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

Do not use this space.

27307

File No. 3383
Registered No. 3383

1. PLACE OF DEATH

County: Jackson
Registration District No.:
Township: Kaw
Primary Registration District No.:
City: Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Maggie Knoop

(a) Residence. No. 1101 West 49th St., 8 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. ds. 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*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 8, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Missouri

PARENTS

10. NAME OF FATHER: Claus H. Knoop
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophia Schleusing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany

14. INFORMANT: Amos Knoop
(Address): 1101 W. 49th

15. FILED 8-11-28 M M Crouse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 8 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug 8, 1928, that I last saw him alive on Aug 8, 1928, and that death occurred, on the date stated above, at 2:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombo Endarteritis of left leg 107A 99R
1060
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. 1 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1101 W 49th KC Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry T. Jones, M.D.
8/9, 1928 (Address) 662 Argyle KC 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: Versailles, Mo
DATE OF ~~BURIAL~~ R: 8-12 1928

20. UNDERTAKER: Stine & McClure
ADDRESS: 924 Cook

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD