

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11830

State File No. _____

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

72

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile south of New Madrid Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community in June 1902
years, months or days about 500)

3. (a) PRINT FULL NAME William Duffield Knott

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex M 5. Color or race WHITE 8. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA EARLY KNOTT 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 25 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace St Joseph Co Ind
(City, town, or county) (State or foreign country)

10. Usual occupation LUMBERMAN

11. Industry or business BUSINESS

MOTHER FATHER
12. Name Asa Knott
13. Birthplace St Joseph Co Ind
(City, town, or county) (State or foreign country)
14. Maiden name CAROLINE DUFFIELD
15. Birthplace WASHINGTON Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Knott
(b) Address New Madrid, MO

17. (a) Burial (b) Date thereof Feb 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation, New Madrid

18. (a) Signature of funeral director Producers Ind Co
(b) Address New Madrid, MO

19. (a) 3/28/1940 (b) Wm O Barnes 533
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 South of New Madrid on Highway 67
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour 7:00 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 22 1940 to Feb 22 1940
that I last saw him alive on Feb 22 1940
and that death occurred on the date and hour stated above

Immediate cause of death myocardial infarction

Due to acute dilatation due to over exertion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 H

Major findings: Of operations _____
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. L. Goffe (M. D. or other) 1
Address New Madrid MO Date signed 2-25-40

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.....

Leo A. Hedges....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leo A. Hedges*.....

Licensed Embalmer No. *3803*.....

P. O. Address *W. Madrid 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.