

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

Do not use this space.

39234

1. PLACE OF DEATH  
 County Warlington Registration District No. 887  
 Township Arden Primary Registration District No. 6182  
 City..... (No.....) St. .... Ward)

File No.....  
 Registered No. 107

2. FULL NAME Clementine May Knight  
 (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-12-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 6 —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) This Co.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John R. Knight

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

12. MAIDEN NAME OF MOTHER Hattie Knight

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

14. INFORMANT John R. Knight  
 (Address) 1111, Mo.

15. FILED 11/24, 1928 Geo. L. Thurman  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1928, to Nov. 23, 1928, that I last saw her alive on Nov. 23, 1928, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-pneumonia  
11A  
11A  
 (duration) yrs. .... mos. 3 ds.

CONTRIBUTOR (SECONDARY) Influenza  
 (duration) yrs. .... mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Geo. L. Thurman M. D.  
11/24, 1928 (Address) Potosi, 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 Potosi, Mo. DATE OF BURIAL 11/24 1928

20. UNDERTAKER Boyer & Son ADDRESS Potosi, 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. 1929

