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.

MAY 18 1936

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

Do not use this space.

14087

File No.
Registered No.

1. PLACE OF DEATH

County: Buchanan
Registration District No.: 80
Township: Center
Primary Registration District No.: 5719
City: St. Joseph, (No. St. Joseph R.F.D.5 St. Ward)

2. FULL NAME Frances Eliza Knowles

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Francis Marion Knowles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August.4.1846.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	89	8	23	

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.:

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): Pike County Illinois

FATHER

13. NAME: William Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown New York

MOTHER

15. MAIDEN NAME: Rebbrcca Bebee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Ada Kyle St. Joseph R F D 5

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hopkins, Mo. Good Hope Cemt DATE: April 30 1936

19. UNDERTAKER (ADDRESS): H.O. Sidenfaden 1802 Union Str St. Joseph, Mo.

20. FILED: April 29 1936 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April.27 1936

22. I HEREBY CERTIFY, That I attended deceased from April 8 1936, to 4-27 1936

I last saw her alive on 4-26 1936. Death is said to have occurred on the date stated above, at 12/20 p.m.

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

	Date of onset
Endocarditis acute	

Other contributory causes of importance:
Nephritis chronic
Infected prostatic gland.

Name of operation: None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) B. B. Simmons, M. D.
(Address) St. Joseph Mo.