

REC'D JUL 20 1938

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

22153

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township Joplin Primary Registration District No. 3021 Registered No. 44
(c) City Webb City (d) Street No. _____
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM LEE KNIGHT

(a) Residence, No. 1802 1/2 Main Joplin, Mo. 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 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 Mamie Knight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 2 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner + mill worker
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salina Kansas13. NAME George Knight14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Martha Jean16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mrs Mamie Knight 1802 1/2 Main St. Joplin Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Crest Park DATE June 23 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Lanphear Mortuary Joplin, Missouri20. FILED JUNE 23; 38 19 J. P. Schick M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19 193822. I HEREBY CERTIFY, That I attended deceased from June 3 1938 to June 18 1938I last saw him alive on June 18 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.

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

Pulmonary Tuberculosis Date of onsetSilicosisOther contributory causes of importance: 22 IN

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was 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? yeIf so, specify Miner (Signed) W. M. Kimmel M. D.777 (Address) Joplin, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, F M Jones

....., or by

Registered Apprentice No., working under my personal supervision.

* Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.)

If this body is not embalmed, above space should be left blank.