

**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. 85

Township.....

Primary Registration District No. 1001

City.....St. Joseph.....

(No. 1514 Charles.....

File No. 2040

Registered No. 18

St. Ward)

2. FULL NAME

Chester Knight 523

(a) Residence, No. 11514 Charles St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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 Florence Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1883.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 21

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

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

10. Date deceased last worked at this occupation (month and year) July 1937. 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) East Fork (STATE OR COUNTRY) Kentucky

13. NAME Lucien Knight

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

15. MAIDEN NAME Mary V. Pullum

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

17. INFORMANT Sallie Knight (ADDRESS) 1514 Charles Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemt. St. Joseph, Mo. DATE Jan. 7, 1938

19. UNDERTAKER H. O. Sidenfaden and Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 7-7 19 38 A. Nuttall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1937 to Jan 1, 1938

I last saw him alive on Dec 31, 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Acute myocardial infarction Date of onset Dec 31, 1937

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis Cholesterol Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19.....

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None FEB 21 1938

Name of injury None

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

If so, specify None

(Signature) W. J. Harrison M. D.

(Address) 218 02 1st St

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.

