

By R.L. Conrad

REC'D AUG 7 5 1938

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

26005  
Do not use this space.

1. PLACE OF DEATH

(a) County *New Madrid* Registration District No. *607*

(b) Township *Portageville* Primary Registration District No. *7361* Registered No. *77*

(c) City *Portageville Mo.* (d) Street No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred *36* yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *John Franklin Knight* 5991

(a) Residence, No. *Portageville Mo.* St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *mo.* 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 *Laura Knight*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 10 - 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*78* " *4* *16*

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

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) *Spain* *Ill.*

FATHER

13. NAME *James Knight*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

MOTHER

15. MAIDEN NAME *Do not know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

17. INFORMANT (ADDRESS) *Laura Knight*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portageville* DATE *July 28* 19*38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *H. S. Smith* *Carrollville Mo.*

20. FILED *8-6* 19*38* *Mary W. Cook* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26, 1938*

22. HEREBY CERTIFY, That I attended deceased from *July 24, 1938, to July 26, 1938.*

I last saw him alive on *July 26, 1938.* Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

*Infirmities of age* Date of onset *162*

Other contributory causes of importance: *Heat Exhaustion 7-20-38*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *none* 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) *Roymond C. Conrad* M. D. (Address) *Portageville, Mo.*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**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, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**