

Vermont Death Records, 1909-2008 record for Charles F. Knights

NAME KNOWN TO PHYSICIAN CHARLES KNIGHTS	DATE OF DEATH 2/7/08
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08000551

32921

DH-PHS-DTH-02

DEPARTMENT OF HEALTH
VERMONT CERTIFICATE OF DEATH

STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT
IN BLACK INK

1. DECEDENT'S NAME (First, Middle, Last) Charles F. Knights		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Feb. 7, 2008
4. SOCIAL SECURITY NUMBER 008-10-5631	5a. AGE (Yrs.) -Last Birthday 92	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
6. DATE OF BIRTH (Mo., Day, Yr.) July 5, 1915		7. BIRTHPLACE (City and State or Foreign Country) Bucketville, Vermont	
8. PLACE OF DEATH (Check only one) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		9. FACILITY NAME (If not institution, give street and number) Grace Cottage Hospital	
10. CITY OR TOWN OF DEATH Townshend		11. VETERAN? (If so, what war?) No	
12. MARITAL STATUS - Married, CU, Never married or in CU, Widowed, Divorced Married	13. SURVIVING SPOUSE (If wife, give maiden name) Ruth Staples	14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired.) Maintenance Engineer	15. KIND OF BUSINESS / INDUSTRY Caretaking
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th	17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____	18. RACE - White, Black, American Indian, etc. (Specify) White	
19. RESIDENCE - STATE Vermont	20. CITY, TOWN, OR LOCATION Jamaica	21. MAILING ADDRESS (Street, City or Town, State, Zip Code) 77 South Hill Rd. Jamaica, VT 05343	
22. FATHER'S NAME (First, Middle, Last) Archie Knights		23. MOTHER'S NAME (First, Middle, Maiden Surname) Hilda Giese	
24a. INFORMANT'S NAME (Type/Print) Ruth B. Knights		24b. MAILING ADDRESS (Street, City, or Town, State, Zip Code) 77 South Hill Rd. Jamaica, VT 05343	
25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. LOWER GI BLEED (Cause not Investigated) AT PATIENT REQUEST			Approximate Interval Between Onset and Death 4 days
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. SEVERE PABETS DISEASE ; RENAL FAILURE ; ASHD ; ASWD ; COPD			26a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet. <input type="checkbox"/> Pending			27b. DATE OF INJURY (Month, Day, Year)
27c. INJURY AT WORK (Specify Yes or No)			27d. LOCATION (Street, or R.F.D. No. City or Town State)
28a. (Signature) <i>Robert W. Barkus MD</i> 6390			28b. DATE SIGNED (Mo., Day, Yr.) 2/7/08
28c. NAME AND ADDRESS OF CERTIFIER (Type or Print) Robert W. Barkus MD Box 254 Townshend VT 05353			28d. HOUR OF DEATH 0730
29a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			29b. PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State)
29c. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON			29d. PLACE OF FINAL DISPOSITION (Cemetery or Crematory, City or Town, State) Evergreen Crematory Brattleboro, Vermont
30. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON White PH 213 Main St. Townshend VT 05353			31. DATE OF DISPOSITION (Month, Day, Year) Feb. 10, 2008
32. REGISTRAR - Signature			32. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) Feb. 10 2008
33a. TRUE COPY Class. Signature			33b. TOWN Townshend
34. ATTEST <i>Pat Swift</i> Asst Town Clerk			34. DATE February 22, 2008

Record Index

Source Information

Name: Charles F. Knights
Gender: Male

Record URL: <http://search.ancestry.com/cgi-bin/sse.dll?h=498693&db=VermontDeaths&indiv=try>

Birth Date: 5 Jul 1915
Birth Location: Bucketville, Vermont
Death Date: 7 Feb 2008
Deathplace: Inpatient
Death Location: Townshend, Windham
Cause of Death: Lowe GI Bleed (Care Not Iwvertgater) At Patient Rcgst
Veteran: Non applicable
Residence: Jamaica, Vermont
Spouse's Name: Ruth Staples
Mother's Maiden Name: Giese
Mother's Name: Hilda
Father's Name: Archie Knights
Date Filed: 10 Feb 2008
Vital Event Type: Certificate of Death

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.