

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

Do not use this space.

JAN 5 1935

38724

**1. PLACE OF DEATH**

County Camden  
Township Warren  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 121  
Primary Registration District No. 5-173

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

John W Knox

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Knox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Peaksville  
(STATE OR COUNTRY) MO

13. NAME James M Knox

14. BIRTHPLACE (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Parsons

16. BIRTHPLACE (CITY OR TOWN) Quincy  
(STATE OR COUNTRY) Ill

17. INFORMANT H H Hill  
(ADDRESS) Montreal mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Montreal mo DATE 11-30 1934

19. UNDERTAKER none  
(ADDRESS)

20. FILED 12-30 1934 Becca Claiborne  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1934, to Nov 28, 1934.  
I last saw him alive on Nov 28, 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:

Dehydration  
Pharyngitis  
11/28  
11/28

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Phy Was there an autopsy? No

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) E. Blue, M. D.  
(Address) Greenwood

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.

