

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 26761
Township Washington Primary Registration District No. 5127 Registered No. 49
City St. Joseph (No. County Infirmary) St. _____ Ward _____

2. FULL NAME Wade Knapp(a) Residence, No. County Infirmary St. _____ Ward _____

(Usual place of abode)

(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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Maggie Knapp6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 18697. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector (Ret)9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. & Q. R. R. Co.10. Date deceased last worked at this occupation (month and year) no more 6 yrs. 11. Total time (years) spent in this occupation 30 yrs.12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kansas13. NAME Samuel S. Knapp14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown17. INFORMANT Raymond Knapp
(ADDRESS) Burlington Jct Mo.18. BURIAL, CREMATION, OR REMOVAL City CemeteryPLACE St. Joseph Mo. DATE July 31, 193719. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union St. St. Joseph Mo.20. FILED July 30, 1937 B. H. Tadlock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 193722. I HEREBY CERTIFY, That I attended deceased from July 20, 1937, to July 29, 1937I last saw him alive on July 28, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

High cholesterol

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy Ex 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? _____

If so, specify _____

(Signed) James Thomas, M. D.(Address) 721 Larson

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.

