

DEC 3 1936

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

Do not use this space.

38701

1. PLACE OF DEATH

County Platte
Township Pettis
City (No. _____) _____

Registration District No. 695
Primary Registration District No. 5922

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

2. FULL NAME

(a) Residence, No. Rudolph Knoth _____ Ward _____
(Usual place of abode) Parkville Mo. St.

Length of residence in city or town where death occurred 7 1/2 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Knoth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29-1857</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>6</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>George Knoth</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Katharine Kerschner</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Mattie Knoth Parkville Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>German cemetery Oct 17 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Noland Undertaking Co Parkville Mo</u>	
20. FILED <u>Oct. 21 1936 S. P. Ford Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 1936

22. I HEREBY CERTIFY, that I attended deceased from Sept 15 - 1936 to Oct 11 1936
I last saw him alive on Oct 10 1936 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Tumor in bladder probably Malpignant. Date of onset _____

Other contributory causes of importance:
Stroke by

Name of operation _____ Date of _____
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) J. J. Underwood, M. D.
(Address) Parkville

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.

Page 10 of 10