

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

Do not use this space.

1448

1. PLACE OF DEATH

19 County Jasper Registration District No. 416 File No. _____
 7 Township Madison Primary Registration District No. _____ Registered No. _____
 5 City Jasper (No. 820) St. _____ Ward _____

2. FULL NAME

ella Lucile Knight
 (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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27-31</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
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) <u>Joplin Mo.</u>				
13. NAME <u>George Knight</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
15. MAIDEN NAME <u>Paula Cannon</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin Mo.</u>				
17. INFORMANT (ADDRESS) <u>George Knight 820 7th Porter</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pepper</u> DATE <u>1-5-32</u>				
19. UNDERTAKER (ADDRESS) <u>W. L. Wilburn</u>				
20. FILED <u>1-5-32</u> <u>W. L. Wilburn</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 .1932

2. I HEREBY CERTIFY That I attended deceased from Dec 27 1931 to Dec 27 1931. I last saw her alive on Dec 27 1931 and is said to have occurred on the date stated above, Dec 27 1931.

The principal cause of death and related causes of importance were as follows:
Premature birth
159
159

Date of onset _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. L. Wilburn, M. D.
 (Address) Joplin 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.

FEB 4 1932

