

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

Do not use this space.

170/19

**1. PLACE OF DEATH**

County Jackson Registration District No. 390  
 Township Kear Primary Registration District No. 1002  
 City Kansas City (No. 42) C General Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5388

**2. FULL NAME**

Mathew Knueles  
 (a) Residence, No. 2312 E. 9th St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1877  
 7. AGE YEARS 57 MONTHS 3 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labourer  
 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) Idaho  
 13. NAME John Knueles  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho  
 15. MAIDEN NAME Mary Gibson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT Peard Clerk  
 (ADDRESS) 42 C Gen Hosp Rm 10  
 18. BURIAL, CREMATION OR REMOVAL PLACE Leeds DATE 5-31-34

19. UNDERTAKER Lucius & John  
 (ADDRESS) \_\_\_\_\_  
 20. FILED 5/31 1934 M. Knueles Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 5-16 1934 to 5-25 1934  
 I last saw him alive on 5-25 1934 Death is said to have occurred on the date stated above, at 12:25 PM

The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 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) J. J. Gennert, M. D.  
 (Address) 42 C Gen Hosp

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.

JUN 19 1934

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

