

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Ross</u> Registration District No. <u>1132</u> File No. <u>13882</u> Township _____ Primary Registration District No. <u>8430</u> Registered No. <u>79</u> or Village _____ No. <u>32</u> St. _____ Ward _____ or City of <u>Chillicothe</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>John Knight</u> (a) Residence, No. <u>39 E Water</u> St. <u>22</u> Ward. _____ (Usual place of abode) (If nonresident give city or town and State) 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.	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>
5 Single, Married, Widowed or Divorced (write the word) <u>Married</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____	
6 DATE OF BIRTH (month, day, and year) <u>Nov 9 1858</u>	
7 AGE Years <u>61</u> Months <u>3</u> Days <u>6</u>	If LESS than 1 day.....hrs. or.....min.
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Brewer</u> (b) General nature of Industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____	
9 BIRTHPLACE (city or town) <u>Chillicothe, O.</u> (State or country)	
10 NAME OF FATHER <u>Jacob Knight</u>	
11 BIRTHPLACE OF FATHER (city or town) <u>Germany</u> (State or country)	
12 MAIDEN NAME OF MOTHER <u>Kath. Mishum</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Germany</u> (State or country)	
14 Informant <u>John Knight</u> (Address) <u>Chillicothe, Ohio</u>	
15 Filed <u>2-18, 1919</u> <u>Philip Sward</u> REGISTRAR	
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (month, day and year) <u>Feb 16 1919</u>	
I HEREBY CERTIFY, that I attended deceased from <u>Jan 2</u> , 19 <u>19</u> , to <u>Feb 16</u> , 19 <u>19</u> , that I last saw him alive on <u>Feb 16</u> , 19 <u>19</u> , and that death occurred, on the date stated above, at <u>12:00 a.m.</u>	
The CAUSE OF DEATH* was as follows: <u>arteriosclerosis</u>	
CONTRIBUTORY (duration) <u>Chronic Nephritis</u> yrs. mos. ds. (SECONDARY) <u>Patent</u> yrs. mos. ds. 18 Where was disease contracted (duration) <u>Yuba</u> mos. ds. if not at place of death?	
Did an operation precede death? <u>No</u> Date of <u>2</u>	
Was there an autopsy? <u>No</u>	
What test confirmed diagnosis? <u>Chemical &amp; Laboratory</u> (Signed) <u>L. J. Franklin</u> M. D. <u>2-17, 1919</u> (Address) <u>Chillicothe</u>	
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)	
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Grand View</u>	DATE OF BURIAL <u>Feb 18 1919</u>
20 UNDERTAKER, License No. <u>M. J. Grohe</u>	ADDRESS <u>Chillicothe, O.</u>

Quellenangabe:

"Hocking, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HT-6QCS-Z65?view=index> : 27. Apr. 2025), Aufnahme 2344 von 3293; Ohio Historical Society (Columbus, Ohio).  
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