

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

Do not use this space.

1705

1. PLACE OF DEATH

County Dallas
Township Oran
City Kansas City

Registration District No. 899
Primary Registration District No. 133
(No. K.C. General Hosp)

File No. _____
Registered No. 1 425
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 611 W. 10th
(Usual place of abode)

St. _____ Ward _____

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 53

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>7</u>	<u>15</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Kentucky

13. NAME Leont Knowlton

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Leont Knowlton

15. MAIDEN NAME Leont Knowlton

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Leont Knowlton

17. INFORMANT (ADDRESS) The ward clerk
K.C. Gen. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 1-26-33

19. UNDERTAKER (ADDRESS) Fewis & Griffin

20. FILED Jan 26 1933 11:17 A.M. Groves
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1933 to 1-24, 1933

I last saw him alive on 1-24, 1933 Death is said to have occurred on the date stated above, at 7:35 p.m.

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

Coronary occlusion Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) P. F. De Marco M. D.
25-33 Supt. K.C. Gen. Hosp. K.C. 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.

