

DUPLICATE FOR REGISTRAR.
STATE OF MONTANA
Bureau of Vital Statistics
Certificate of Death

Do not write in this space.

1 PLACE OF DEATH *Amoret*
County *Amoret* Registered No. _____
Township *Ford* or Village _____ or
City _____ No. _____ St. _____ Ward _____
(if death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME *Anna Christina Jansen*
(a) Residence. No. *Ford R 70 # 3* 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. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS.
3 SEX, *Female* COLOR OR RACE *White* 5 Single, Married, Widowed, or Divorced (Write the word.) *Married*
6a If married, widowed, or divorced HUSBAND OF (or) WIFE OF *Arvid Jansen*
6 DATE OF BIRTH (Month, day, and year.) *May 8, 1859*
7 AGE years Month Days If less than 1 day or hrs. min. *68 11 11*
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. *Homemaker*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) *Russia*
(State or County)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month, Day and Year) *April 19, 1928*
17 I HEREBY CERTIFY, That I attended deceased from *Oct. 1, 1928* to *Apr. 19, 1928*
that I last saw her alive on *Oct. 1, 1928*
and that death occurred on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Valvular Heart Lesions
CONTRIBUTORY (Secondary) *Chronic nephritis*
(duration) yrs. mos. ds.
18 Where was disease contracted _____
If not at place of death? _____

PARENTS
10 NAME OF FATHER *Henry Jansen*
11 BIRTHPLACE OF FATHER (City or Town, State or Country) *Russia*
12 MOTHER'S NAME OF MOTHER *Christena Jansen*
13 BIRTHPLACE OF MOTHER (City or Town, State or Country) *Russia*

Did an operation precede death? *No* Date of _____
Was there an autopsy? *No*
What test confirmed diagnosis? *Lat*
(Signed) *4-19-28* _____ M. D.
Wm. H. Jansen
*State the Disease Causing Death, or in death, if violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant *Arvid Jansen*
(Address) *Ford R 70 # 3*
15 Filed *12/13, 1928* *Chamberlain* Registrar.

19 Place of Burial, Cremation or Removal Date of Burial *7 Jansen Cem. 4/21, 1928*
20 UNDERTAKER ADDRESS *Thomas Marc. Chamberlain Mont.*

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
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.