

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

Do not use this space.

REC'D MAY 18 1938

14179

1. PLACE OF DEATH

County Caldwell
Township Davis
City Braymer (No. _____)

Registration District No. 592
Primary Registration District No. 5138

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME James Thomas McKnight

252

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mary E. McKnight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1872

7. AGE YEARS 65 MONTHS 3 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Aug 1, 1925

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri

13. NAME Andrew Jackson McKnight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

15. MAIDEN NAME Sarah Ellen Mount

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

17. INFORMANT (ADDRESS) Sam McKnight Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE 4/28/38 19. _____

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo

20. FILED Apr 28 1938 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1938, to April 25, 1938
Last saw him alive on April 25, 1938. Death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 a. m.

Date of onset 4-26-38

Other contributory causes of importance: Cardiac Insufficiency arteriosclerosis

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) John P. Crank M.D.
(Address) Braymer, Missouri

77 (Address) _____

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.

1938-4-26
S-681
H-26
11:57