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

Do not use this space.

18501

JUN 26 1929

1. PLACE OF DEATH

County: Jasper — Registration District No. 408 — File No.

Township: E. Jackson — Primary Registration District No. 5563a — Registered No.

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

2. FULL NAME: Nancy Knight

(a) Residence. No. Joplin 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. 8 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: 15 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeping

(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): Springfield, Mo.

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Mary Mitchel

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

14. INFORMANT: Jud. Howell.
(Address) Carthage, Mo

15. FILED 5/20 1929 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 (8:30 a.m.) 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to May 18, 1929 that I last saw her alive on May 17, 1929, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bright's

..... (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) K. C. Baker, M.D.

, 19 (Address) Carthage 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: County Farm Cemetery — DATE OF BURIAL: May 20 - 1929

20. UNDERTAKER: Knells — ADDRESS: Carthage, Mo