

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

Do not use this space.

1925

JUN 19 1935

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City (No. Saint Margi Hospital)

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

Registered No. 186

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

**2. FULL NAME** John Austin Knight

(a) Residence, No. 707 West East Miller St., \_\_\_\_\_ Ward \_\_\_\_\_

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1881

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .....hra. or .....min. |
|--------|-----------|----------|-----------|--|
|        | <u>53</u> | <u>6</u> | <u>14</u> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

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) Callaway Co. Mo. (STATE OR COUNTRY)

13. NAME Thomas Knight

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

15. MAIDEN NAME Permetia Saunders

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

17. INFORMANT Dave Knight (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cem. DATE June 5 - 1935

19. UNDERTAKER Heinrich Surgical Home (ADDRESS) Jefferson City, Mo.

20. FILED 6/18/35 1935 W. B. Boyd, M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 15 1934 to June 4 1935

I last saw him alive on June 4 1935 Death is said to have occurred on the date stated above, at 1 P. m.

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

Other contributory causes of importance: Coronary arteriosclerosis

Name of operation Proctectomy Date of operation 4/20/35  
What test confirmed diagnosis? Specimens 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? No

If so, specify \_\_\_\_\_  
(Signed) J. B. Boyd M. D.  
(Address) Jefferson City

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.

