

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

Do not use this space.

19198

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **3502**

City **Sithoua Mo** (No. **Alexian Bros Hospital**)

Ward **24**

2. FULL NAME

(a) Residence. No. **Ketth Knight**
(Usual place of abode) **Nashville Tenn St.**

Ward **24** **Nashville Tenn**
(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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 17-1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 | 9 | 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Mechanic**
(b) General nature of industry, business, or establishment in which employed (or employer) **Auto**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Hopkinsville Ky.**
(STATE OR COUNTRY)

10. NAME OF FATHER **J. W. Knight**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ontario Canada**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Bessie Hancock**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Henderson Ky.**
(STATE OR COUNTRY)

14. INFORMANT **J. W. Knight**
(Address) **Chavez Summit Mo**

15. FILED **APR 11 1927**
19 **Maulb Starkoff**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-11-1927**

17. I HEREBY CERTIFY, That I attended deceased from **Sept 4**, 1924, to **April 11**, 1927 that I last saw h. alive on **April 10**, 1927, and that death occurred, on the date stated above, at **April 11 4:20 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2 Tubercular Peritonitis
34 (duration) yrs. mos. ds. **9**
CONTRIBUTORY **Pathogenesis - Cachexia**
(SECONDARY) (duration) yrs. mos. ds. **3**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **By Physical Signs**

(Signed) **J. W. Starkoff**, M. D.

4-11, 1927 (Address) **1738 Lafayette Cr.**

*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 **Henderson Ky.** DATE OF BURIAL **4-13 1927**

20. UNDERTAKER **Weick Bros 2201 So Grand** ADDRESS

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.

WHILE FADING INK—THIS IS A PERMANENT RECORD

