

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.

DEC 19 1934

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

Do not use this space.

40384

1. PLACE OF DEATH

County Pulaski

Registration District No. 714

File No. 3

Township Ponchartraine

Primary Registration District No. 5944

Registered No. 15

City \_\_\_\_\_ No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Carrie Augusta 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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Willard G. Knight</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 - 1901</u>		
7. AGE <u>32</u> YEARS	<u>11</u> MONTHS	<u>15</u> DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>
	10. Date deceased last worked at this occupation (month and year) <u>Nov.</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Pulaski Co., Mo.

FATHER  
13. NAME Stephen Lee Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Osage Co., Mo.

MOTHER  
15. MAIDEN NAME Rosa Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Miller Co., Mo.

17. INFORMANT (ADDRESS)  
Willard G. Knight  
Evening Shade, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Palace DATE Dec-1- 1934

19. UNDERTAKER J. L. Hoops & Sons  
(ADDRESS) CROCKER, Mo.

20. FILED 12-10- 1934 S. L. Hoover  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV-30- 1934

22. I HEREBY CERTIFY, That I attended deceased from NOV-30- 1934, to time of her death.  
I last saw her alive on Nov-30- 1934. Death is said to have occurred on the date stated above, at 2:30 P. M.

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

Post Partum Hemorrhage  
Following child birth

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Robert B. Gilley, M. D.  
(Address) Plato, Missouri

