

Oct 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Dauphin
Township Benton
City Dauphin (No.)

Registration District No. 721
Primary Registration District No. 1

File No. 32395
Registered No. 29
St. Ward)

2. FULL NAME Loretta 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 38 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~~ (OR) WIFE OF Martin U. B. Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. P.
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) Xuron Co. Ohio (STATE OR COUNTRY)

MOTHER FATHER
13. NAME Charles Ketchum

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

15. MAIDEN NAME Cornelia Ann Dugck

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

17. INFORMANT Oliver J. Knight (son) (ADDRESS) Seattle, Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE ava, mo. DATE Sept. 26th 1934

19. UNDERTAKER C. W. Chinking (ADDRESS) ava mo

20. FILED 10-11 1934 Henry Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Sept 21 1934
I last saw her alive on Sept 21 1934. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Gastric Ulcer
117A
1111002
Other contributory causes of importance:
Date of onset

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? 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) J. D. Ferguson, M. D.
(Address) ava mo.

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.

