

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Simpson
City (No. _____) _____

Registration District No. 438
Primary Registration District No. 6-5-95

File No. 17237
Registered No. 4
St. _____ Ward _____

2. FULL NAME Margie Katherine Knight

(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Aug-12-1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>11</u>	<u>9</u>	<u>6</u>	

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

13. NAME Chas Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo.

15. MAIDEN NAME Mary B. Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Chas Knight Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE May-19 1934

19. UNDERTAKER (ADDRESS) Sweeney - Phelps Warrensburg, Mo.

20. FILED 6/9 1934 Mrs A. Norton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-18 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1934, to 5-17 1934

I last saw her alive on 5-17 1934. Death is said to have occurred on the date stated above, at 6 A. m.

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

Meningitis, Pneumococcus Date of onset 5-12-34

Other contributory causes of importance: Pneumonia - 4-14
Endocarditis - 4-29

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Allen R. Chase, M. D.
(Address) Warrensburg, Mo.

JUN 22 1934

1840

1840

The following is a list of the names of the persons who have been
 admitted to the office of Justice of the Peace for the year 1840.
 The names are arranged in alphabetical order.
 The names of the persons who have been admitted to the office of
 Justice of the Peace for the year 1840 are as follows:
 [The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list of names and possibly their respective locations or terms of office.]

1840

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson
Township Dempson
City (No. _____) _____ St. _____ Ward _____

Registration District No. 438
Primary Registration District No. 5595

File No. _____
Registered No. 4

2. FULL NAME

Margie Katherine Knight

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>11</u>	<u>9</u>	<u>6</u>	

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

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

myocarditis - pneumonia

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

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10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance: pneumonia, lobar pneumonia, endocarditis

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

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED June 28, 1934 Evel Gentry Registrar

If so, specify _____

(Signed) _____, M. D.

(Address) _____

S-17237