

MAR 13 1937

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

Do not use this space.

6569

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Third Primary Registration District No. 1002  
City Kansas City (No. St. Luke's Hospital)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

George H. Knowles

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Grandview, Mo.  
(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 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 Edith Knowles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 7 28

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

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) Feb 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. George H. Knowles (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parrest Hill Cem DATE 2/24 1937

19. UNDERTAKER E. R. George & Sons (ADDRESS) Grandview Mo

20. FILED 2/22 37 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to Feb 21, 1937. I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 2 a. m. The principal cause of death and related causes of importance were as follows:

Infectious  
Cardiac Failure due  
to Aortic Regurgitation  
hypertension

Other contributory causes of importance:  
34

Name of operation none 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) Edwin W. Williams M. D.  
(Address) 612 Prof Bldg - 1st Fl. Neb

A. S.—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.

