

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

Do not use this space.

36475

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No. _____)

Registration District No. 297
Primary Registration District No. 2416

File No. _____
Registered No. 84 St. _____ Ward _____

2. FULL NAME Clarence Edward Kneehans

(a) Residence, No. Fifth & Hickory Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1918

7. AGE

YEARS 9

MONTHS 7

DAYS 2

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

School Boy

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leslie Franklin County Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Oscar Kneehans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Gerald Mo

12. MAIDEN NAME OF MOTHER Louisa M Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois U S A

14.

INFORMANT Oscar Kneehans
(Address) 54 Hickory St

15.

Dec 20, 1927 O. L. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 17th 1927

17.

I HEREBY CERTIFY, That I attended deceased from JUNE 20th 1927 to DEC. 17th 1927 that I last saw him alive on DEC. 17th 1927 and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

MITRAL INCOMPETENCY

CONTRIBUTORY SCARLATINA (SECONDARY)

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? NONE

(Signed) HENRY E. BARTLING, M. D.

DEC. 17, 1927 (Address) WASHINGTON, MO

*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

Lutheran Cestary Dec 20th - 1927

20. UNDERTAKER

Otto & Co By Geo H Otto Washington Mo

ADDRESS

1927

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

NOV 18 1927

