

MAY 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Mississippi  
East Prairie

Registration District No.

Primary Registration District No.

5-67  
4834

File No.

Registered No.

16998  
31

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Agnes Knapp  
East Prairie

Length of residence in city or town where death occurred

39 yrs. 4 mos. 19 ds.

How long in U. S., if of foreign birth?

(If nonresident, give city or town and State)  
yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

F.

W.

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wm. Knapp

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

Sept 11, 1897

7. AGE

YEARS

MONTHS

DAYS

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

39

39

4

19

OCCUPATION

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

Restaurant

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)

April 19, 1937

11. Total time (years) spent in this occupation

10

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

Mississippi Co Mo

FATHER

13. NAME

Ben Ishmael

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

Mississippi Co Mo

MOTHER

15. MAIDEN NAME

Gennie Calvin Mo

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

Unknown

17. INFORMANT

(ADDRESS)

Woodson P. Smith (Son)  
East Prairie, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Grove

DATE

4-12-37

19. UNDERTAKER

(ADDRESS)

Travis Shelly  
East Prairie

20. FILED

April 10, 1937

Duff M. Hodges  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

August, 19....., to

August, 19....., 19.....

I last saw him alive on

August, 19....., 19.....

Death is said to have occurred on the date stated above, at 12:30 m.

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

was murdered by pistol shot in head

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury April 10, 1937

Where did injury occur? murdered - East Prairie, Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

In his home or restaurant, East Prairie

Manner of injury was murdered by pistol

Nature of injury shot in head

24. Was disease or injury in any way related to occupation of deceased

No

If so, specify

(Signed) Frank J. Vernon, M. D.

(Address) Charleston Mo Corcoran

