

SEP 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30136

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

124

Township

Jackson

Primary Registration District No.

4070

City

No.

File No.

Registered No.

38

2. FULL NAME

Samuel Benjamin Mc Knight

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Minnie Mc Knight

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

Jan 10 1866

7. AGE

YEARS 70

MONTHS 6

DAYS 23

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retired

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) (STATE OR COUNTRY)

Cape Rader Missouri

FATHER

13. NAME

Robert O. Mc Knight

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

Lynchburg

MOTHER

15. MAIDEN NAME

Marzella Abbott

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

North Carolina

17. INFORMANT (ADDRESS)

Robert Mc Knight Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memorial Park Cemetery Aug 5th 1936

19. UNDERTAKER (ADDRESS)

Mc Conbo Funeral Home Jackson, Mo.

20. FILED

8-4-36

W. G. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

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

August 3rd 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1935, to Aug 3, 1936

I last saw him alive on a few days ago Death is said

to have occurred on the date stated above, at 7:50 A. M.

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

Perforating Peritonitis preceded by apoplexy 12 years ago - arterio-sclerosis prepared the way for the apoplexy and haemiplegia of 2 years ago. Other contributory causes of importance: P.S. - He died on my arrival on the side.

Date of onset 8-3-36

Name of operation

none

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? 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)

Bernard H. Hays, M. D. Jackson, Mo.

JUL 23 1951