

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

Do not use this space.

7381 7379

1. PLACE OF DEATH

County Scott  
Township Rickland  
City Sublet (No. \_\_\_\_\_)

Registration District No. 82/  
Primary Registration District No. 6070

File No. 50  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Knight  
(a) Residence No. new made St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 16 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>51</u>	<u>2</u>	<u>24</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Willard Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Jackson Knight  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jogon Co. Ky.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Amanda Summers  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jogon Co. Ky.  
(STATE OR COUNTRY)

14. INFORMANT Louis Heath  
(Address) Sublet Mo

15. FILE 3/8/35 Walter Edwards  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1930, to Feb. 10, 1930 that I last saw him alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

25 Pulmonary Tuberculosis  
6 months independent history (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Induration of heart  
Valvular (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) A A Myfee M. D.  
Feb 10 - 1930 (Address) Sublet 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 DATE OF BURIAL

McNallen cemetery 2-11 1930

20. UNDERTAKER W. B. Dempster ADDRESS Sublet 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.

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WAR 28 1930

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0.10  

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