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

Do not use this space.

File No. 1169
Registered No. 154

1. PLACE OF DEATH

County: Jackson — Registration District No. 399
Township: Blue — Primary Registration District No. 1002
City: Kansas City, Mo. (No. 6001 E. 8th. St. ... Ward)

2. FULL NAME Marion Leroy Knight 523

(a) Residence, No. 6001 East 8th, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11, 1940

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 45 min.
	X	X	X	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XXXXXX

10. Date deceased last worked at this occupation (month and year) XXXXXX — 11. Total time (years) spent in this occupation XXXXX

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

FATHER

13. NAME John Arthur Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas.

MOTHER

15. MAIDEN NAME Lena Byers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Kansas.

17. INFORMANT (ADDRESS) Mr. John Arthur Knight 6001 East 8th, KC. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cemetery DATE January 13, 40

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Independence Ave. K.C. Mo.

20. FILED Jan. 12, 40 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1 - 11, 1940, to 1 - 12, 1940
I last saw him alive on AM - 1-12, 1940 Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

Failure of Formen, 5TC
age of seven - 1STC
Pulmonary Congestion

Date of onset

Other contributory causes of importance:
Premature birth
(7½ month approximately)
Under development

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. P. Fielding M. D.
(Address) 5406 Independence Ave. K.C. 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.