Karen Paystrup was Boletta's sister. Her parents were Rasmus Christensen and Dorthe Marie Rasmussen.

KAREN PAYSTRUP

DEATH CERTIFICATE for KAREN KIRSTINE RASMUSSEN, died 25 Feb 1921 at Levan, Juab, Utah. Wife of Jens Christian Christensen Paystrup.

20

State Board of Health File No.

STATE OF UTAH—DEATH CERTIFICATE

1 PLACE OF DEATH
County Juab
Precinct or Village or City Levan
(No. , St.; Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Karen Paystrup
(a) Residence. No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 34 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 34 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas C Paystrup

6 DATE OF BIRTH May 19 (Month) (Day), 1854 (Year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. / min.
	66	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Denmark

PARENTS

10 NAME OF FATHER Rasmus Christensen
11 BIRTHPLACE OF FATHER (State or country) Denmark
12 MAIDEN NAME OF MOTHER Dortha M Rasmussen
13 BIRTHPLACE OF MOTHER (State or country) Denmark

14 Informant Jas C Paystrup
(Address) Levan Utah

15 Filed Feby 26, 1921 Jas E Taylor REGISTRAR

REGISTERED NUMBER 21 6 NO. OF BURIAL PERMIT 22 6

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feby 25 (Month) (Day), 1921 (Year)

17 I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at 8 a m.
The CAUSE OF DEATH was as follows:
Probably cerebral hemorrhage, with mitral insufficiency.
(duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Thad D Rees, M. D.
Feby 26, 1921 (Address) Nephi, Utah

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Levan Ut — DATE of BURIAL Feby 27 1921
20 UNDERTAKER — ADDRESS

(State of Utah)
(County of Salt Lake) ss
The foregoing is a true and correct copy of the original certificate on file in the Utah State Department of Health

Date April 2, 1969

John [illegible] Wright
Director, Division of Vital Statistics