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

AUG 31 1936

Do not use this space.

File No. 29668

Registered No. 28

1. PLACE OF DEATH

County Warren

Township Camphranch

City ..... (No. ..... St. ..... Ward)

Registration District No. 881

Primary Registration District No. 6175

2. FULL NAME Caroline Mary Knipmeyer

(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 Female

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 Fred Knipmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	2	14	

OCCUPATION

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

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) Near Warrenton, Missouri.

FATHER

13. NAME Conrad Bebemeyer

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

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Roy Knipmeyer Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Warrenton City Cem DATE 7/26th 1936

19. UNDERTAKER (ADDRESS) F. W. Hickman Warrenton Mo

20. FILED July 27 1936 A. W. Hickman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 24, 1936

I last saw her alive on July 19, 1936. Death is said to have occurred on the date stated above, at 4:30 A.m.

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

Cerebral Hemorrhage Apoplexy

Date of onset 7/19/36

Other contributory causes of importance: 87 Al

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? No

If so, specify .....

(Signed) H. A. Clarenbach, M. D.

(Address) Wright City Mo

[illegible] in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.