FILE 29248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

NO. REG. DIST 43 — Registration No.

DECEASED: JOHN W. LAPP

DATE AND HOUR OF DEATH: FEB. 6, 1920 — 7:35 P.M.

DEATH IN BALTIMORE, MARYLAND — PLACE OF DEATH (If not in hospital or institution, give street address or location): 4229 N. FRANKLIN [PHILA., PA.]

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: PA — B. COUNTY: [PHILA]
C. CITY OR TOWN (If outside city limits, write RURAL and give township): [PHILA]
D. STREET ADDRESS (If rural, give location): 4229 N. FRANKLIN

SEX: M — 6. RACE: W — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

8. DATE OF BIRTH: SEPT. 10, 1885 — 9. AGE (In years last birthday): 35 — If Under 1 Yr.: Months, Days — If Under 24 Hrs.: Hours, Min.

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCKING — 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA — 12. CITIZEN OF WHAT COUNTRY?:

FATHER'S NAME: MR H. LAPP — 14. MOTHER'S MAIDEN NAME: SUSAN MILLAR

WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. JOHN W. LAPP — ADDRESS: 4229 N. FRANKLIN ST

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)
(A) LOBAR PNEUMONIA
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the underlying condition last.
(B) DUE TO
(C)

10-920

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: INFLUENZA

19A. DATE OF OPERATION — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED — 20A. AUTOPSY? (Yes or No) — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (suicide, homicide, accident, examiner) — 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. DATE OF INJURY (Month) (Day) (Year) (Hour) — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from .... 19 .... to .... 19 ...., that (I) (we) last saw the deceased alive on .... 19 .... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE — M.D. — Attending Phys. ☐ — Med. Director ☐ — Staff Phys. ☐ — 23B. DATE SIGNED: FEB. 8, 1920

23C. PHYSICIAN'S NAME (Print): F. M. COYNE M.D. — 23D. ADDRESS: 516 LUZERNE ST.

BURIAL, CREMATION, REMOVAL (Specify) — 24B. DATE: FEB. 11, 1920 — 24C. NAME of CEMETERY or CREMATORY: MT. PEACE CEM. — 24D. LOCATION (City, town, or county) (State): —

DATE REC'D BY HEALTH DEPT.: FEB. 11, 1920 — 25B. NAME OF REGISTRAR: T.C. LAWRENCE — 25C. FUNERAL DIRECTOR: EWALL — ADDRESS: 2129 N. 19th ST.