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

Do not use this space.

File No. 27215

Registered No. 3590

1. PLACE OF DEATH
County: Jackson
Township: Law
City: Kansas City, Mo. No. Grace Hospital St. Ward)
Registration District No. 399
Primary Registration District No.

2. FULL NAME Henry B. Knighton

(a) Residence. No. 4214 East 53rd St. Terrace Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 46 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	36	10	0	

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

9. BIRTHPLACE (CITY OR TOWN) Platt City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER D. R. Knighton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platte Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Nellie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platt City
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Bessie A Knighton
(Address) 4214 East 53rd St Terrace

15. FILED 8/3, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2 1928

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1928, to Aug 2 1928 that I last saw h. in alive on Aug 1 1928, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphylisis 3rd
19
1 2 2 A
28
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bright's & Diabetis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
() DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Wasserman
(Signed) D. P. Klipinger, M. D.
8/2, 1928 (Address) 2322 Summit

*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 Barry Mo
DATE OF BURIAL 8/3 1928

20. UNDERTAKER O'Mast
ADDRESS 1414 East 15

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.

THIS IS A PERMANENT RECORD