

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

Do not use this space.

11499

**1. PLACE OF DEATH**

4  
4  
7  
County Audrain Registration District No. 26  
Township Lathrop Primary Registration District No. 3002  
City Mexico Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 41

**2. FULL NAME** Henry C. Knigge

(a) Residence, No. Audrain Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 5 Hours (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Knigge  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 th 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 7 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Warrenton Missouri

FATHER  
13. NAME Herman Knigge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER  
15. MAIDEN NAME Caroline Overnolte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Mary Knigge  
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton Mo DATE 418 th 1932

19. UNDERTAKER C.W. Hopkins  
(ADDRESS) Montgomery City Mo

20. FILED April 17th 1932 Ira S. Nettigen  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1932 to 4-16, 1932  
I last saw him alive on 4-16-32, 1932. Death is said to have occurred on the date stated above, at 3:50 AM  
The principal cause of death and related causes of importance were as follows:

General Carcinomatosis  
76 C  
53 E 46 E  
Other contributory causes of importance:  
Carcinoma of Cecum

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Frank J. Miller, M. D.  
(Address) Merfins, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
MARGIN RESERVED FOR BINDING  
MAY 23 1932

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.

