APR 23 1927

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

Do not use this space. Bedford 7645

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213-
Primary Registration District No. 3014-
File No.
Registered No. 87-

2. FULL NAME Bert H. Knapp
(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

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-31-1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Trainmaster
(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) Hudson, Mich

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Hattie Knapp
(Address) Jefferson City Mo

15. FILED 3/29 1927 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27th 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19- 1927, to Mar. 27- 1927 that I last saw him alive on Mar. 27- 1927, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
10 ?? (duration) ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 100 a (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) S. V. Bedford, M. D
3/29-, 1927 (Address) Jeff. City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Booneville, Mo.
DATE OF BURIAL 3/29 1927

20. UNDERTAKER Walther-Wyncore
ADDRESS Jeff City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
AGE should be stated EXACTLY. PHYSICIANS should state