JAN 17 1928

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

Do not use this space.

36013

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
Township
Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph, s Hospital St. Ward)
File No.
Registered No. 1251

2. FULL NAME Cyrus Knight
(a) Residence. No. 104½ North 2nd Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 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) April.15.1852.
7. AGE: Years 75, Months 7, Days 22, If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hotel Clerk 137 1350
(b) General nature of industry, business, or establishment in which employed (or employer): Colonial Hotel 132B
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER William Knight
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT H.J.Myers
(Address) Logan, Iowa.

15. FILED 12/9, 1927 John G. Wt SS REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December. 7th 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 22nd, 1927, to Dec 7th, 1927, that I last saw him alive on Dec 7th, 1927, and that death occurred, on the date stated above, at 5/30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia caused by retension of urine and and prostitis
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 135
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? –
DID AN OPERATION PRECEDE DEATH? no. DATE OF –
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. T. Stamey, M. D
Dec. 8, 1927. (Address) 2624 St Joseph ave

*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: Logan, Iowa.
DATE OF BURIAL: Dec. 10. 1927
20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1902 Union Str.

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.