

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

Do not use this space.

14255

**JUN 24 1927**

**1. PLACE OF DEATH**

County..... Buchanan  
 Township.....  
 City..... St. Joseph

Registration District No. 85  
 Primary Registration District No. 10C1  
 (No. St. Joseph's Hospital.)

File No.....  
 Registered No. 547  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rosalia Kneib.

(a) Residence. No. St. Joseph Mo. R.R. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11, 1859.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 9 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife.  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cosby  
 (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Joseph Pankau  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Germany.  
 12. MAIDEN NAME OF MOTHER Rosalia Pankau  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Germany.

14. INFORMANT Joseph Kneib.  
 (Address) St. Joseph Mo. R.R. 1

15. FILED 23 1927 John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 19 27

*Wm. [Signature]* I HEREBY CERTIFY That I attended deceased from May 22, 1927 to May 27, 1927 that I last saw h. of alive on May 27, 1927 and that death occurred, on the date stated above, at St. Joseph, Mo.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Insomnia of brain

CONTRIBUTORY (SECONDARY) Intestinal Obstruction

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

5/21 (Signed) [Signature] M. D.  
May 27 1927 (Address) St. Joseph Mo.

\*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hurlinger Missouri. DATE OF BURIAL May 23 19 27

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union St.

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.

