

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

Do not use this space.

MAR 23 1937

1. PLACE OF DEATH

County Monroe Registration District No. 582 File No. 7319
 Township _____ Primary Registration District No. 4344 Registered No. 8
 City Paris, Missouri (No. _____) St. _____ Ward _____

2. FULL NAME

Basil Crockett Knight
 (a) Residence, No. _____ St. _____ Ward Columbia Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Ann Knight</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1871</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mule Dealer</u>	
	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) <u>Jan. 7, 1937</u>	
	11. Total time (years, months, and days) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co., Mo.</u>		
FATHER	13. NAME <u>James Knight</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Susan Mc Murray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co., Missouri</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>M. C. Mc Murray Paris, Missouri</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Zion, Boone Co.</u> DATE <u>2/28 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Waltt Funeral Home Columbia Mo.</u>		
20. FILED <u>FEB 25 1937</u> <u>H. C. Payne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 25 1937 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 26, 1937
 I last saw him alive on Feb 26, 1937 Death is said to have occurred on the date stated above, at 6:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Heart
Knows
 Other contributory causes of importance:
Chronic Bright Disease
 131

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) M. C. Mc Murray M. D.
 (Address) Paris, Missouri

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.

1. The first part of the document is a list of names and addresses of the members of the committee.

MEMBERS

Mr. J. H. ...
Mr. ...

The committee has the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

Very respectfully,
Your obedient servant,
J. H. ...

Attest:
Secretary

Wm. ...

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