

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

2493
Do not use this space.

1939 FEB 7

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
 (b) Township _____ Primary Registration District No. 4227 Registered No. _____
 (c) City West Plains, Mo. (d) Street No. Christa Hogan 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. 7 ds. (f) How long in U. S., if of foreign birth?) yrs. mos. ds.

2. PRINT FULL NAME EDWARD LEROY KNOX

(a) Residence, No. South Fork, 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 Laura Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 20

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) Dec. 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Mo.

13. NAME Francis Marion Knox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Ind.

15. MAIDEN NAME Rhode P. Haynes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT W.P. Knox (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion, Cem. PLACE South Fork, Mo. DATE Jan 5, 1939

19. FUNERAL DIRECTOR Thornburgh Funeral Home (ADDRESS) West Plains, Mo.

20. FILED 1-5-39 Vida W. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 19 39

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1938, to Jan. 3 1939

I last saw him alive on Jan. 3 1939 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Lobar Pneumonia Date of onset see 2-7-39

Other contributory causes of importance: Without Requirement

Name of operation None Date of _____
 What test confirmed diagnosis? Examination of the throat autopsy? _____

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? _____
 If so, specify _____

(Signed) W. H. Boyer M. D.
 (Address) West Plains, 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.

WHITE PLAINLY, WITH CAPABILITIES

I X12004

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Hal Thornburgh
Licensed Embalmer No. 3408

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.)