

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32
5

File No. 80122

Registered No. 17588

BIRTH NO. _____

1. PLACE OF DEATH
 a. County Phila.
 b. City (If outside corporate limits, write RURAL and give township) or Borough _____
 c. Length of Stay (in this place) _____
 d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location) Phila State

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. State Penna.
 b. County _____
 c. City (If outside corporate limits, write RURAL and give township) or Borough _____
 d. Street Address (If rural, give location) 2029 Guilford St

3. NAME OF DECEASED
 a. (First) Joseph b. (Middle) _____ c. (Last) KNOTT
 (Type or Print)

4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 50

5. SEX M
6. COLOR or RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____

8. DATE OF BIRTH _____

9. AGE (in yrs. last birthday) 66 If Under 1 Yr. Months _____ Days _____ If Under 24 Hrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (also give State or foreign country) 66

12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME _____

14. MOTHER'S MAIDEN NAME _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, complete reverse side of certificate) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S OWN SIGNATURE _____ **ADDRESS** _____

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) By pericardio
vascular disease
 DUE TO (c) _____
II OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
fractured femur . 4/51

INTERVAL Between ONSET and DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION Paranoia senile

20. AUTOPSY? Yes No

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) Hour _____ m. E.S.T.

21e. INJURY OCCURRED While at Work Not While at Work

21f. HOW DID INJURY OCCUR? apparently fell at P.G. #1

I hereby certify that a view (an inquest) was held upon the body of the above named deceased on 19 JUN 1 1954 and that death occurred at 5:05 p.m., E.S.T., from the causes and on the date stated above.

23a. SIGNATURE OF CORONER _____

23b. ADDRESS _____

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE _____

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (Town, township and county) (State) _____

DATE REC'D BY LOCAL REG. _____ **REGISTRAR'S SIGNATURE** _____

25. SIGNATURE OF FUNERAL DIRECTOR _____ **ADDRESS** _____