

70 FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County Harrison  
Township Bethany  
City 592

Registration District No. 384  
Primary Registration District No. 4197

File No. 2413  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles W. Knott

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cara M. Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

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) Jan, 1939 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hatfield Mo

13. NAME Andrew J. Knott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Ind

15. MAIDEN NAME Ella La Bee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delevan Ill

17. INFORMANT Charles W. Knott (ADDRESS) Bethany Mo

18. BURIAL, CREMATION OR REMOVAL Sanjour Ga DATE 1/13 39

19. UNDERTAKER W. R. Ragan (ADDRESS) Bellevue Mo

20. FILED 1-22- 1939 Bellevue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1939 to Jan 11 1939

Last saw him alive on Jan 11 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Heart failure due to fatty muscle degeneration Date of onset \_\_\_\_\_

Other contributory causes of importance: None

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

What test confirmed diagnosis? \_\_\_\_\_ 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) W. R. Ragan, M.D.

(Address) Bellevue Mo

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.

