

N. E.—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**

Do not use this space  
**32848**

**1. PLACE OF DEATH.**

County... Buohannan ..... Registration District No. 86  
 Township... Wayne ..... Primary Registration District No. 5128  
 City... (No. 4 Miles S.W. of St. Joseph) ..... St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Belle Knapp Vose.

(a) Residence. No. 4 Miles S.W. of St. Joseph, ..... Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Female	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)</b> Widowed.
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
John B. Vose.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** January 8, 1856.

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
	<u>71</u>	<u>10</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None.  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Buohannan County.  
 (STATE OR COUNTRY) Missouri.

**PARENTS**

**10. NAME OF FATHER** Orlando S. Knapp.

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Unknown.  
 (STATE OR COUNTRY) Illinois.

**12. MAIDEN NAME OF MOTHER** Gerusia Hyde.

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Unknown.  
 (STATE OR COUNTRY) Kentucky.

**14. INFORMANT** Mrs. C.A. Mulkey.  
 (Address) St. Joseph, Missouri.

**15. FILED** 11-18-27 J. J. Ganshel  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 17 1927

**17. I HEREBY CERTIFY** That I attended deceased from April 26, 1926, to Nov 17, 1927  
 that I last saw her Nov 16, 1927, and that death occurred, on the date stated above, at 8:50 a.m.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Ch. Intestinal Tuberculosis  
Ch. Mitral Stenosis  
131  
878 (duration) 2 yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Unknown  
 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED** 129th  
 IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?** DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY?** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
 (Signed) A. K. Johnson, M. D.  
11/17, 1927 (Address) St. Joseph

\*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** King Hill Cemetery.  
**DATE OF BURIAL** Nov 19 1927

**20. UNDERTAKER** A. R. Sidenfaden  
 ADDRESS 1802 Union St.

