

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

Do not use this space.

2112

1. PLACE OF DEATH
 88 County Randolph Registration District No. 735
 6 Township Primary Registration District No. 3034
 8 City Moberly (No. 312 So Ault) St. Ward

2. FULL NAME Blasimentina T. Marten
 (a) Residence. No. 312 So Ault 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.

File No.
 Registered No. 254
 St. Ward

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 Leslie Marten

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19th 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 4 28

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) 235
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY) 1

10. NAME OF FATHER Elijah Papp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Margaret Suris

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

14. INFORMANT Leslie Marten
 (Address) Moberly Mo

15. FILED 1/18 1932 Thos E Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17th 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to Jan 13, 1932, that I last saw her alive on Jan 15, 1932, and that death occurred, on the date stated above, at 12:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 59
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF 1

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. Maddal, M. D.
 (Address) Moberly 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 Armstrong Mo DATE OF BURIAL Jan 18 1932

20. UNDERTAKER Maham Under ADDRESS Moberly 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.

FEB 5 1932

