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.

FEB 19 1935

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

Do not use this space.

1404

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 270
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Frank H. Knight
(a) Residence, No. St., Ward. Peculiar, Mo.
(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 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 Hattie Knight
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/14/1886
7. AGE YEARS 48 MONTHS 4 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Sept. 1934
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Missouri

FATHER
13. NAME Martin Knight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co. Missouri

MOTHER
15. MAIDEN NAME Susan Sabens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John Knight Peculiar Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Peculiar, Mo DATE 1/20 1935
19. UNDERTAKER (ADDRESS) E. K. George & Son Belton, Mo
20. FILED 1-19 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934, to Jan 17 1935
I last saw him alive on Jan 17 1935 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Septicaemia
Osteoarthritis R. Hip Farmer
and illum.
Myocarditis Septic

Other contributory causes of importance:

Lung Abscess.
(non tuberculous)

Name of operation Pro Abscess Drainage Date of 12-2-34
What test confirmed diagnosis? Was there an autopsy? Yes.

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) Julius Frischer M. D.
(Address) 518 Argyle Bldg.