

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.

10603

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kew Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Westward Street)

File No. \_\_\_\_\_  
 Registered No. 1200  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Donald Miller Knight  
 (a) Residence, No. 1411 West 19th Main 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 M 4. COLOR OR RACE wh 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) Aug 24<sup>th</sup> 1910

7. AGE YEARS 25 MONTHS 6 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill clerk  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Transfer Co  
 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) Independence Kans

FATHER 13. NAME Ben Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott Kans

MOTHER 15. MAIDEN NAME Katherine Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott Kans

17. INFORMANT (ADDRESS) Mrs. Katherine Miller Independence Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Fort Scott Kans DATE March 12 1936

19. UNDERTAKER (ADDRESS) Quinn & Dubois Co. 1040 Winwood

20. FILED Mar 9 1936 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1936 to Mar 9 1936.  
 I last saw him alive on Mar 9 1936. Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 3/5/36  
1/2  
 Other contributory causes of importance: Influenza 2/5/36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) M. M. Brown, M. D.  
 (Address) 1330 Summit

