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

Do not use this space.

18413

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Kan — Primary Registration District No.: 1002 — Registered No.: 25116

City: K.C. (No.) 3239 Jefferson St. (Ward)

2. FULL NAME: William E. Knapp Jr.

(a) Residence. No. 3239 Jefferson 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: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 13 - 1927

7. AGE — YEARS: — MONTHS: 3 — DAYS: 7 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): K.C.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Wm E. Knapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Kan

12. MAIDEN NAME OF MOTHER: Helen Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ill

14. INFORMANT: W. E. Knapp
(Address): 3239 Jefferson

15. FILED: 6/21, 1927 — Mrs. M. Crowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 20 1927

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1927, to June 20, 1927, that I last saw him alive on June 20, 1927, and that death occurred, on the date stated above, at 9 40 9. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mucous Colitis
11 yrs
15 d (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY): Improper feeding
(duration) yrs. mos. ds.

H3B

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed): Guy E. Owens, M. D.

6/21, 1927 (Address) 910 Rialto Bldg KC

*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: Mt Muncie Cemetery Lenexa Kas — DATE OF BURIAL: Jun 22 1927

20. UNDERTAKER: John A. Musser — ADDRESS: 1415 E 15

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.

Dr G. E. Owen

[illegible] m 0840