

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

Do not use this space.

38740

**1. PLACE OF DEATH**

County St. Francois  
Township                       
City Farmington (No.                     )

Registration District No. 273  
Primary Registration District No. 4464

File No.                       
Registered No. 148  
St.                      Ward                     

**2. FULL NAME**

Christina Knause

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1848

7. AGE YEARS 83 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Germany

FATHER 13. NAME Samuel Specht

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Caroline Cotte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs C F Thompson Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington cemetery Nov 17 1931

19. UNDERTAKER (ADDRESS) Farmington Mill Co. Farmington Mo

20. FILED 11-16-1931 B. S. Robinson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1931, to Nov 15 1931

I last saw him alive on Nov 13 1931 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

General atherosclerosis Date of onset

(Ischemic)

Other contributory causes of importance:

Name of operation Cholecystectomy 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                     

24. Was disease or injury in any way related to occupation of deceased? If so, specify                     

(Signed) R. P. K. K. K. M. D. (Address) Farmington 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.

441 872 510

