

SEP 25 1930

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

Do not use this space.

27186

1. PLACE OF DEATH

County Jefferson
Township Lexington
City Lexington (No. _____) St. _____ Ward _____

Registration District No. 461
Primary Registration District No. 5625

File No. 72
Registered No. _____

2. FULL NAME

Mary Clara Knapheide
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

10. NAME OF FATHER Otto Knapheide
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Charlott Kuebel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Mo.
(STATE OR COUNTRY)

14. INFORMANT Otto Knapheide
(Address) Lexington Mo

15. Aug 24 1930 G. H. Edmunds
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1930, to Aug 23, 1930, that I last saw her alive on Aug 23, 1930, and that death occurred, on the date stated above, at 7 15 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth due to toxemia of pregnancy in mother.
159 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 11/2/30 (duration) yrs. mos. ds.

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) A. J. Chubbey, M. D.

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 Lexington Mo DATE OF BURIAL Aug 24 1930

20. UNDERTAKER Ernest Feger ADDRESS Lexington 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.

