

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

Do not use this space.

12595

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. U. S. Vet. Hospital)

Registration District No. 309
Primary Registration District No. 1002

File No. _____
Registered No. 1531
St. _____ Ward _____

2. FULL NAME James H. Knapp

(a) Residence, No. 2508 Myrtle Ave. St. 14 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29, 1872</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>10</u>	DAYS <u>12</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>Shoemaker 86</u>	
	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) Paola (STATE OR COUNTRY) Kansas

FATHER 13. NAME Alburtus Knapp

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

MOTHER 15. MAIDEN NAME Lydia Slygh

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

17. INFORMANT Mrs. H. D. Hills (ADDRESS) 2508 Myrtle Ave., K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Apr. 12 1932

19. UNDERTAKER Freeman Mortuary & Chapel (ADDRESS) 42nd St. & Baltimore Ave. K.

20. FILED 4-11-32 1932 W. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1932 to _____ 19____
I last saw h_____ alive on _____, 19____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: _____ (Date of onset)

Chronic myocarditis
131
1932
131
Other contributory causes of importance: Chronic interstitial nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____
C. (Signed) Harley M. Hall, M. D. (Address) Deputy Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

