

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

Do not use this space.

1754

1. PLACE OF DEATH

64 County Marion Registration District No. 57-52
 1 Township Marion Primary Registration District No. 3054
 8 City Hannibal (No. St. Elizabeth Hospital) Registered No. 10
 St. 6 Ward)

2. FULL NAME

(a) Residence, No. 320 Church St., 9 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 <u>Male</u> | 4. COLOR OR RACE <u>White</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>Mary Knieferbocker</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13, 1887</u> | | |
| 7. AGE YEARS <u>44</u> | MONTHS <u>11</u> | DAYS <u>27</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>86</u> | | 11. Total time (years) spent in this occupation |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe-Worker</u> | | |
| 10. Date deceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich, 2</u> | | |
| FATHER | 13. NAME <u>Edgar Knieferbocker</u> | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich. 1</u> | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u> | | |
| 17. INFORMANT <u>Mrs. Mary Knieferbocker</u> <u>Hannibal, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary Cemetery</u> DATE <u>1-12-1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>James D. Donnell</u> <u>302. 86th Hannibal, Mo.</u> | | |
| 20. FILED <u>Jan 13, 1932</u> <u>6 E. Cousius</u> <u>Deputy Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1932 to 1-9, 3.2, 1932.
 I last saw him alive on 1-9, 1932 Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis -
94B
94B
atheroma of arteries
 Date of onset

Other contributory causes of importance:
atheroma of arteries

Name of operation Exploratory Lap Date of 1-9-32
 What test confirmed diagnosis? clinical Was there an autopsy? no

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 ①
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. A. deasy, M. D.
 (Address) Hannibal, 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.

1 FEB 4 4:43 P

