

REC'D SEP 21 1939

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

29007
Do not use this space.

1. PLACE OF DEATH

(a) County Daniels Registration District No. 253
(b) Township Lock Springs Primary Registration District No. 5051 Registered No. 7
(c) City Lock Springs (d) Street No. 2153 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.

2. PRINT FULL NAME

Byrdon Knickerbocker
(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWER, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1869

7. AGE YEARS 71 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mail carrier
9. Industry or business in which work was done, as saw mill, bank, etc. from Dept to post office
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain, at age

13. NAME Wesley Knickerbocker

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Allice Knickerbocker
Lock Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Cem DATE Aug 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James P. Robinson
Lock Springs

20. FILED Aug 22 1939 Y. Minnich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939, to Aug 11 1939
I last saw him alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis
Date of onset _____
Other contributory causes of importance: 97

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 _____ 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) A. G. Minnich M. D.
Lock Springs (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-9-19-36
I X 16605

RECEIVED

District Health Officer No. 111

District No.

Date

939-1225
SEP 19 1939

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

A. L. Roberson

Licensed Embalmer No.

3244

P. O. Address

A. L. Roberson

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.