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.

JAN 19 1937

--45028

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 5812

City Kansas City (No. 3754, Flora St. Ward)

2. FULL NAME Annie Lloyd Knox

(a) Residence, No. 3754 Flora St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Male~~ | 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 Fred T. Knox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS about 70 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Wisconsin

FATHER

13. NAME Robert D. Lloyd

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

MOTHER

15. MAIDEN NAME Annie Williams

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

17. INFORMANT Fred T. Knox
(ADDRESS) 3754 Flora, Kansas City, Missouri

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Illinois
PLACE East St. Louis, DATE Dec. 30 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Dec 29, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Decembe 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936 to Dec 29, 1936

I last saw her alive on Dec 29, 1936. Death is said to have occurred on the date stated above, at A. m. 9:45

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

Myocarditis chronic
Arterial Hypertension,
Possible Carcinoma of
stomach,

Date of onset

Other contributory causes of importance:

Myocarditis Arterial
Hypertension

Name of operation — Date of

What test confirmed diagnosis? Clinical findings — Was there an autopsy? N.D.

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? N.D.

If so, specify

(Signed) M. Klinck, M. D.

(Address) 5 & 2 Professional Bldg.