

DEC 18 1935

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

Do not use this space.

*Dr. [Signature]*  
35755

1. PLACE OF DEATH

County Cass Registration District No. 318  
Township Springfield Primary Registration District No. 200  
City Springfield (No. 100) Business (Specify) (Ward)

2. FULL NAME

(a) Residence, No. 1517 So Campbell  
(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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 1 13

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

13. NAME Wayne Knight

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

15. MAIDEN NAME Kath Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

17. INFORMANT (ADDRESS) Mr. Wayne Knight 2144 Indiana Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE White Hill DATE Nov. 5 1935

19. UNDERTAKER (ADDRESS) Springfield, Mo.

20. FILED Nov 5 1935 R. W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/24 (10/14) 1935 to 11/4 1935  
I last saw him alive on 11/4/35 1935 Death is said to have occurred on the date stated above, at 11:05 a.m.  
The principal cause of death and related causes of importance were as follows:

Appendicitis acute gangrenous 10/13/35  
perforation of  
general peritonitis

Other contributory cause of importance:

Name of operation Appendectomy & Drainage Date of 11/4/35  
What test confirmed diagnosis? Clon. Path. 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  
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Number of injury 1  
Nature of injury Prof.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify

(Signed) W. G. [Signature] M. D.  
(Address) Mid. Ave. Springfield, 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 PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

