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

Do not use this space.

16809

File No. .....

Registered No. 398

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: ..... — Primary Registration District No. 2001

City: Springfield (No. Springfield Baptist Hosp., ... St. ..... Ward)

2. FULL NAME J. Nelson Knox

(a) Residence: No. Forsythe Mo St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 13 - 1874

7. AGE: Years 53 ~~44~~ | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

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

PARENTS

10. NAME OF FATHER: Samuel Knox

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

12. MAIDEN NAME OF MOTHER: Betsy Cogburn

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

14. INFORMANT: Bob Thornhill
(Address): Branson Mo

15. Filed: 5/26, 1928 A. Forest Nace
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1928, to May 25th, 1928, that I last saw him alive on May 25th, 1928, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Bilateral Lobar Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pericarditis with effusion (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 10th 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. H. Turnbyll, M. D.

19 (Address) Forsyth 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: Harrythe Mo — DATE OF BURIAL: 5-27 1928

20. UNDERTAKER: J. E. Whitehead — ADDRESS: Branson 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.

91