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 20 1934

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

Do not use this space.

29460

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3877
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 3612 Garner St. Ward)

2. FULL NAME Mrs. Margaret Knaus
(a) Residence, No. 3612 Garner 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26, 1853

7. AGE: 81 YEARS — MONTHS: 6 — DAYS: 21 — If LESS than 1 day, hrs. or min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Eyra Evans
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mary Hutchinson
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Geo. M. Knaus, 4125 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roper Kans DATE Aug 20 1934

19. UNDERTAKER (ADDRESS): R.V. Lindsey & Sons, 3811 Broadway

20. FILED 8-18 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12th, 1934, to Aug. 17th, 1934
I last saw her alive on Aug. 17th 1934 Death is said to have occurred on the date stated above, at 9:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
935	
Senile Cardiac Asthenia	8-1-34
953	
1553	
Other contributory causes of importance:	
Chronic Cystitis	1-1-34

Name of operation X Date of
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) John L. Robinson, M. D.
(Address) 510 Altman Bldg.

Dr. Jno. Robinson
Altman Bldg.
103 East 11th

12 to 2

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Kansas City

3877

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Margaret Knaus

Who died at _____ on Aug 17 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 81 Months 6 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Denmark

Birthplace of father (State or country) Germany

Birthplace of mother (State or country) Germany

Principal cause of death: Senile Carditis

Other contributory causes of importance Chr Cystitis

Name of operation _____ Date of _____

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

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 _____

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

If so, specify _____

Name of physician J. L. ROBINSON

Address of physician 510 ALTMAN BLDG.

Signature of Registrar M. M. Crow Date filed 8/18/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

Reg. Dist. No.

Primary Reg. Dist. No.

S-29460