

30 1928

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

Do not use this space.

11916

1. PLACE OF DEATH

County Shannon Registration District No. 224  
Township Bonlow Primary Registration District No. 607  
City (No. 1) St. Mo. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

William Thomas Knuckles

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Knuckles

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928 to Mar 15 1928  
I last saw him alive on Mar 9 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 15 - 1872

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A

7. AGE YEARS 56 MONTHS 0 DAYS 0 IF LESS than 1 day, hrs. or min.

31 (duration) 1 yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Ellington (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER Dow Knuckles

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ellington (STATE OR COUNTRY) Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Knuckles Cemetery DATE OF BURIAL 3-16 1928

12. MAIDEN NAME OF MOTHER Esther Guets

20. UNDERTAKER None

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shannon (STATE OR COUNTRY) Mo.

14. INFORMANT Mary Knuckles (Address) Beulah Bend Mo.

15. FILED 3-15-1928 Frank Hyde MD REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

