

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

Do not use this space.

1. PLACE OF DEATH

91 County Davey Registration District No. 249
Township Salem Primary Registration District No. 449
City _____ (No. _____) 3-746

File No. 609
Registered No. _____
St. _____ Ward _____

2. FULL NAME Tomer A. Knott

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rena Knott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 1886</u>		
7. AGE	YEARS	MONTHS
<u>75</u>	<u>11</u>	<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Joseph Knott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Margaret Conway</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
17. INFORMANT <u>Ross Byatt</u> (ADDRESS) <u>copy no</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>copy</u> DATE <u>Jan 12-32</u>		
19. UNDERTAKER <u>W. H. ...</u> (ADDRESS) <u>Danversburg Mo</u>		
20. FILED <u>Jan 12 1932</u> <u>Missouri</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11th 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 9th 1932 to Jan 11th 1932
I first saw him alive on Jan 11th 1932. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1/3/32

108 108

Other contributory causes of importance:

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 _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. M. Graham M. D.
(Address) Jan 22 1932

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.

FEB 23 1932

74
18 4 8

18 4 8

18 4 8