

WHITE 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.

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

Do not use this space.

NOV 22 1936

37111

1. PLACE OF DEATH
 County Clay Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City _____ St. _____ Ward _____

2. FULL NAME John P. Knight (No. _____)
 (a) Residence, No. Liberty Mo. R# 2 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 106
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 6 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic

10. Date deceased last worked at this occupation (month and year) 5 years 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

13. NAME Franklin Knight

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

15. MAIDEN NAME Louisa Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs. Harry D. Oates

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 10/20/36

19. UNDERTAKER (ADDRESS) Chubb's Undertaker Co

20. FILED 10/20/36 ET

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1936, to Oct. 19, 1936
 I last saw him alive on Oct. 19, 1936 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Edema of lung
Coronary Sclerosis
General Atherosclerosis 1916
 Other contributory causes of importance:
None

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) Burton Hattery, M. D.
 (Address) Liberty Mo.

