

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. 16741
Township Warrensburg Primary Registration District No. 5588 Registered No. 41
City Warrensburg No. St. Ward

2. FULL NAME

Marvin Richard Knisely
(a) Residence, No. 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 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 Roma Knisely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20 - 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. filling station operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broken wreck
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Automobile wreck

12. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo

FATHER 13. NAME B. W. Knisely

14. BIRTHPLACE (CITY OR TOWN) Kerry Co. (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Emma Chastize

16. BIRTHPLACE (CITY OR TOWN) Wheatland (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) B. W. Knisely
Clinton - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Apr. 27, 1937

19. UNDERTAKER (ADDRESS) Sweeney Phillips
Warrensburg, Mo

20. FILED Apr. 26, 1937 Eva Pentz
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Date of onset

Broken wreck
Automobile wreck

Other contributory causes of importance:

Name of operation 7:10 AM 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? accident Date of injury Apr. 25, 1937

Where did injury occur? Johnson Co., Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On highway - 1 mi. N. of Warrensburg

Manner of injury Automobile wreck

Nature of injury Broken wreck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Bradley, M. D.

(Address) Warrensburg, Mo.

APR 17 1951