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.

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

Do not use this space.

JAN 19 1935

1. PLACE OF DEATH
County Perry
Township ~~Central~~
City Perryville (No. ..... St. ..... Ward)

Registration District No. 660
Primary Registration District No. 4396

File No. 43926
Registered No. 73

2. FULL NAME Dr. Harry Jackson Knapp Sr
(a) Residence, No. 211 N Jackson St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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: Eliza J. Knapp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 1st 1866

7. AGE: Years 68 Months 4 Days 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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) Dec 1st 1934
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Missouri

FATHER
13. NAME: Wm. Knapp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Harry J. Knapp Jr. 6600 Enright St. St. Louis, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Perryville, Mo. DATE Dec. 19th 1934

19. UNDERTAKER (ADDRESS): Young-Fenwick Perryville, Mo.

20. FILED Dec 19 1934 Ed L. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934, to Dec 17 1934
I last saw him alive on Dec 13 1934. Death is said to have occurred on the date stated above, at 8:25 A m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis 131 131

Other contributory causes of importance:
Acute Cholecystitis

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? .....
If so, specify .....
(Signed) A. L. Hester, M. D.
(Address) 3606 Gravois