WRITE PLAINLY, 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.

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

Do not use this space.

37302

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 106
City Kansas City (No. Berkshire Apts St. Ward)

File No.
Registered No. 4772

2. FULL NAME Charles Knutson
(a) Residence. No. St., Ward. Long Beach Calif.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowered

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
61	0	1	

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

9. BIRTHPLACE (CITY OR TOWN) Lyle
(STATE OR COUNTRY) Minn.

PARENTS
10. NAME OF FATHER Peter Knutson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Norway
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Johanna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Norway
(STATE OR COUNTRY)

14. INFORMANT Clarence Knutson
(Address) Clear Lake, Iowa

15. FILED 11/21, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1929, to Nov 19, 1929 that I last saw him alive on Nov 18, 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Archie N Johnson, M. D
11/21, 1929 (Address) 836 Argyle Bldg.

*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: Clear Lake Iowa
DATE OF BURIAL: Nov 21 1929

20. UNDERTAKER: D. W. Newcomer's Sons
ADDRESS: K C Mo