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.

NOV 10 1933

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

Do not use this space.

35297

1. PLACE OF DEATH
97 County Saline
8 Township ~~Cambridge~~
4 City Slater

Registration District No. 799
Primary Registration District No. 4479

File No.
Registered No. 34

(No. , St. Ward)

2. FULL NAME Mrs. Louisa Knapp

(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 F
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 Samuel Knapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jackson Co. Mo.

FATHER
13. NAME Ember Mason,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Minerva Brock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. T. M. Griffith Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds - Mo. DATE 10-11, 1933

19. UNDERTAKER (ADDRESS) Hill Brothers Slater Mo.

20. FILED 10-10, 1933 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-5-, 1933, to Oct-9-, 1933
I last saw her alive on Oct-9-, 1933. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance: None

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? —
If so, specify
(Signed) M. C. Duggins, M. D.
(Address) Slater Mo.

1933 10 9

1852 17 29

80 18 10