

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

Do not use this space.

JUN 4 1935

15242

1. PLACE OF DEATH

County Saline  
Township Marshall  
City Marshall (No. West Marion)

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 68 Ward \_\_\_\_\_

2. FULL NAME

Mary Gensler

(a) Residence, No. W. Marion 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 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 Clifford D. Gensler  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1907  
7. (AGE) YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Cooper Co Mo

13. NAME Wm Ellison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

15. MAIDEN NAME Fanny Callahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT (ADDRESS) Clifford D. Gensler  
Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Apr. 25 1935

19. UNDERTAKER (ADDRESS) Short & McLeary  
Marshall, Mo

20. FILED April 27, 1935 Reuben Huston  
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 35  
22. I HEREBY CERTIFY, That I attended deceased from 4-25 35 to 4-27 35  
I last saw her alive on 4-27 35, 1935 Death is said to have occurred on the date stated above, at 11 A.M.  
The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset 4-23  
(Malignant type)

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ were an autopsy \_\_\_\_\_

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? Yes  
If so, specify \_\_\_\_\_ (Signed) W. H. Harrison, M. D.  
(Address) Marshall, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 15 1942

OCT 28 1942

AUG 9 1944