MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 5167
Township KAW — Primary Registration District No. 1002 — Registered No. 893
City KANSAS CITY (No. 2619 LOCKRIDGE St. Ward)

2. FULL NAME ARCHIE J KNOWLES
(a) Residence, No. 2619 LOCKRIDGE St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 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~~ MRS. ELIZABETH A. KNOWLES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-1-1853
7. AGE: YEARS 80 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PRINTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KANSAS CITY STAR
10. Date deceased last worked at this occupation (month and year) NOVEMBER 1933
11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) INDEPENDENCE (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JAMES KNOWLES
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA

MOTHER
15. MAIDEN NAME ELIZA TARVER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT (ADDRESS) MRS. ELIZABETH A. KNOWLES 2619 LOCKRIDGE AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE WOODLAWN INDEPENDENCE, MO. DATE FEBR. 25 1934 Mch 4th
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI
20. FILED 2-23 1934 M. M. Crowe asst Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-22 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Feb 22, 1934
I last saw him alive on Feb 19, 1934. Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2/1/34
Other contributory causes of importance: Arteriosclerosis	1/1/32

Name of operation None Date of —
What test confirmed diagnosis? None 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? — (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. F. Swarens, M. D.
(Address) 2816 East 6th St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2816 East 6th St.
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