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.

MAR 13 1937

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

Do not use this space.

6333

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. [illegible]
Township KAW — Primary Registration District No. 1002 — Registered No. [illegible]
City KANSAS CITY (No. ST. JOSEPH HOSPITAL St. ..... Ward)

2. FULL NAME MRS. CORNELIA MARTENS
(a) Residence, No. CHASE HOTEL 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 JOHN MARTENS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: 38 yrs — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ..... min.
Unknown

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALES LADY
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) CRAWFORD CO KANS.

FATHER
13. NAME V. R. WHITE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) C. D. GREGG McCUNE KANSAS

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCUNE KANS. DATE FEB. 8 1937

19. UNDERTAKER (ADDRESS) P. W. NEWCOMER'S SONS BRUSH CREEK BLVD. & PASEO

20. FILED 7/8 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Feb 7, 1937
I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia following operation for bowel obstruction on Jan 25 — Laparotomy for	

Other contributory causes of importance:
Endometriosis Ovary on Jan 16, 37
NMO

Name of operation Laparotomy Date of Jan 16 Jan 25
What test confirmed diagnosis? Clinical Was there 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) 928 Argyle Bldg.

Dr. Rosenwald.
224 E Meyer Blvd
8 Am Mon