

REC'D MAY 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County Rutler
Township Neely
City Poplar Bluff, Mo. (No. _____)

Registration District No. 88
Primary Registration District No. 5730

File No. 14384
Registered No. 16
St. _____ Ward _____

2. FULL NAME Billy Ray Knight

(a) Residence, No. _____ St. _____ Ward Neelyville, Missouri
(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. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1937

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Neelyville, (STATE OR COUNTRY) Missouri

FATHER 13. NAME Orville Ray Knight

14. BIRTHPLACE (CITY OR TOWN) Neelyville, (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dorothy Marie Lano

16. BIRTHPLACE (CITY OR TOWN) Neelyville, (STATE OR COUNTRY) Missouri

17. INFORMANT Father (ADDRESS) Neelyville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Neelyville, Star Pt. DATE April 11, 1939

19. UNDERTAKER Bluck's Mortuary (ADDRESS) Corning, Arkansas

20. FILED 4-15 1939 E. Lauterfelt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to April 10, 1939

I last saw him alive on April 10, 1939 Death is said

to have occurred on the date stated above, at 1:00 P.m.

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

Bacillus Dysentery Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) J. W. McPheters, M. D.

(Address) Poplar Bluff, Missouri

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.

