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

Do not use this space.

37492

File No. .....
Registered No. 10164

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. City Hospital St. ..... Ward)

#12717

2. FULL NAME Dorothy Knox

(a) Residence, No. 1622 Mississippi St. Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Clyde Knox

14. BIRTHPLACE (CITY OR TOWN) Rolla
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Helen Milburn

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

17. INFORMANT Hospital Information
(ADDRESS) Grace Koop City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Mo. DATE Nov 18 1932

19. UNDERTAKER E. J. Schnur
(ADDRESS) 3125 Lafayette Av.

20. FILED NOV 17 1932 Alex D. Franklin
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26th 32, 19..., to Nov. 17th 32, 19...
I last saw her alive on Nov. 17th 32, 19... Death is said to have occurred on the date stated above, at 6:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	10-26
Decorticated	
Gastro enteritis	11-6
11 yr	
10 yr	
10 yr	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) J. Hodges, M. D.
(Address) City Hospital

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

MARGIN RESERVED FOR BINDING

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

Knox