADDRESS \_\_\_\_\_

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.

Mr. Howard Hill

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