

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.

31
JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Daviess Registration District No. 249
Township Washington Primary Registration District No. 5347
City (No. _____) St. _____ Ward _____

File No. 19962
Registered No. _____

2. FULL NAME June Knott

(a) Residence, No. Coffey No RD#1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-34
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Washington Twp. Missouri Daviess Co

13. NAME Doyle Dayton Knott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo

15. MAIDEN NAME Mable Lee Tunnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co - Mo.

17. INFORMANT D. D. Knott
(ADDRESS) Coffey No RD#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffey No DATE 6 9 34

19. UNDERTAKER None
(ADDRESS)

20. FILED 69 1934 W. H. A. Cummins
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1934
22. I HEREBY CERTIFY, That I attended deceased from 6-8-1934 to 6-8-1934
I last saw her alive on 6/8, 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:
Premature Birth.
159 8 mo delivery
159
Other contributory causes of importance:
Spontaneous delivery. Child laid on her back before doctor arrived

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? ✓ 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) P. Baumgardner
(Address) Coffey No

