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

Do not use this space.

21660

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 4032 Paseo St. Ward)
File No.
Registered No. 3000

2. FULL NAME Frank Stephen Knight
(a) Residence. No. 4032 Paseo St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olga Knight
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26, 1874
7. AGE Years 52 Months 7 Days 4 If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Carrollton
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Michel Knight
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mary Finney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lynn
(STATE OR COUNTRY) Mass.

14. INFORMANT Mrs Olga Knight
(Address) 4032 Paseo
15. FILED 8/1, 1927 M. M. Crowe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1927
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 5:30 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide - Firearms
167
170
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) Chas Nelson M. D
7-30, 1927 Address Deputy Coroner

*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 Forest Hill
DATE OF BURIAL Aug 2 1927
20. UNDERTAKER D H Newcomer's Sons
ADDRESS K.C. Mo.

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.