

JUL 28 1936

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

Do not use this space.

25158

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 3038
City Marshall, Mo. St. W. Jackson Ward

File No. _____
Registered No. 127

2. FULL NAME

Wilson Joe Knox
(a) Residence, No. W. Jackson 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 5 20

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

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) Marshall, Mo.

13. NAME Charles Knox

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

15. MAIDEN NAME Grace Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

17. INFORMANT (ADDRESS) Mr. Charles Finley
668 W. Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Cannell DATE June 25, 1936

19. UNDERTAKER (ADDRESS) J. L. Gibson
Marshall, Mo.

20. FILED June 24, 1936 Heleah Huston
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1936

22. I HEREBY CERTIFY That I attended deceased from June 22, 1936, to June 23, 1936
I last saw him alive on June 23, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Acute enteritis Date of onset 6/19/36

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chlorine 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) Edgar A. Belfer M.D.
(Address) Marshall, Mo.

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.

