

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

Do not use this space.

18972

1. PLACE OF DEATH

81. County Putnam
Township Jackson
City (No.)

Registration District No. 716
Primary Registration District No. 2949

File No.
Registered No. 94
St. Ward

2. FULL NAME

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. E. Knight</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-26-1852</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>	DAYS <u>11</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>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housework</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>23 1/2</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mont Vernon, Va</u>			
	13. NAME <u>Wm Handley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Sarah Rhoder</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	17. INFORMANT <u>Mrs W E Knight</u> (ADDRESS) <u>Universal Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Liberty</u> DATE <u>May 8 1931</u>				
19. UNDERTAKER <u>Constance Mercer</u> (ADDRESS) <u>Universal Mo</u>				
20. FILED <u>May 8 1931</u> <u>J. H. Holman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug-31, 1929 to May 7, 1931
I last saw her alive on Jan 20, 1931. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:
General Atherosclerosis
Date of onset 1921

Other contributory causes of importance:
97

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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 11

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John D. Smith, M. D.
(Address) Universal 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.

28 1931

