

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

Do not use this space.

4718

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township Columbia Primary Registration District No. 3006 Registered No. 20
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Sallie Knolley

(a) Residence, No. 107 Allen St. _____ Ward _____

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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1830

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 103

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) Rushert County Virginia

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT Agrie Dorsett (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 2-8 1933

19. UNDERTAKER Stuart P. Parker (ADDRESS) Columbia, Missouri

20. FILED 2/9/ 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-4-33, 1933, to 2-6-33, 1933.

I last saw her alive on 2-4-33, 1933. Death is said

to have occurred on the date stated above, at _____ m.

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

82A
Cerebral Hemorrhage
 Other contributory causes of importance: 82A

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 _____, 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) O. A. Moore, M. D.
 (Address) Columbia Mo

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.

1933

1917

