

JAN 25 1938

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

Do not use this space.

46358

~~47118~~

27

1. PLACE OF DEATH

County Wayne  
Township Last Creek  
City Wappapello (No. ....)

Registration District No. 892  
Primary Registration District No. 6189

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. 7 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
7

OCCUPATION 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) Wappapello, Mo.

FATHER 13. NAME Virgil Louis Knadell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wappapello, Mo.

MOTHER 15. MAIDEN NAME Lorraine Knadell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Ark.

17. INFORMANT (ADDRESS) Puxico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wappapello, Mo. DATE 12-25 1937

19. UNDERTAKER (ADDRESS) Greenville, Mo.

20. FILED Dec. 25 1937 M. H. McShue Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1937 to Dec 1937

I last saw him alive on Dec 18 1937. Death is said

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

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

Premature Birth Date of onset

Other contributory causes of importance:

Name of operation 151 Date of 12-24-37

What test confirmed diagnosis? ..... 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 12-24-37, 1937

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 151

Nature of injury 151

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

If so, specify

(Signed) E. G. Edmund M. D.

(Address) Puxico, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

