27 1928

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

Do not use this space.

31285

1. PLACE OF DEATH

County: Perry — Registration District No.: 1128

Township: Bois Brule — Primary Registration District No.: 5877

City: ..... (No. ..... St. ..... Ward)

File No.: .....

Registered No.: 10

2. FULL NAME Mrs. Stella Knott

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2nd 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Perry County Mo

PARENTS

10. NAME OF FATHER ~~Joseph Knott~~ Burr Griffith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grones Island
(STATE OR COUNTRY) Randolph County Ills

12. MAIDEN NAME OF MOTHER Stella Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Grains Island Ills

14. INFORMANT Joseph Knott
(Address) Claryville Mo

15. FILED 9/3, 19 28 Frank
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-2-1928

17. I HEREBY CERTIFY, That I attended deceased from 9-2-28, 19..., to 9-2-28, 19..., that I last saw he alive on 9-2-28, 19..., and that death occurred, on the date stated above, at ..... P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-Partum Hemorrhage
1448

(duration) ..... yrs. ..... mos. 2 hrs

CONTRIBUTORY (SECONDARY) 1446

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. L. Fulz, M. D

, 19 (Address) Perryville 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	DATE OF BURIAL
Woods Cemetery Illinois	9/4 1928
20. UNDERTAKER	**ADDRESS**
Gollner & Young	Perryville 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Perry — Registration District No.: 1128 — File No.: [illegible]
Township: Bois Brule — Primary Registration District No.: 3-879 — Registered No.: [illegible] 18
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mrs Stella Knott

(a) Residence. No. ..... St., ... 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Joseph Knott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 4th 1890

7. AGE — YEARS: 38 — MONTHS: 7 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Cragino, Island
(STATE OR COUNTRY): Randolph County Mo

PARENTS
10. NAME OF FATHER: Burk Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Mary Rhyne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Joseph Knott
(Address): Clarryville Mo

15. FILED: 9/3 1928 — Frank H Westmann, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 2 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Post Partum Hemorrhage

..... (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. L. Kelly, M. D
, 19 (Address)

*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: Woods Cemetery near Rockwood Ills — DATE OF BURIAL: 9/4 1928
20. UNDERTAKER: Joellner & Young — ADDRESS: Perryville Mo

SUPPLEMENTARY

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-31285