

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

Do not use this space.

1127

1. PLACE OF DEATH

County Henry
Township X
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 2711

File No.
Registered No. 3
St. Ward

2. FULL NAME

Elizabeth S. Knight

(a) Residence, No. South Smith St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7-1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 0 25

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) (STATE OR COUNTRY) Virginia

13. NAME Wm Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Susan B. Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Irene Larson (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon, Mo. DATE 1/4/33, 19

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor, Mo.

20. FILED Jan 3 1933 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 26 to Jan 2, 1933
I last saw him alive on Jan 2, 1933. Death is said

to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset Dec 20
11 A
100

Other contributory causes of importance:
influenza

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) Irene Larson M. D.
(Address) Windsor, Mo.

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.

