NOV 23 1928

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

Do not use this space.

35849

1. PLACE OF DEATH
County Vernon
Township Center
City Nevada
Registration District No. 875
Primary Registration District No. 3039
File No.
Registered No. 247
(No. ..... St. ..... Ward)

2. FULL NAME Greenville Buchanon McKnight
(a) Residence. No. 705 S Chestnut St., 4 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 M
4. COLOR OR RACE N
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED (write the word)~~ Married.
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Margarett McKnight
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-30-1858
7. AGE 70 | YEARS 69 | MONTHS 11 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Marshfield
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William J McKnight
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary Cloud
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Alabama

14. INFORMANT Harry McKnight
(Address) Kansas City Mo

15. FILED 11/7, 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4, 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/4, 1928, to 10/4, 1928 that I last saw him alive on 10/4, 1928, and that death occurred, on the date stated above, at 1 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart trouble, kind unknown.
9 B
1 hour (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Heavy lifting
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED D.K.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Yater, M. D
10/5, 1928 (Address) Nevada, 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 Marshfield Mo | DATE OF BURIAL Oct-7-1928
20. UNDERTAKER Ferry Funeral Home | ADDRESS Nevada Mo