

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.

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

Do not use this space.

REC'D JUN 17 1938

18970

**1. PLACE OF DEATH**

County *new modid*

Registration District No. *604*

File No. ....

Township .....

Primary Registration District No. *58-1-2*

Registered No. ....

City *new modid* (No. *4358*)

St. .... Ward) .....

**2. FULL NAME**

*Margaret B. Knox*

*520*

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

(Usual place of abode)

(If nonresident, give city or town and State)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 13 1938*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Albert Knox*

22. I HEREBY CERTIFY That I attended deceased from *5/1 1938* to *6/13 1938*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 16 1884*

I last saw him alive on *6/13 1938* Death is said to have occurred on the date stated above, at *3:25 a. m.*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>54</i>	<i>3</i>	<i>27</i>	

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

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.....

*(1) Cancer - abdominal - within of transverse colon at stomach* Date of onset *1930*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *new modid Mo.*

Other contributory causes of importance: *(1) Starvation*

13. NAME *John Brannon*

Name of operation *Laparotomy* Date of *?*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *new modid Mo.*

What test confirmed diagnosis? *none* Was there an autopsy? *no*

15. MAIDEN NAME *Armasia Parish*

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. ....

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

Manner of injury..... Nature of injury.....

17. INFORMANT *Christine Thompson* (ADDRESS) *new modid Mo*

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *new modid* DATE *June 14 1938*

If so, specify..... (Signed) *W. M. Johnson*, M. D.

19. UNDERTAKER *Richards & Ward Co.* (ADDRESS) *new modid Mo*

20. FILED *6/14 1938* *Wm O'Bannon* Registrar.

*533* (Address) *Box 43 New Modid Mo*

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