

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

Do not use this space.

5407

1. PLACE OF DEATH

County St. Louis Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 20097 Registered No. _____
 City St. Louis (No. _____) St. Johns Hospital (Ward) _____

2. FULL NAME

Lloyd Knowles
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 13 - 1909</u> | | |
| 7. AGE | YEARS <u>20</u> | MONTHS <u>1</u> |
| | DAYS <u>22</u> | IF LESS than 4 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>laborer.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <input checked="" type="checkbox"/> (c) Name of employer _____ | | |

9. BIRTHPLACE (CITY OR TOWN) Vale
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Knowles

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

12. MAIDEN NAME OF MOTHER Mary Clay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Iowa

14. INFORMANT Mary Knowles
 (Address) Vale Iowa

15. FILED 2/6 1930 Abner Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930 to Feb 4, 1930 that I last saw him alive on Feb 4, 1930 and that death occurred, on the date stated above, at 3-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Richloide of
mercury poisoning
self administered

CONTRIBUTORY (SECONDARY)
1630 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 160

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. Albert Thrun
 (Address) St. Louis 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 Vale Iowa DATE OF BURIAL 2/8 1930

20. UNDERTAKER Wheeler & Co ADDRESS St. Louis Mo

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.

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