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

Do not use this space.

40753
5160

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kan — Primary Registration District No.: 1002

City: Kansas City (No. 14 E 32nd st St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME Mrs Abbie Knapp

(a) Residence. No. 3123 Woodland St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
guess	75			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 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 COUNTY): New York

PARENTS

10. NAME OF FATHER: unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): " (STATE OR COUNTY): unknown

12. MAIDEN NAME OF MOTHER: unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): " (STATE OR COUNTY): unknown

14. INFORMANT: Mrs Chas Zeuch
(Address): 3123 Woodland.

15. FILED 12/15, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH Saturday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1929, to Dec 14, 1929, that I last saw h. alive on Dec 11, 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Ch.
Myocarditis
93 C
107 A
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Terminal Bronchopneumonia (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Do not know.
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) James P. McGray, M. D.
12/14, 1929 (Address) 502 medical arts 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	DATE OF BURIAL
Manhattan Kansas	Dec. 1929

20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood