

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

Do not use this space.

15557

**1. PLACE OF DEATH**

County Cass  
Township Noborn  
City Noborn (No. ....) St. .... Ward)

Registration District No. 138  
Primary Registration District No. 4078

File No. ....  
Registered No. 22

**2. FULL NAME**

Anna Gertrude Knight  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. O. Knight</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 6 1881</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>6</u>	DAYS <u>25</u>
If LESS than 1 day, .... hrs. or .... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19....., that I last saw h..... alive on..... 19.....; and that death occurred, on the date stated above, at..... m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidentally Killed by Cyclone Wheel falling building during Tornado  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Mo

10. NAME OF FATHER Orval Bowler

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

12. MAIDEN NAME OF MOTHER Mary Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Ed Dickerson  
M.D. 1930 (Address) Boyan 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.

14. INFORMANT (Address) J. H. Bowler Noborn Mo.

15. FILED May 2 1930 E. H. Morrison REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Oak DATE OF BURIAL May 4 1930

UNDERTAKER H. J. Strava ADDRESS Noborn Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

