

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

Do not use this space.

8082th
Knapp

1. PLACE OF DEATH

39 County *Creech* Registration District No. *318*
 3 Township _____ Primary Registration District No. *2901*
 5 City *Springfield Mo.* No. *1010 W. Elm* St. _____ Ward _____

File No. _____

Registered No. *202*

2. FULL NAME

(a) Residence, No. *1010 W. Elm* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 11, 1932*

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

22. I HEREBY CERTIFY, That I attended deceased from *Mar 3, 1932* to *Mar 11, 1932*
 I last saw him alive on *March 3, 1932* Death is said to have occurred on the date stated above, at *8:30 A.M.*
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9 - 1879*

Date of onset _____
 Pulmonary Tuberculosis
lost *1 yr?*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 8 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Los Angeles 26*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Director Co.*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance _____
23A
23 *1*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stackton Miss.*

FATHER
 13. NAME *J. M. Wiseman*

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER
 15. MAIDEN NAME *Amanda M. Geeslin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

17. INFORMANT (ADDRESS) *Mrs Clara M. Dulick 1010 W. Elm*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Eastlawn* DATE *March 12, 1932*

19. UNDERTAKER (ADDRESS) *Alma Schmeyer 7. Howe Springfield, Mo.*

20. FILED *3-11-32* 19*32* *J. W. Sharp* Registrar

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) *Arthur D. Knapp*, M. D.
 (Address) *450 1/2 E. Conil*

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.

APR 26 1932

RECORDS—ON-READING—INK—THIS IS A PERMANENT RECORD

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