OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 381 | Primary Reg. Dist. No. 8177 | State File No. 75535 | Registrar's No. 176

1. PLACE OF DEATH:
(a) County: Fayette
(b) (City, Village, Township): Washington C.H.
(c) Name of hospital or institution: (If not in hospital or institution, write street No. or location): Smith Rest Home
(d) Length of stay: In hospital or institution ____ (Days) In this community ____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ohio (b) County: Ross
(c) City or village: Chillicothe (If outside city or village, write RURAL)
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. FULL NAME: Martin Knecht Sr.
(a) If veteran, name war
(b) Social Security No.

4. Sex: Male | 5. Color or race: White | 6.(a) Single, widowed, married, divorced: widowed

6.(b) Name of husband or wife: Elizabeth Wright deceased/alive
6.(c) Age of husband or wife if ____ years

7. Birth date of deceased: December (Month) 4 (Day) 1861 (Year)

8. AGE: Years: 82 | Months: 0 | Days: 5 | If less than one day: hr. ____ min. ____

9. Birthplace: Ross County (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ____

Mother Father
12. Name: Jacob Knecht
13. Birthplace: Hessendarmachact (City, town, or county) Germany (State or foreign country)
14. Maiden name: Catherine Spiesheimer
15. Birthplace: Ross Co. (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's signature: Mrs. Charles A. Hirsch
(b) Address: Chillicothe, Ohio
17. (a) Burial, ~~cremation, or other~~: (b) Date 12-12-1943 (Month) (Day) (Year)
(c) Place: Grandview
(d) Jesse Jacobs (Name of Embalmer) 3277-A (Lic. No.)
18. (a) C. J. Ware (Signature of Funeral Director) 1821 (Lic. No.)
(b) Address: Chillicothe, Ohio
19. (a) 12-12-43 (Date received local registrar) (b) Norma H. Fle (Registrar's signature)

V.S. 11

MEDICAL CERTIFICATION

20. Date of death: Month 11 day Dec. year ____ hour 1 A M minute ____
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__: that I last saw him alive on ~~Dec 9~~ Dec 11, 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Due to: Pulmonary TB.	
Due to: TB.	
Other conditions (Include pregnancy within 3 months of death):	
Major findings of operation: X	
Major findings of autopsy: X	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence X
(c) Where did injury occur? X (City or Village) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? X (e) How did injury occur? ____

23. Signature: H. M. Reiff (Specify if Doctor of Medicine or Osteopathy)
Address: Coroner Ross Co. Date signed 12/11/43

Quellenangabe:
"Williams, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPKP-443J?view=index : 27. Apr. 2025), Aufnahme 3057 von 3245; Ohio Historical Society (Columbus, Ohio).
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