

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.

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

Do not use this space.

MAR 21 1936

5787

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. St. Marys Hospital)

Registration District No. 399  
Primary Registration District No. 109

File No. \_\_\_\_\_  
Registered No. 580 (Ward)

2. FULL NAME James Edward Knittel

(a) Residence, No. 17 - Merriam, Ks. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3, 1926</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>1</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>Infant</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936, to Feb 4, 1936

I last saw him alive on Feb 4, 1936 Death is said to have occurred on the date stated above, at 10:14 a.m.

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

Congenital Heart Disease with  
1570

Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray 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) C. W. Jones, M.D. (L. W. C. C. M. D.)  
(Address) Osborne, Kansas

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>
	13. NAME <u>Fred Knittel</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Emporia, Ks.</u>
	15. MAIDEN NAME <u>Katharina Schmitt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osborne, Kans.</u>
	17. INFORMANT <u>Fred Knittel</u> (ADDRESS) <u>Merriam, Kansas</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lopoka Cemetery</u> DATE <u>Feb. 5, 1936</u>
	19. UNDERTAKER <u>H. E. Julien</u> (ADDRESS) <u>Olathe, Kans.</u>
	20. FILED <u>74</u> 19 <u>36</u> <u>M. M. Crowe</u> Registrar.

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