

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.

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

Do not use this space.

17168

1. PLACE OF DEATH

89 County Ray Co
Township Fishing River
City (No)

Registration District No. 743
Primary Registration District No. 6237

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

David Knapp Michael

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mary Elizabeth Michael

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/24/1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Noble Co Ohio (STATE OR COUNTRY) 2

13. NAME William Michael

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

15. MAIDEN NAME Oliver Knapp

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

17. INFORMANT Oliver Cox (ADDRESS) Irish Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rifle Creek DATE 5/16 1932

19. UNDERTAKER C. D. Gibson (ADDRESS) Irish Mo

20. FILED May 10 1932 L. E. Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28 1932 to May 5 1932

I last saw him alive on May 4 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Date of onset

Pneumonia (Hypostatic)
116 115
62 115

Other contributory causes of importance:
General debility

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture 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) L. E. Ellis M. D.

(Address) Irish Mo

