

STATE OF MICHIGAN
Department of Health—Division of Vital Statistics

58215737

Transcript of CERTIFICATE OF DEATH—Local Register

DETROIT

Registered No. 4696

(No. *Evng. Reasoness* St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Eugene H. Krapp

(a) Residence No. *1045*

Beaumontfield

St., Ward _____

(If non-resident give city or town and state)

Length of residence in city or town where death occurred *31* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Male* 4 Color or Race *W* 5 Single, Married, Widowed or Divorced (Write the word) *Married*

6 If married, widowed or divorced (a) HUSBAND of *Chloe Hunter* (or) WIFE of

7 DATE OF BIRTH (Month, day and year) *5-12, 1889*

8 AGE Years *35* Months *11* Days *1* If LESS than 1 day... hrs. OR... min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Automobile business*

(b) General nature of industry, business, or establishment in which employed (or employer) *Krapp Bros.*

(c) Name of employer.

10 BIRTHPLACE (city or town) (state or country) *Rochester N.Y.*

11 NAME OF FATHER *Fred Krapp*

12 BIRTHPLACE OF FATHER (city or town) (state or country) *Germany*

13 MAIDEN NAME OF MOTHER *Bertha Ketting*

14 BIRTHPLACE OF MOTHER (city or town) (state or country) *Rochester N.Y.*

Informant *Mrs. Chloe Krapp* (Address) *1045 Beaumontfield*

Filed *15* 1923

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (Month, day and year) *Apr 13 1923*

16 I HEREBY CERTIFY, That I attended deceased from *3-30 1923* to *Apr 13 1923*, that I last saw him alive on *4-13 1923* and that death occurred on the date stated above at *3:49* p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Colon
US

CONTRIBUTORY (Secondary) *Edema glottis* (duration) *2* yrs. mos. ds.

17 Where was disease contracted? If not at place of death?

Did an operation precede death? *Yes* Date of *3-31-23*

Was there an autopsy? *No*

What test confirmed diagnosis? *Pathological spec.*

(Signed) *D.J. Leithauer* M.D. 4-15-1923 Address *14309 E Jeff*

*State the Disease Causing Death, or in death by Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18 PLACE OF BURIAL, CREMATION, OR REMOVAL *Woodmere* Date of Burial *4-16 1923*

19 UNDERTAKER *Cooper Bros.* Address *10400 Mack*

PARENTS