

AUG 17 1935

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

Do not use this space.

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274

File No. ~~274~~

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Lincoln

Registration District No. _____

Township MonroePrimary Registration District No. 492City Winfield Mo. (No. _____)568-2

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Master Elizabeth KnightWinfield Mo. St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

H. J. Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 23, 1886

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1

48720

day, _____ hrs. or _____ min.

OCCUPATION

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

Housewife

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) (STATE OR COUNTRY)

Bellflower Missouri

MOTHER FATHER

13. NAME

Newton Spies

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

Bellflower Missouri

15. MAIDEN NAME

Bell Copher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Montgomery County

17. INFORMANT (ADDRESS)

H. J. Knight Winfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Prairie DATE July 15, 1935

19. UNDERTAKER (ADDRESS)

Wayne M. & Co. Winfield Mo

20. FILED

7/14, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 193522. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1935, to July 13, 1935I last saw her alive on July 13, 1935. 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:

Carcinoma of cervix with metastasis to abdominal viscera?Date of onset 7/13/35

Other contributory causes of importance:

HemorrhageName of operation Hysterectomy Date of 2/25/1935What test confirmed diagnosis? Subtotal Was there an autopsy? No

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) J. J. Allvato, M. D.(Address) Winfield, 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.

