REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No. 7587
Township — Primary Registration District No. 5812 — Registered No.
City Seneca Mo R 2 (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth Kneib 510
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Frank M. Kneib

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	8	25	

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kenney Pennsa
13. NAME Jacob McKitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

MOTHER
15. MAIDEN NAME Caroline Craty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

17. INFORMANT (ADDRESS) Clyde Kneib Seneca Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo. DATE 3-2 1938
19. UNDERTAKER (ADDRESS) W W Burgard Seneca Mo.
20. FILED Mar 2 1938 Merle Sparlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1938 to Feb. 27 1938
I last saw her alive on Feb 27 1938 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
21	

Other contributory causes of importance:
Chronic pancreatitis Malignant Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) T. B. Dueitley, M. D.
(Address) Seneca Mo

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