

REC'D JUN 9. 1938

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

18078

Do not use this space.

1. PLACE OF DEATH *Cole*

(a) County *Cole* Registration District No. *213*

(b) Township *Jefferson City* Primary Registration District No. *3014* Registered No. *161*

(c) City *Jefferson City* (d) Street No. *St Marys Hospital* (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. *6* How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME *Al Knight 523*

(a) Residence, No. *214 Madison St. J.C.M.O.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male*

4. COLOR OR RACE *w*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) *Oma Knight*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
67 6 12

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Real estate*

9. Industry or business in which work was done, as saw mill, bank, etc. *Real estate*

10. Date deceased last worked at this occupation (month and year) *Retired*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Parker, Ind.*

FATHER

13. NAME *John Knight*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

MOTHER

15. MAIDEN NAME *Standley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

17. INFORMANT *Oma Knight*
(ADDRESS) *214 Madison St. J.C.M.O.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Riverview* DATE *5/25/38*

19. FUNERAL DIRECTOR *Breacher Funeral Home*
(ADDRESS) *Jefferson City Mo.*

20. FILED *5/25/38* *Subs. of M.O.*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23 1938*

22. I HEREBY CERTIFY, That *he* attended deceased from *1-10*, 1930, to *5-23*, 1938. I last saw him die on *5-23*, 1938. Death is said to have occurred on the date stated above, at *2:40 a.m.*

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

arteriosclerosis
chronic passive congestion
pneumonia
bronchopneumonia

Date of onset *1930*

Other contributory causes of importance:

Name of operation Date of
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 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) *J. G. Gillham* M. D.
(Address) *Jefferson City Mo.*

APR 13 1942

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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