

Dr. Chapman

REC'D MAY 18 1939

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

15742
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 663
(b) Township Vergenia Primary Registration District No. 8872
(c) City Steele (d) Street No. _____ Registered No. _____
(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.

2. PRINT FULL NAME

(a) Residence, No. 230 Clyde Hazel Knight 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/17-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 4 7

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

13. NAME Chester Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carbone

15. MAIDEN NAME Mary Arbella Hare

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

17. INFORMANT (ADDRESS) Chark Knight
Steele, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery 4-25-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Smith
Caruthersville, Mo.

20. FILED 378 39 St. Chapman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1939, to 4-25, 1939

I last saw him alive on 4-24, 1939. Death is said to have occurred on the date stated above, at 4:15a.

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

Flu
pneumonia

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. R. Chapman, M. D.

(Address) Steele, 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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 39-32

Date Filed 5-10-32

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

Neal C. Deau

Licensed Embalmer No. 3941

P. O. Address Conithersville Mo

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.