

JUL 28 1936

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

Do not use this space.

23490

1. PLACE OF DEATH

County Livingston
Township Blue Mound
City (No.) (St.) (Ward ..)

Registration District No. 515-
Primary Registration District No. 3-684

File No.
Registered No. 4

2. FULL NAME Robert Lee Knopf

(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Livingston Co Mo.

MOTHER 13. NAME B. F. Knopf

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

15. MAIDEN NAME Flores E. Caskey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT Miss Elva M. Montgery (ADDRESS) Blaine Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound DATE 6-14-36

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo.

20. FILED June 13, 1936 Leanna A. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-36

22. I HEREBY CERTIFY, That I attended deceased from 6/10/36 to 6/14/36, 1936
I last saw ~~him~~ alive on 6/11/36, 1936. Death is said to have occurred on the date stated above, at 1:45 am.
The principal cause of death and related causes of importance were as follows:

apoplexy (Coronary) 6/11/36
Date of onset

Other contributory causes of importance

Name of operation None Date of None
What test confirmed diagnosis? None 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) Geo. Moore M. D.
Reed Low (Address)

