

APR 16 1936

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

Do not use this space.
35-436
File No. _____
Registered No. 9
St. _____ Ward)

1. PLACE OF DEATH

County Chariton
Township Wrenswood
City Wrenswood (No. _____)

Registration District No. 169
Primary Registration District No. 5235-

2. FULL NAME

GEORGE WESLEY KNIGHT

(a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Brunswick Mo

FATHER 13. NAME Arthur Knight

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

MOTHER 15. MAIDEN NAME Glady's Mitchell

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

17. INFORMANT Mrs. Arthur Knight (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE New Comer DATE Nov 1 1935

19. UNDERTAKER No Undertaker in attendance (ADDRESS)

20. FILED Nov 25 1936 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1935, to Nov. 1 1935
I last saw him alive on Oct 30 1935 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
No cause for same

Other contributory causes of importance:

6 to 7 months

Name of operation None Date of _____
What test confirmed diagnosis? None 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) G. W. Held
(Address) Dallas, 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

