

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

Do not use this space.

12512

**1. PLACE OF DEATH**

County..... Registration District No. **781**  
 Township..... Primary Registration District No. **1003**  
 City..... (No. **5424**) **Partners** **av**

File No.....  
 Registered No. **3056**  
 St. .... Ward

**2. FULL NAME**

**Cornelia Buttles Kneeland**

(a) Residence. No. **5424 Partners** St. **3** Ward. **5424 Partners**  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** | 4. COLOR OR RACE **white** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **David M. Kneeland**  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 5, 1864**  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **Lat 10 4**  
 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) **Wis**  
 10. NAME OF FATHER **Amos H. Buttles**  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ind.**  
 12. MAIDEN NAME OF MOTHER **Millie Unknown**  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Illand**

14. INFORMANT (Address) **George A. Andrews 5428 Partners**

15. FILED **May 20 1929** **Max C. Stankoff** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 9 1929**  
 17. I HEREBY CERTIFY that I attended deceased from **Feb 27 1929** to **Mar 9 1929** that I last saw him alive on **Mar 9 1929**, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:  
**Chronic Arteriosclerosis**  
**Nephritis**  
**Arterio Sclerosis**  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Ind** IF NOT AT PLACE OF DEATH? **no**  
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....  
 WAS THERE AN AUTOPSY? **no**  
 WHAT TEST CONFIRMED DIAGNOSIS? **Physician Exam**  
 (Signed) **NO M. Cleaver**, M. D. (Address) **4356 Harne**

\*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 **Wiltonsukes Wis** DATE OF BURIAL **Mar. 12 1929**

20. UMBERTAKER **Philander Craig Washington** ADDRESS **4468**

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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