

Vermont Death Records, 1909-2008 record for Archie Thomas Knights

THIS COPY TO THE DEPT. OF HEALTH CODING		COPY OF CERTIFICATE OF DEATH STATE OF VERMONT		Certificate No.	
1. FULL NAME OF DECEASED (First, Middle, Last)		2. DATE OF DEATH (Month, Day, Year)			
Archie Thomas Knights		Dec. 3 1962			
3. PLACE OF DEATH (City, County)		4. USUAL RESIDENCE (If institution, indicate before admission)			
Windham Townshend		Vermont Jamaica			
5. CITY OR TOWN (If rural, please state)		6. LENGTH OF STAY (In days)			
Townshend		9 Days			
7. NAME OF HOSPITAL OR INSTITUTION (If not in branch, give name and street address)		8. STREET ADDRESS (If rural, give R. F. D. number)			
Grace Cottage Hospital		South Hill			
9. SEX (M or F)		10. DATE OF BIRTH (Month, Day, Year) (If under 1 year, give Month, Day, Year)			
M		May 10, 1881			
11. USUAL OCCUPATION (If not in branch, give name and street address)		12. BIRTHPLACE (Country)			
Farmer		Jamaica Vt.		U.S.	
13. FATHER'S NAME		14. MOTHER'S MARRIAGE (City, State, Country)			
George W. Knights		Fannie R. Parmenter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give branch, date of entry, date of discharge, and date of service)		16. SOCIAL SECURITY NO.			
No		George Knights			
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (If due to heart failure, indicate, etc. If more than one, list in order of importance)		18. DURATION (If not known, give estimate)			
332X 42 51 Art. sclerotic disease		2 weeks			
19. OTHER SIGNIFICANT CONDITIONS (Contributing to the death but not related to disease or condition causing it)		20. INFORMANT'S NAME (If from going out information)			
		George Knights			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION			
		Cerebral thrombosis			
23. ACCIDENT SOURCE (If homicide, specify)		24. PLACE OF INJURY (If home, farm, factory, etc.)			
		Wardsboro Vt.			
25. TIME OF INJURY (Month, day, year)		26. INJURY OCCURRED (While at work or Not at work)			
		Not at work			
27. I hereby certify that I attended the deceased from (Date) to (Date) and that death occurred at (Date) from the cause and on the date stated above.		28. DATE SIGNED			
EG Fingers MD		12/4/62			
29. SIGNATURE (If not in branch, give name and street address)		30. NAME OF CEMETERY OR DEPOSITORY (If location, give street address)			
EG Fingers MD		S. Londonderry, Vt.			
31. DATE REMOVED (Month, day, year)		32. FURNER'S SIGNATURE (If not in branch, give name and street address)			
Dec. 5, 1962		Fairview Cemetery			
33. DATE FILED BY (Month, day, year)		34. CLERK'S SIGNATURE			
Dec 4 1962		Rw Phillips			
35. DATE OF DEATH (Month, day, year)		36. FURNER'S SIGNATURE (If not in branch, give name and street address)			
Jan. 1, 1963		Fairview Cemetery			

Record Index

Name: Archie Thomas Knights
Gender: Male
Birth Date: 10 May 1881
Birth Location: Jamaica, VT
Death Date: 3 Dec 1962
Death Location: Townshend, Windham
Cause of Death: Art Sclerotic Disease
Veteran: Non applicable
Residence: Jamaica, Vermont
Spouse's Name: Hilda Geise
Mother's Maiden Name: Parmenter
Mother's Name: Fannie R.
Father's Name: George W. Knights
Date Filed: 04 Dec 1962
Vital Event Type: Certificate of Death

Source Information

Record URL: <http://search.ancestry.com/cgi-bin/sse.dll?h=279372&db=VermontDeaths&indiv=try>

Source Information: Ancestry.com. *Vermont Death Records, 1909-2008* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010.
 Original data:

- Vermont. Vermont Death Records, 1909-2003. Vermont State Archives and Records Administration, Montpelier, Vermont.
- Vermont. Vermont Death Records, 2004-2008. Vital Records Office, Vermont Department of Health, Burlington, Vermont.