

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

Do not use this space.

1909

File No. 22
Registered No. 2
St. _____ Ward _____

PLACE OF DEATH

County: Newton Registration District No. 614
Township _____ Primary Registration District No. 4555
City: Granby (No. _____ St. _____ Ward _____)

2. FULL NAME

Charles Henry Knott
(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>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>name Mary Drummond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17, 1855</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>x</u>	
	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>Janag Shivanis ?</u>		
FATHER	13. NAME <u>William Knott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Mrs C.H. Knott</u> (ADDRESS) <u>Granby Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem</u> DATE <u>Jan 9 1932</u>		
19. UNDERTAKER <u>J. Schutman</u> (ADDRESS) <u>Granby Mo</u>		
20. FILED <u>St 9-1932 M.R. Palmer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1932

2. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1932, to Jan 7, 1932
I last saw him alive on Jan 7, 1932 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Acute indigestion
Date of onset _____

Other contributory causes of importance:
no

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? No
If so, specify _____
(Signed) E.R. Palmer, M. D.
(Address) Granby 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.

FEB 25 1932

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1855

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