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

Do not use this space.

1959

File No. .....
Registered No. 2

1. PLACE OF DEATH
County: Lincoln
Township: Hamburg
City: Elsberry (No. ....., ... St. ..... Ward)
Registration District No. 486
Primary Registration District No. 4293

2. FULL NAME: Daniel K. Knapp
(a) Residence. No. North 5th St. 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.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(or) WIFE OF~~ Mary A. Knapp

6. DATE OF DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74		11	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dry goods Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 162
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) Raymond Miss
(STATE OR COUNTRY) 2

PARENTS

10. NAME OF FATHER: Daniel K Knapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER: Mary Seaton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Raymond
(STATE OR COUNTRY) Miss 2

14. INFORMANT: R. C. Knapp
(Address) Elsberry Mo

15. FILED 2-10, 1931 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 21st 19 31

17.
I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1930, to Jan. 21st, 1931, that I last saw him alive on Jan. 21st, 1931 and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Mitral insufficiency~~
92 A Pneumonia
111 B Oedema of lungs
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY) ~~Mitral~~ Mitral Insufficiency
(duration) 1 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) C. E. Powell, M. D
, 19 (Address) Elsberry, 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
Elsberry Mo.	Jan 23 1931
20. UNDERTAKER	**ADDRESS**
Otto Miller	Elsberry, Mo