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.

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

Do not use this space.

23178

File No. 2884

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No. 1082

City KANSAS CITY (No. 5739, VIRGINIA St. Ward)

2. FULL NAME MRS. ELIZABETH KNAPP

(a) Residence, No. 5739 VIRGINIA 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 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 ANDREW KNAPP

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-21-1848

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 84 | 10 | 20 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) QUEBEC (STATE OR COUNTRY) CANADA

FATHER

13. NAME JOHN GAULT

14. BIRTHPLACE (CITY OR TOWN) CORK (STATE OR COUNTRY) IRELAND

MOTHER

15. MAIDEN NAME SARAH TAYLOR

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

17. INFORMANT MR. ANDREW KNAPP (ADDRESS) 5739 VIRGINIA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE LINCOLN, NEBR. DATE JULY-13, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED July 12, 1933 M. M. Crowe Asst. Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1933 to July 11, 1933

I last saw her alive on July 10th, 1933. Death is said to have occurred on the date stated above, at 9:40 A.m.

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

Pneumonia Bronchial 131 107A 131

Date of onset

Other contributory causes of importance: Nephritis Chronic

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

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? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Ralph M. Harbinger M. D.

(Address) 1137 Professional Bldg Kansas City Mo.

1132 Professional Bldg.
10:30-2