FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City ~~Farmington, Mo.~~ (No. ....., ..., St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 2849
Registered No. 17

2. FULL NAME Lula Knotts Baker Stone

(a) Residence, No. Cape Girardeau, Mo. 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 999
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stoddard County
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Knotts
14. BIRTHPLACE (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) Dunklin County
(STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Hospital Cemetery DATE January 21, 1937
Farmington, Mo.

19. UNDERTAKER Neidert Undertaking Co.
(ADDRESS) Farmington, Mo.

20. FILED Jan 22, 1937 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to January 20, 1937
that I last saw him alive on January 20, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Influenza	1/12/37
Other contributory causes of importance: Bronchopneumonia	1/18/37

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.
(Address) Farmington, 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.