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.

SEP 2 5 1935

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

Do not use this space.

27456

1. PLACE OF DEATH
County St. Louis
Township Ferguson
City Ferguson, Mo. (No. Dade, Ave St. Ward)

Registration District No. 333
Primary Registration District No. 4468

File No.
Registered No. 123

2. FULL NAME Franklin Timothy Knox.
(a) Residence, No. Dade ave 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Knox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20. 1847

7. AGE: Years 88 | Months 6 | Days 29 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician
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) 1932
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Timothy Knox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N. Y.

MOTHER
15. MAIDEN NAME Ruth Sheldon Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N. Y.

17. INFORMANT (ADDRESS) Marguerite Pope Dade ave, Ferguson.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem. DATE 8-21-1935

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Delmar St.

20. FILED Aug 20th 1935 W. A. Zeitler Registrar.
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Aug 19, 1935
I last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at 11:55 A.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1932

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Obs. 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? No
If so, specify
(Signed) M. E. Jones, M. D.
(Address) 4500 Olive St

Lister Bldg.
Ro. 2866
4:30 P.M.
516 N-14th