

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

Do not use this space.

31701

1. PLACE OF DEATH

County Lefayette Registration District No. 457
Township Freedom Primary Registration District No. 4271
City Concordia (No. _____) St. _____ Ward _____

File No. _____
Registered No. 94
St. _____ Ward _____

2. FULL NAME Mrs Anna Martens

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Martens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1863</u>		
7. AGE YEARS <u>68</u> MONTHS <u>6</u> DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Concordia</u>		
MOTHER FATHER	13. NAME <u>Henry Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Anna Dittmer</u>	
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>H. G. Wodrich Concordia Mo</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Pauls</u> DATE <u>Sept 13 31</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert & Wainwright Concordia Mo</u>		
20. FILED <u>Sept 11 19 31</u> <u>Berchman Shrymang</u> Registrar. <u>9/11/31</u>		

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:37 P.M.

The principal cause of death and related causes of importance were as follows:

Uterine Cancer Toxemia
Date of onset? ?

Other contributory causes of importance:

Cancer

Name of operation none Date of _____

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) Edmund Zissach, M. D.

(Address) Concordia, Mo.

WRITE PAINLY, 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.

OCT 24 1931

1931 - 9 - 40
1863 - 2 - 20

68 - 6 - 18