REC'D JUN 17 1938

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

Do not use this space.

19171

File No. 152
Registered No. 668

1. PLACE OF DEATH
County: Pettis
Township: Sedalia
City: Sedalia (No. ..., ... St. ... Ward)

Registration District No. 668
Primary Registration District No. 3232

2. FULL NAME: William A. Knuth 536

(a) Residence, No. 1427 South Park 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

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: Mrs. Mabel Knuth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 28, 1870

7. AGE: Years 67 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman
10. Date deceased last worked at this occupation (month and year): January, 1938
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Frederick Knuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany

MOTHER
15. MAIDEN NAME: Caroline Hinze
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Mrs. Mabel Knuth 1427 South Park, Sedalia,

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Wyuka Cemetery Lincoln, Neb. DATE: 5/18 1938

19. UNDERTAKER (ADDRESS): Duane Ewing Sedalia, Mo.

20. FILED 5-18-1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1937, to May 16, 1938
I last saw him alive on May 16, 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Uremia	May 1938
2. Acute parenchymatous nephritis	

Other contributory causes of importance:
Stricture of common bile duct. 1936

Name of operation: — Date of:
What test confirmed diagnosis? Clinical 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) Charles D. Johnson, M.D.
(Address) 113½ E. 4th St., Sedalia Mo.

NOTE: Every item of information should be carefully supplied. Not should be stated. Particular attention to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Osborne
Kahn Bldg.

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