14

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

Do not use this space.

33154

1. PLACE OF DEATH
County Callaway — Registration District No. 105 — File No.
Township — Primary Registration District No. 4064 — Registered No. 25
City Mokane, Mo (No. ..... St. ..... Ward)

2. FULL NAME Francis Merle Knox
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-19-1929
7. AGE: YEARS | MONTHS | DAYS: 24 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Mokane
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. T. Knox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~~[illegible]~~
(STATE OR COUNTRY) Montgomery Co
12. MAIDEN NAME OF MOTHER Anna Lebica Bryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Callaway Co

14. INFORMANT J. T. Knox
(Address) Mokane Mo.
15. FILED 10-14 1929 W. J. Williams REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-13 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1929, to Oct 13, 1929, that I last saw her alive on Oct 13, 1929, and that death occurred, on the date stated above, at 7:20 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: 157C
(~~Premature~~) 159
Blueberry Malnutrition 158
..... (duration) ..... yrs. ..... mos. 28 ds.
CONTRIBUTORY (SECONDARY) Premature
..... (duration) ..... yrs. ..... mos. 28 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DIDAN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Parmer, M. D
, 19 (Address) Mokane 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: Mokane Cemetery — DATE OF BURIAL: 10-15 1929
20. UNDERTAKER: [illegible] — ADDRESS: Mokane 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.