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

Do not use this space.

85

File No. 38474
Registered No. 1137

1. PLACE OF DEATH

County: Buchanan — Registration District No. 1001
Township: — Primary Registration District No.
City: St. Joseph (No. 2302 Clay street St. Ward)

2. FULL NAME Margaret Knapp

(a) Residence, No. 2302 Clay st St., 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	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) July 26, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Edward J Knapp
14. BIRTHPLACE (CITY OR TOWN) Newburg
(STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Emily Mallett
16. BIRTHPLACE (CITY OR TOWN) Vincense
(STATE OR COUNTRY) Indiana

17. INFORMANT Miss Anna Redhead
(ADDRESS) 2302 Clay st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE Dec. 9 1932

19. UNDERTAKER H O Siderfaden
(ADDRESS) 1602 Union st St Joseph Mo.

20. FILED DEC 8 1932 John R Kinder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 to Dec 8, 1932
I last saw her alive on Dec 6, 1932. Death is said to have occurred on the date stated above, at 9:25 P.m.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset Dec 3

Other contributory causes of importance:

Nephritis

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) Jos J Byrne, M. D.
(Address) St Joseph Mo

JAN 21 1933

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.