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.

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

**PLACE OF DEATH**

County: Pettis

Township: Smithton
or
Village:
or
City: (NO. St.; Ward)

Registration District No. 669 — File No. 38416

Primary Registration District No. 5892 — Registered No. 19

[If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** Robert Knox

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Male | White | Married |

DATE OF BIRTH: Feb (Month) 8 (Day), 1858 (Year)

AGE: 58 yrs. 8 mos. 17 ds. — If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Quincy, Ill.

PARENTS
NAME OF FATHER: John Knox
BIRTHPLACE OF FATHER (City or town, State or foreign country): Foreign
MAIDEN NAME OF MOTHER: Dont Know
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Foreign

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Knox Jr.

(ADDRESS) Sedalia, Mo.

Filed Nov 8, 1916. S. M. Parrish
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Oct (Month) 25 (Day), 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 25, 1916, to Oct 25, 1916, that I last saw h alive on Oct 25, 1916, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

46B
Cancer of Stomache
40 (Duration) Dont Know mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) S. M. Parrish M. D.

Nov 8 1916 (Address) Smithton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?
Former or usual residence

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| Mouness Cemetery | Oct 27, 1916 |
| **UNDERTAKER** | **ADDRESS** |
| McLaughlin Bros | Sedalia Mo |

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

**PLACE OF DEATH**

County: Pettis

Township or Village or City: Smithton

Registration District No. 669 File No.

Primary Registration District No. 3892 Registered No. 20

(NO. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** Mary Elizabeth Gallaway

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

DATE OF BIRTH: Apr 1 1833 (Month) (Day) (Year)

AGE: 83 yrs. 6 mos. 19 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Maryland

PARENTS

NAME OF FATHER: Daniel Sowers

BIRTHPLACE OF FATHER (City or town, State or foreign country): Don't Know

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. F. E. Wright

(ADDRESS) Smithton Mo

Filed Nov 4, 1916. S. M. Parrish
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Oct 26, 1916 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 26, 1916, to Oct 26, 1916, that I last saw her alive on Oct 26, 1916, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Old Age

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. C. Gaggett M. D.

Oct 27 1916 (Address) Smithton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Smithton Cemetery

DATE OF BURIAL: Oct 28 1916

UNDERTAKER: McLaughlin

ADDRESS: Sedalia Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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