

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

Do not use this space.

7507

1. PLACE OF DEATH

County Buchanan
Township _____
City St Joseph

Registration District No. _____
Primary Registration District No. 1001
(No. 29th and Pacific Streets)

85

File No. _____
Registered No. 309
St. _____ Ward)

2. FULL NAME Elizabeth Jane Kneib

(a) Residence, No. 29th and Pacific streets, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 14

OCCUPATION 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) St Joseph (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Philip Kneib

14. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Josephine Bucher

16. BIRTHPLACE (CITY OR TOWN) Early (STATE OR COUNTRY) Iowa

17. INFORMANT Philip Kneib (ADDRESS) 29th & Pacific St., St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Easton Mo. DATE April 1, 1932

19. UNDERTAKER (ADDRESS) H.C. Sindenaden 1802 Union St., St Joseph Mo.

20. MAR 30 1932 19 _____ (Address) John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to March 29, 1932. I last saw her or alive on March 19, 1932. Death is said to have occurred on the date stated above, at 9:35A.M.

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

Myocardial Infarction
878 878 878
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. H. O'Leary, M. D. (Address) St Joseph Mo

... supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1932

