

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

Do not use this space.

9293

1. PLACE OF DEATH
 County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 3553B
 City Little River (No. Jackson Co. Home) St. _____ Ward _____

File No. _____
 Registered No. 74

2. FULL NAME Thomas Knox
 (a) Residence, No. Jackson County Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-5-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 70 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT J. W. Hostetter (ADDRESS) Jackson Co. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 1 1934

19. UNDERTAKER Kettelin (ADDRESS) Ke mo

20. FILED April 6 1934 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1934 to 3-25-1934

I last saw him alive on 3-23-1934 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

carcinoma on left side of face Date of onset _____

side of face

52

Other contributory causes of importance: _____

Name of operation clinical Date of _____

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

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. W. Greene, M. D.

(Address) Independence

no

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.

