

SEP 18 1935

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

Do not use this space.

25725

1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff, Mo. (No. 596 Davis St.

File No.

Registered No. 163

St. _____ Ward _____

2. FULL NAME Elmer L. McKnight.(a) Residence, No. 596 Davis St. _____ St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>HUSBAND OF</u> <u>(OR WIFE OF)</u> <u>Lillie McKnight.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24, 1867</u>		
7. AGE	YEARS	MONTHS
<u>68</u>	<u>1</u>	<u>4</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid</u>
	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) Hillsboro,
(STATE OR COUNTRY) Ohio13. NAME Charlie McKnight.14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Smith16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) IOWA17. INFORMANT Harry McKnight
(ADDRESS) Poplar Bluff, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Cherryvale, Kans DATE Aug. 29 193519. UNDERTAKER Frank Und, Co.
(ADDRESS) Poplar Bluff, Mo.20. FILED 8/28 1935 Oldetsinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. im alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30P a.m.

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

Acute Ascending Paralysis

Date of onset

?

Other contributory causes of importance

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? No

If so, specify _____

(Signed)

(Address)

J. Richard Reynolds
Poplar Bluff, Mo.(Correct)

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.

