

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.

JAN 22 1934

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

Do not use this space.

38750

1. PLACE OF DEATH  
 16 County Cape Girardeau Registration District No. 125  
 1 Township \_\_\_\_\_ Primary Registration District No. 2009  
 8 City \_\_\_\_\_ (No. 531 St. Hanover) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mr. R. E. Knight  
 (a) Residence, No. 531 St. Hanover St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
 Registered No. 317

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Mr. R. E. Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20      5      27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Ballinger County Missouri

FATHER 13. NAME Geo. Lampe  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Missouri

MOTHER 15. MAIDEN NAME Lella M. Carmichael  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger County Missouri

17. INFORMANT (ADDRESS) Mr. R. E. Knight 531 St. Hanover

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobbs Chapel DATE Dec 23, 1932

19. UNDERTAKER (ADDRESS) Dr. Spentoft 536 Broadway

20. FILED 12/23, 1932 W. C. Keeney Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932 to Dec 21, 1932  
 I last saw her alive on Dec 18, 1932 Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
23A  
23  
 Other contributory causes of importance: (1)

Name of operation no Date \_\_\_\_\_  
 What test confirmed diagnosis: Physician's \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) Dr. H. H. Hahn M. D.  
 (Address) Cape Girardeau Mo

Dr. Kip