

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

Do not use this space.

21812

1. PLACE OF DEATH

County Jasper
Township Ussiana
City (No.) St. Ward

Registration District No. 408
Primary Registration District No. 5565

File No.
Registered No.

2. FULL NAME Willis M. Knowles

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 8

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

9. BIRTHPLACE (CITY OR TOWN) Menard County,
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Willis Burton K. Knowles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Menard County
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Sarah J. Godbey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Menard County,
(STATE OR COUNTRY) Illinois

14. INFORMANT Sarah Knowles
(Address) Carthage, Mo. R. 3

15. FILED 6/13 1929 C. M. Hitcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1929

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1929, to June 11, 1929 that I last saw him alive on June 11, 1929 and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute heart failure
2-2-3

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 205W

(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. V. K. STAN, M. D.

June 12, 1929 (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 Park Cemetery DATE OF BURIAL June 14 1929

20. UNDERTAKER Knell Mortuary ADDRESS Carthage, 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

