

FEB 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City, Mo. (No. 4742, Jarboe St. Ward)

File No.
Registered No.

2. FULL NAME Mrs. Elizabeth Ann Knoth

(a) Residence, No. 4742 Jarboe 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 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 John Knoth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Iowa

13. NAME William Evans

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

15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT Mr. John Knoth
(ADDRESS) 4742 Jarboe

18. BURIAL, CREMATION, OR REMOVAL Parkville, Mo.
German cemetery near DATE Jan. 6 1936

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 1-4 36 m m Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Jan 3 1936
I last saw her alive on 1/3/36 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Ch. Myocarditis

Date of onset Jan 1935

Other contributory causes of importance: Asthma Bronchial

Name of operation AM 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 M. D.
(Signed) J M P
(Address) 1401 N. M. Blvd
KCR

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 PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

✓

APR 9 1958

Dr. Jeon Young
1401 Southview

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