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.

SEP 11 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 28446
Township P — Primary Registration District No. 3007 — Registered No. 180
City Poplar Bluff (No. Poplar Bluff Hospital St. ..... Ward)

2. FULL NAME Gloria Mae Knight
(a) Residence, No. Neelyville Mo Star Route 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16-1926
7. AGE YEARS 7 MONTHS 11 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Advance Mo

FATHER
13. NAME Selmon Knight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Mattie Largent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moark Ark

17. INFORMANT (ADDRESS) Salmon Knight Neelyville Mo Star Route
18. BURIAL, CREMATION, OR REMOVAL
PLACE Coon Island DATE Aug 16 1934
19. UNDERTAKER (ADDRESS) N. T. Phelps Poplar Bluff Mo
20. FILED 8-22-1939 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-14, 1934, to 8-15, 1934
I last saw her alive on 8-15, 1934. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
186A	
194B	
Peritonitis general acute	
156A	

Other contributory causes of importance:
abscess Hip joint right.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 7, 1934
Where did injury occur? Butler Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home.
Manner of injury Fell out of tree striking hip right
Nature of injury Contusion followed by abscess
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) B J McCauley, M. D.
(Address) Poplar Bluff