

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 <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>Mary Elizabeth Michael</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/24/1845</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>86</u> | <u>9</u> |
| | | <u>11</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>Farmer</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) | |
| 11. Total time (years) spent in this occupation. | | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>Noble Co Ohio</u> (STATE OR COUNTRY) <u>2</u> | | |

| | |
|---|---|
| FATHER | 13. NAME <u>William Michael</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Penn.</u> (STATE OR COUNTRY) |
| MOTHER | 15. MAIDEN NAME <u>Oliver Knapp</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Penn.</u> (STATE OR COUNTRY) |
| 17. INFORMANT <u>Oliver Cox</u> (ADDRESS) <u>Irish Mo</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rifle Creek</u> DATE <u>5/16</u> 19 <u>32</u> | |
| 19. UNDERTAKER <u>C. D. Gibson</u> (ADDRESS) <u>Irish Mo</u> | |
| 20. FILED <u>May 10</u> 19 <u>32</u> <u>L. E. Ellis</u> Registrar | |

2 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:
Pneumonia (Hypertension)
110 110
62 110
Other contributory causes of importance:
General debility
①
Name of operation _____ Date of _____
What test confirmed diagnosis? Chest 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

