JUL 1 1935

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

Do not use this space.

18717

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No.
Township Richland — Primary Registration District No. 6101 — Registered No. 19.
City ~~Grays Ridge Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Elvy H. Knight
(a) Residence, No. Grays Ridge Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-1899-
7. AGE: YEARS 35 — MONTHS 9 — DAYS 30 — 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.
10. Date deceased last worked at this occupation (month and year) May - 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Dave Knight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sally Crowley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Andy Knight Grays Ridge Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Taylor Cem. Mo DATE May 31 1935
19. UNDERTAKER (ADDRESS) Lloyd S. Morgan Advance Mo.
20. FILED 5-31 1935 Dr. J. P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at One A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mingled & Crushed body	
Other contributory causes of importance: Crushed brain	200

Name of operation ..... Date of .....
What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 31, 1935
Where did injury occur? Highway 60 Grey Ridge Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway 60
Manner of injury Hit by Motor Vehicle
Nature of injury Mingled Crushed brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Lloyd S Morgan Coroner, M. D.
(Address) Advance Mo.

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.