

AUG 24 1937

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

Do not use this space.

27309

## 1. PLACE OF DEATH

County Henry

Township

City Windsor (No. \_\_\_\_\_)Registration District No. 14Primary Registration District No. 4277

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

Registered No. 20

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME David Smith Knoles

(a) Residence, No. \_\_\_\_\_

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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFMrs. Nancy Summers Knoles

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

Oct. 6, 1853

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.83827

## OCCUPATION

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

General labor

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)

Ohio

## FATHER

13. NAME Scott Knoles

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

## MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

""

## 17. INFORMANT

(ADDRESS)

Dave KnolesWindsor, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Windsor, Mo.DATE July 5, 1937

## 19. UNDERTAKER

(ADDRESS)

Huston-TurnerWindsor, Mo.

## 20. FILED

July 5, 1937Windsor, Mo.J. A. BlevinsRegistrar

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1937, to July 9, 1937I last saw him alive on July 9, 1937. Death is saidto have occurred on the date stated above, at 10:45 p m

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

Chronic Nephritis & Valvular Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? clinical and chemical 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 1

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. A. Blevins

, M. D.

(Address) Windsor, Mo.

WHITE PLAIN WITH UNLOADING INK--THIS IS A PERMANENT RECORD

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.

