SEP 10 '34

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

Do not use this space.

30442

1. PLACE OF DEATH
County Polk
Township Looney
City ~~Monmouth R#1~~ (No. ..... St. ..... Ward)
Registration District No. 704
Primary Registration District No. 5933
File No. .....
Registered No. -

2. FULL NAME Edgar Lloyd McKnight
(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 39 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1895
7. AGE YEARS 39 MONTHS 0 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Polk County, Mo.

FATHER
13. NAME George McKnight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

MOTHER
15. MAIDEN NAME Clara Sell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairgrove, Mo.

17. INFORMANT (ADDRESS) George McKnight Wishart Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oakville Cemetery DATE Aug 31 1934
19. UNDERTAKER (ADDRESS) Brim Funeral Home
20. FILED Sept 6 1934 Grace M. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30 1934
22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ ....., 19....., to ....., 19.....
I ~~last~~ saw him ~~alive~~ on Aug 30, 1934. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

Self inflicted knife wounds in the chest. 168

Date of onset

Other contributory causes of importance: 168

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? Suicide Date of injury Aug 30, 1934
Where did injury occur? Polk County Missouri
(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) Wilfred B. Ewin Coroner
(Address) Bolivar, Mo.

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.

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

SEP 10 1934

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