

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Pettis*
Township
City *Sedalia*

Registration District No. *665*
Primary Registration District No. *3032*
(No. *Bothwell Hospital*)

File No. *46*
Registered No. *7619*
668 Ward

2. FULL NAME

Marilyn Blanche Martensson
(a) Residence, No. *Florence mo. st.* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4-25-1931*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 9 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
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) *Maryland*

13. NAME *J. I. Martensson*

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Maryland*

15. MAIDEN NAME *Blanche Swenson*

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Maryland*

17. INFORMANT (ADDRESS) *J. I. Martensson, Florence, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Florence Mo.* DATE *2-14-1937*

19. UNDERTAKER (ADDRESS) *James E. Richards, Union, Mo.*

20. FILED *Feb 14, 1937* *John Slack* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-14-1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 12, 1937* to *Feb 14, 1937*

I last saw her alive on *Feb 14, 1937*. Death is said

to have occurred on the date stated above, at *10:15 A.M.*

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

Encephalitis following flu

Other contributory causes of importance: *Influenza*

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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.....

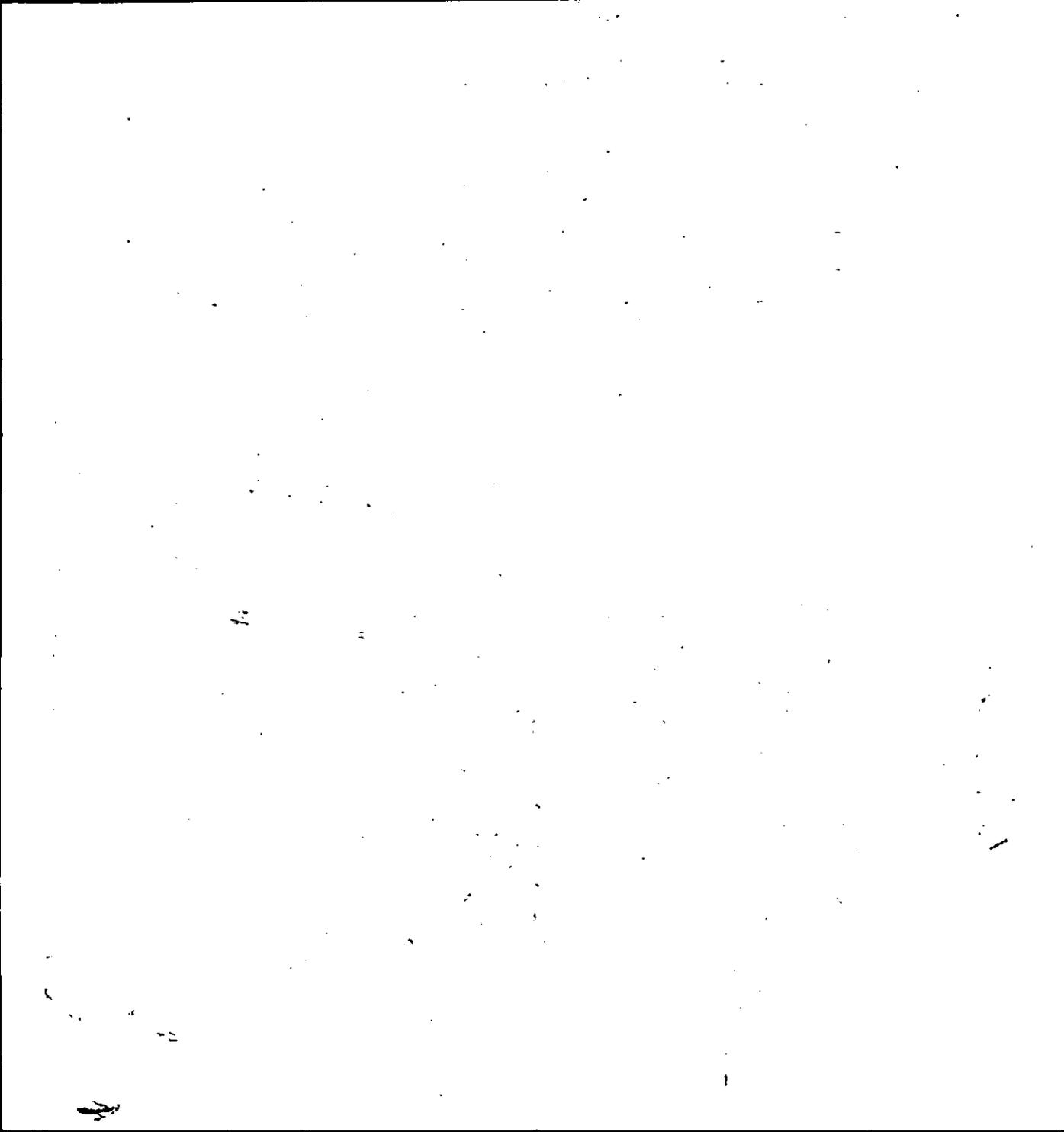
24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify.....

(Signed) *M. O. Shy*, M. D.

(Address) *Sedalia Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3037

File No. 7619A
Registered No. 46
St. _____ Ward _____

2. FULL NAME

Marilyn Blanche Martense

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, give hrs. or min.
5 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Blanche Moore DATE 2-14-37

19. UNDERTAKER (ADDRESS) _____

20. FILED 2-14-37 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1937 to 2-14-1937

last seen alive on 2-14-1937 Death is said to have occurred on the date stated above, at 10:42 a.m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) M. P. Sly, M. D.

(Address) Sedalia Mo.

SUPPLEMENTAL

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.

S-7619