

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22880
Township _____ Primary Registration District No. 8187 Registered No. 1678
or Village _____ No. Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus

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.

2 FULL NAME Robert Knapp Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Summit, Co., O. St. _____ Ward _____
(Usual place of abode) (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 Married

5a. If married, widowed, or divorced
HUSBAND of
Wife of Lillian Knapp

6. DATE OF BIRTH (month, day, and year) Oct. 8, 1903

7. AGE Years 26 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone worker
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. 17 7/8

12. BIRTHPLACE (city or town) Newark, N.J.
(State or country)

13. NAME _____

14. BIRTHPLACE (city or town) _____
(State or country)

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) _____
(State or country)

17. INFORMANT The Signature of Ohio Pub Records, Columbus
and (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Apexon Date Apr 24 1930

19. UNDERTAKER Lillian Knapp
(Address) 1066 Murray Ave, Apexon

19a. Was body embalmed Yes Embalmer's No. 2452A

20. FILED 4/23 1930 J. W. Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-21-30, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____, death is said

to have occurred on the date stated above at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Conflagration
Ohio Penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ 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? _____

If so, specify _____

(Signed) Joseph A. Murphy M. D.

(Address) 450 West Vermont Ave