JAN 17 1938

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

Do not use this space.

44339

File No.

Registered No. 5242

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City (No. 3622 E. Roanoke St. Ward)

2. FULL NAME Robert William Knowles

(a) Residence, No. 3622 E. Roanoke St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 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 Bessie Naomi Knowles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1881

7. AGE: Years 56 | Months 3 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation 20 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg Ill. 7

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Hortie Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT Mrs. R. W. Knowles
(ADDRESS) 3622 Roanoke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Wash. DATE Dec. 27, 1937

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)

20. FILED 12-27, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw Deputy Coroner alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:45 m.

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

	Date of onset
Coronary Sclerosis	
Coronary Thrombosis 9 yrs B	
Cerebral Encephalomalacia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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 ....., 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) Russell W. Sevy, M. D.

(Address) [illegible]

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.

JUN 1 9 1948