

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

Do not use this space.

20319

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 309
City Hannibal (No. 510 North Fourth)

File No. _____
Registered No. 1444
St. _____ Ward _____

2. FULL NAME

Margaret Elizabeth Knadel
(a) Residence. No. 510 North 4th 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

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>Fred Knadel</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 28, 1857</u>		
7. AGE <u>72</u>	YEARS <u>6</u>	MONTHS <u>4</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>New York</u> (STATE OR COUNTRY) <u>New York</u>		
PARENTS	10. NAME OF FATHER <u>George Hook</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Anna Newberry</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Fred Knadel</u> (Address) <u>Hannibal Mo.</u>		
15. <u>James E. Cousins</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/2/1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1928, to April 2, 1930
that I last saw him alive on April 1, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis
719 (duration) 1 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Pericarditis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 58th
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS General autopsy
(Signed) A. K. Schubert M. D.
, 19 (Address) Hannibal 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 <u>St. Marys Cemetery</u>	DATE OF BURIAL <u>6/5/1930</u>
20. UNDERTAKER <u>James O'Donnell</u>	ADDRESS <u>Hannibal Mo.</u>

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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