

12

OCT 20 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

42 County Henry
 Township White Oak
 City Amelia (No. _____)

Registration District No. 347
 Primary Registration District No. 3495

File No. 32616
 Registered No. 37
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C L George
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1888
 7. AGE YEARS 76 MONTHS _____ DAYS 19 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) Cooper Co. Mo.13. NAME Henry Knous14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Gennet Deaton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts17. INFORMANT (ADDRESS) Leona Knous, wife

18. BURIAL, CREMATION, OR REMOVAL

PLACE Boonville DATE Sept 23, 193419. UNDERTAKER (ADDRESS) H P Smith20. FILE 9-26-34 J B Hauption Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934, to Sept 21, 1934I last saw him alive on Sept 21, 1934. Death is saidto have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset _____Senile Palsy withfrail constitution,

Other contributory causes of importance:

Senile Palsy withfrail constitution,

Name of operation _____ 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? Y Date of injury Y, 19 _____Where did injury occur? Y (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury YNature of injury Y24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J W Gallenst, M. D.(Address) Wich. Mo

