

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.

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

Do not use this space.

39353

JAN 26 1934
14

PLACE OF DEATH

County Callaway
Township Jackson
City _____ (No. _____)

Registration District No. 102
Primary Registration District No. 2150

File No. _____
Registered No. 825
St. _____ Ward _____

2. FULL NAME John Andy Knipp
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Belle Knipp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3-1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>10</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation _____
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>		
FATHER	13. NAME <u>Martin Knipp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn. or Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Ann King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u>	
17. INFORMANT <u>Mrs Jno. A. Knipp</u> (ADDRESS) <u>Auxvasse, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friendship</u> DATE <u>Dec. 27 1933</u>		
19. UNDERTAKER <u>Hughes Manpin</u> (ADDRESS) <u>Auxvasse, Mo.</u>		
20. FILED <u>1727</u> 19 <u>33</u> <u>H. G. Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1933 to Dec 26 1933, 1933
I last saw him alive on Dec 20 1933. Death is said to have occurred on the date stated above, at 4 m.
The principal cause of death and related causes of importance were as follows:
occlusion of the coronary arteries Date of onset _____
1-31
12-15
Other contributory causes of importance:
Intestinal hepatitis

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) H. B. Nichols, M. D.
(Address) Auxvasse, Mo.

