

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

Do not use this space.

**23477**

1. PLACE OF DEATH  
 49 County Lafayette Registration District No. 411  
 7 Township Delphina Primary Registration District No. 2017  
 5 City Lafayette No. 820 Richmond Rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Jessie Starb Knighton  
 (a) Residence, No. 820 Richmond Rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 10 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 Lymon C Knighton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1882  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 10 4  
 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) Ellisboro Wis  
 13. NAME James M Pherson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 15. MAIDEN NAME Jane Downing  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin  
 17. INFORMANT J C Knighton  
 (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE July 1933  
 19. UNDERTAKER Samuel D. Matthews  
 (ADDRESS) 1500 9th St  
 20. FILED 7-5 19 33 Ed Jones  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from April 29, 1933, to July 25, 1933  
 I last saw her alive on July 25, 1933 Death is said to have occurred on the date stated above, at 4:39 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
131  
82A  
102  
 Other contributory causes of importance:  
Hypertension, essential  
Myocarditis  
 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) J. P. Ashford, M. D.  
 (Address) Bartholomew

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.

MUG 20 1933

2035  
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