

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

Do not use this space.

18359

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Marion Primary Registration District No. 3020
 City McGuire Brooks Hospital, Centennial St. _____ Ward _____

2. FULL NAME

Samuel David Knight
 (a) Residence, No. 4237 Foster 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>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellen Knight</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23, 1844</u>					
7. AGE		YEARS <u>86</u>	MONTHS <u>11</u>	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer and Chr. Industrial</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Widow's</u>				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cornwall England</u>					
FATHER	13. NAME <u>Samuel Knight</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>				
MOTHER	15. MAIDEN NAME <u>Unkerson</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>				
17. INFORMANT (ADDRESS) <u>Silvey Knight Carthage Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>May 7 1931</u>					
19. UNDERTAKER (ADDRESS) <u>W. Lee Mortuary Carthage Mo</u>					
20. FILED <u>5/7</u> 19 <u>31</u> <u>W. Lee Mortuary</u> Registrar.					

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1920, 19____, to May 6, 1931
 I last saw him alive on May 6 1931, 1931 Death is said to have occurred on the date stated above, at 6:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
and Chr. Industrial Nephritis
Other contributory causes of importance:
Pulmonary edema

Name of operation _____ Date of _____
 What test confirmed diagnosis? lab Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Lloyd B. Clinton, M. D.
 (Address) Carthage Mo

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.

MAY 25 1931

