

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

17329
Do not use this space.

1. PLACE OF DEATH **REC'D JUN 9 1938**
 (a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2 C Gen Hosp Registered No. 2026
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. s. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward J. Knight 523
 (a) Residence, No. 4201 Wabash St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Knight
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 2 —
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) See
 FATHER 13. NAME Wm G. Knight 9
 14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) New York
 MOTHER 15. MAIDEN NAME Elyse Redcliff
 16. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) unknown
 17. INFORMANT (ADDRESS) De w d Clark
2 C Gen Hosp Pic m
 18. BURIAL, CREMATION, OR REMOVAL Forest Hill DATE 5-17-38
 19. FUNERAL DIRECTOR (ADDRESS) Bentley Mortuary
811 1st St
 20. FILED May 16 1938 m. m. Grose
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1938
 I HEREBY CERTIFY, That I attended deceased from 5-5 1938 to 5-15 1938
 I last saw him alive on 5-15 1938 Death is said to have occurred on the date stated above, at 5:15 am
 The principal cause of death and related causes of importance were as follows:
Confluent Broncho pneumonia
 Date of onset
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? yes
 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) P. J. De Maria, M. D.
 (Address) Subt 2 C Gen Hosp Pic

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)