

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

Do not use this space.

35384

**1. PLACE OF DEATH**

County Pulaski

Registration District No. 712

Township Richland

Primary Registration District No. 4427

City Richland (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 21

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Russell Eugene Knapp

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(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**

Boy

**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)**

Oct 23-1931

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 1 hrs. or 2 min.

0

0

0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.

At Home

(b) General nature of industry, business, or establishment in which employed (or employer).

At Home

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Richland

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Geo. W. Knapp

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Roubidoux Co

(STATE OR COUNTRY)

Mo

**12. MAIDEN NAME OF MOTHER**

Magdalene Steward

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Waynesville

(STATE OR COUNTRY)

Mo

**14. INFORMANT**

Mrs. John Steward

(Address)

Richland, Mo.

**15. FILED**

10-23-1931

Orest A. Oliver

REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 23 - 1931

**17. I HEREBY CERTIFY**, That I attended deceased from Oct - 23 - 1931, to Oct 23 - 1931, that I last saw him alive on Oct 23 - 1931, and that death occurred, on the date stated above, at 8 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

1608

159

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Placenta Previa

(duration) yrs. 1 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Red Side Diagnosis

(Signed) Orest A. Oliver, M. D.

10-23-1931 (Address) Richland, 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**

Richland Cemetery

10-23-1931

**20. UNDERTAKER**

**ADDRESS**

R. B. Triple - Richland, 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.

