

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

Do not use this space.

15184

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 297

Township Law

Primary Registration District No. 1002

City Texas City, Mo.

No. 120 Garland

File No. _____

Registered No. 117213

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode) Kansas City, Mo.

Ward. _____

(If nonresident, give city or town and State)

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

Budget Dawson

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

April 7, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

0

10

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

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)

Danville, Ind.

13. NAME

John Knowlton

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

Delaware

15. MAIDEN NAME

Miss Knowlton

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

Miss Knowlton

17. INFORMANT (ADDRESS)

Miss Budget Dawson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Funeral Home

DATE

April 13, 1937

19. UNDERTAKER (ADDRESS)

W. H. Mays

20. FILED

Apr 11, 1937 M. H. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10 - 1927, to April 11 - 1927

I last saw him alive on April 11 - 1927 Death is said

to have occurred on the date stated above, at 4 a. m.

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

senility

Chronic Myocarditis

Coronary Occlusion

Other contributory causes of importance:

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) Earl Van Jones, M.D.

(Address) 2516 Elmwood

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.

