JAN 14 1939

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

Do not use this space. 42358

1. PLACE OF DEATH

(a) County Buchanan,

(b) Township

(c) City St. Joseph,

(d) Street No. St. Joseph's Hospital, St.
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 85

Primary Registration District No. 1001

Registered No. 1238

11 5 7

2. PRINT FULL NAME 529 Thomas Lawrence Knight,

(a) Residence, No. 2602 Seneca St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ May Knight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19, 1871

7. AGE: Years 67 | Months 0 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) December 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Illinois,

FATHER

13. NAME John Knight,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

MOTHER

15. MAIDEN NAME Bridget Walsh,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

17. INFORMANT Mrs Nora A. Mooney
(ADDRESS) 2602 Seneca Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE Dec. 14th., 1938

19. FUNERAL DIRECTOR (NAME) Heale-Berole & Bowman
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 12/13 1938 W. Neukebusch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1938, to Dec. 10, 1938

I last saw h~~im~~er alive on Dec. 10, 1938. Death is said to have occurred on the date stated above, at 10:50 a.m.

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

	Date of onset
Myocardial infarction (Coronary)	Dec 6, 8
Secondary to Empyema of gall bladder	1938
Empyema Gall bladder	Dec 1-8
Chr. anemia	1937.
Cirrhosis of liver	

Other contributory causes of importance:

Name of operation None 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) Frank H. Lenger, M. D.

(Address) Nicholas Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Dec. 10, 193

—, or by —,

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

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 S. 10th St Joseph

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.