

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

Do not use this space.

18724

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1016 St. Union Star Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna L. Knight</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1856</u> | | |
| 7. AGE | YEARS <u>75</u> | MONTHS <u>9</u> |
| | DAYS <u>23</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gen. farming</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) <u>July, 1931</u> | |
| | 11. Total time (years) spent in this occupation <u>55 yrs.</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milburn Ind.</u> | | |
| FATHER | 13. NAME <u>Henry Knight</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ind.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ind.</u> | |
| 17. INFORMANT <u>J. Spencer Knight</u> (ADDRESS) <u>Amelia, Ind.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star Mo</u> DATE <u>June 10, 1932</u> | | |
| 19. UNDERTAKER <u>W. H. Williams</u> (ADDRESS) <u>King City, Mo.</u> | | |
| 20. FILED <u>III N</u> <u>8, 1932</u> <u>John R. Bender</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932 to June 8, 1932
I last saw him alive on June 4, 1932 Death is said to have occurred on the date stated above, at 2:10 A.M.
The principal cause of death and related causes of importance were as follows:
Peritonitis following operation Drainage of S.O.L. Bladder
Date of onset 4/6/32

Other contributory causes of importance:
Jaundice 1933

Name of operation Wall Bladder Date of 6/4/32
What test confirmed diagnosis? L Was there an autopsy? No

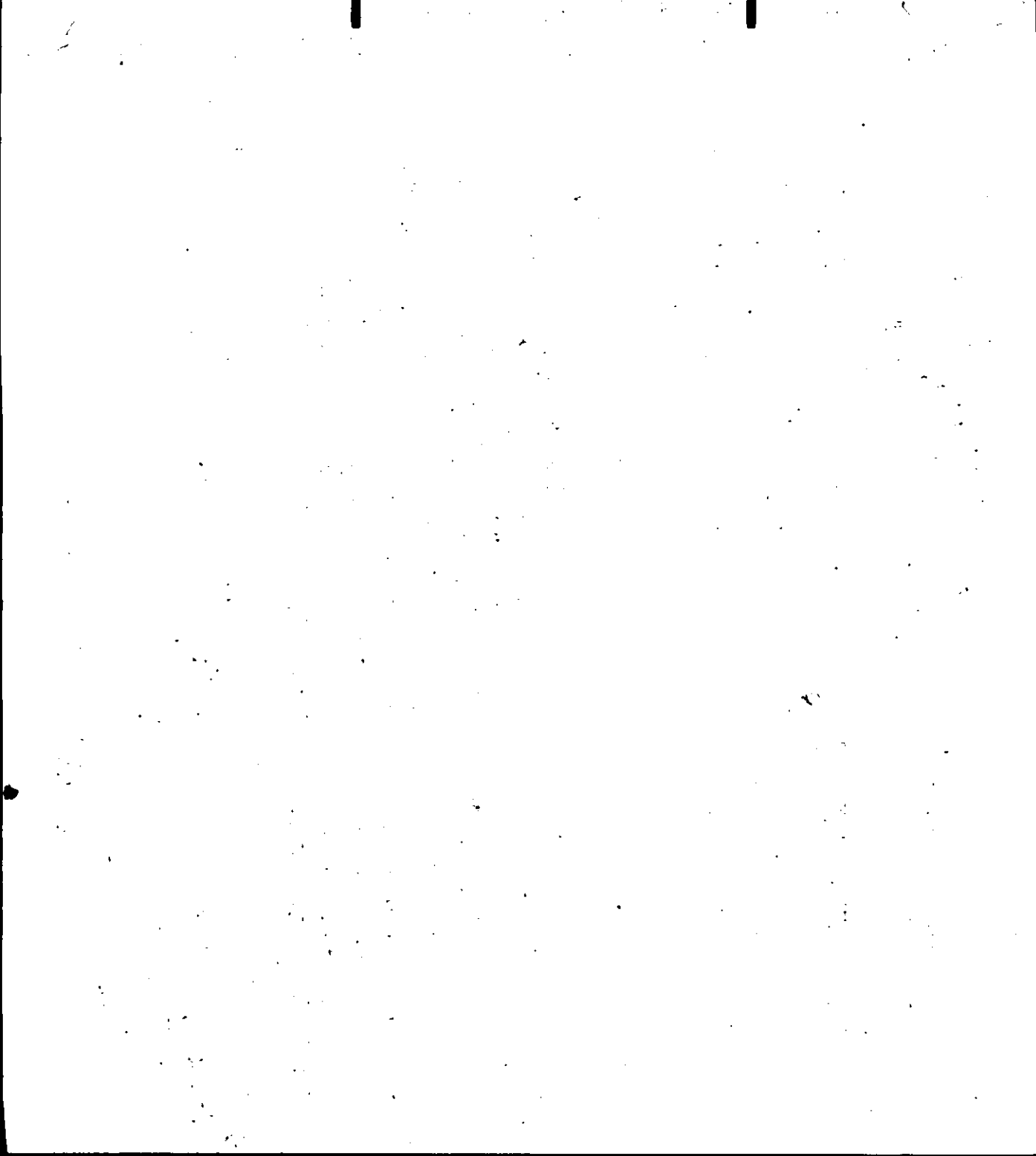
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify W. H. Williams
(Signed) E. M. Reynolds M. D.
(Address) Union Star Mo

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.

MO 21 1932



Dr. JAMES STEWART,
SPECIAL AGENT,

JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

85

#2

18724

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

558

Name: Frank H. Knight
Who died at St. Joseph (City) Osage (County) on June 8 (Date) 1932

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Peritonitis following operation - Drainage of Gall Bladder

Other contributory causes of importance: Jaundice

Name of operation: Supposed Gall Bladder Stone in

What test confirmed diagnosis? Direct Coercing Obstruction

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Ed M Reynolds M.D. Date of injury _____

Where did injury occur? _____
(Specify city or town, county, and State)

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

