

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 2 1936

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

Recherker
Do not use this space.

36389

1. PLACE OF DEATH
 County Scotland Registration District No. 810
 Township Jefferson Primary Registration District No. 6055
 City Jefferson (No.) St. Ward

2. FULL NAME Eliza May Knight
 (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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.S. Knight
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 2
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Schuyler Va
 MOTHER FATHER
 13. NAME King H. Lasley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 15. MAIDEN NAME Eliza Phillip
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT J.S. Knight
 (ADDRESS) Memphis Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friendship DATE Sept 8 1936
 19. UNDERTAKER Leath & Ashwin
 (ADDRESS) Memphis Mo
 20. FILED SEPT - 1936 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1936
 22. I HEREBY CERTIFY, That I attended deceased from July 4 1936 to Sept 6 1936
 I last saw him/her alive on Sept 6 1936 Death is said to have occurred on the date stated above, at 10:00 AM
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast
 Date of onset
 Other contributory causes of importance:
Chronic Interstitial Nephritis
 Name of operation Date of
 What test confirmed diagnosis 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) A.M. Meethler, M. D.
 (Address) Memphis Mo

