

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

Do not use this space.

29442

1. PLACE OF DEATH

County Jackson
Township Kaw
City Wanger, Mo. (No. 2503 Rochester)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3616
St. _____ Ward _____

2. FULL NAME

Charles Henry Knig
(a) Residence, No. 2507 Rochester, Mo. 9 Ward. (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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1.2 hrs. or min.
12 hours

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. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo. (STATE OR COUNTRY)

MOTHER 13. NAME Charles Henry Knig

FATHER 14. BIRTHPLACE (CITY OR TOWN) Martinsburg, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rosa Rockwood

FATHER 16. BIRTHPLACE (CITY OR TOWN) Hambel, Mo. (STATE OR COUNTRY)

17. INFORMANT Mr. King (ADDRESS) 2503 Kocher Ter

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill K.E.K. DATE 9/25 1932

19. UNDERTAKER Kettalin (ADDRESS) 2657 Independence Ave.

20. FILED 9/25 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1932, to 9-25-, 1932

I last saw h. h. alive on 9-25-, 1932. Death is said to have occurred on the date stated above, at 1 P.M.

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

Premature
109 / 59
Other contributory causes of importance: (3)

23. Name of operation _____ Date of _____
What test confirmed diagnosis? Cardiac 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) Earl V. Jones, M. D.
(Address) 2516 Burnath

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.

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