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

Do not use this space.

19509

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2313
City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Charles Lawrence Knapp
(a) Residence, No. 2421 Chestnut St., 11 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9 - 1885

7. AGE: YEARS 46 — MONTHS 76 — DAYS ~~30~~ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 289
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) Missouri 1

FATHER
13. NAME Frank Knapp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Matilda Halter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

17. INFORMANT (ADDRESS) Mrs Elizabeth Mary Knapp 2421 Chestnut Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE June 11, 1932

19. UNDERTAKER (ADDRESS) John Sheehan Kansas City Missouri

20. FILED 6/10, 1932 M. M. Conner Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1-3, 1932, to June 9, 1932
I last saw him alive on June 9, 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:

Otitis Mingitis
Otitis media
89A
89B
89 N

Date of onset

Other contributory causes of importance:

1 Name of operation Mastoidectomy Date of May 2
What test confirmed diagnosis? X Ray 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?
If so, specify
(Signed) W. Byron Black, M. D.
(Address) 535 Pepper Bldg

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2