

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

Do not use this space.

18647

1. PLACE OF DEATH

101 County Shannon Registration District No. 824
Township Buckeye Primary Registration District No. 6076
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Merling P. Knuckles

(a) Residence, No. _____ 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 Male 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 Flora Knuckles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1887

7. AGE 46 YEARS 5 MONTHS 18 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) Reynolds County Mo

13. NAME L. D. Knuckles

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

15. MAIDEN NAME Taster Counts

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

17. INFORMANT (ADDRESS) Mrs Merling Knuckles

18. BURIAL, CREMATION, OR REMOVAL PLACE Reynolds Co DATE 5/27

19. UNDERTAKER (ADDRESS) None

20. FILED 5-26-1931 Frank Hyde M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A.M.

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

Fractured skull and chest wounds caused by being struck by a falling tree 1948

Other contributory causes of importance: 1948

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? Accident Date of injury Mar 26 1933

Where did injury occur? at home in Shannon Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in woods near home
Manner of injury as above stated
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify as farmer cutting timber

(Signed) G. B. Horsthal (Address) Eminence Mo.

Date of onset _____
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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.

JUN 28 1931

WRITE PLAINLY, WITH OUTRADING INITIALS IS A PERMANENT RECORD

