

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

Do not use this space.

27

1. PLACE OF DEATH
 80 County Pettis Registration District No. 669
 Township Lake Creek Primary Registration District No. 5897
 City (No. St. Ward)

File No. 3739
 Registered No. 2

2. FULL NAME Mrs. Martha Schwensen 525
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*)
Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Schwensen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 3 18 60
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1938, 19
 22. I HEREBY CERTIFY, That I attended deceased from 1-13-38, 19, to 1-13-38, 19.
 I last saw her alive on 1-13-38, 19. Death is said to have occurred on the date stated above, at 11:30A.M.
 The principal cause of death and related causes of importance were as follows:

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

Coronary Occlusion
 Date of onset
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Lake Creek (STATE OR COUNTRY) Missouri
 13. NAME Henry Cordes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Catherine Heimsoth
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation none Date of 0
 What test confirmed diagnosis? clinical Was there an autopsy? no

17. INFORMANT Charles J Schwensen (ADDRESS) R R D Mera Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cemetery DATE 1-16-1938, 19

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.

19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) [Signature] M. D.

20. FILED 1-16 1938 Mrs J L Wanner Registrar. 665

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

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MD. STATE BOARD OF HEALTH

3-11-1-1

3-11-1-1

3-11-1-1

referred to record

initials

referred to record