

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Hamilton

494

9184

Township of _____ Registration District No. _____ File No. _____

Village of _____ or _____ Primary Registration District No. 8227 Registered No. 1140City of Cincinnati (No. 804, Vine St., _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]FULL NAME Henry Vaughan

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word Divorced)DATE OF BIRTH March 1 1863
(Month) (Day) (Year)AGE 50 yrs. 11 mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION (a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) OhioPARENTS 10 NAME OF FATHER Frank Vaughan11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Gerelda Batters13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. Vaughan(Address) 804 Vine StFiled FEB 24 1914 E. W. Egan Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Feb. 21 1914
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 1913, to Feb 21 1914, that I last saw him alive on Feb 21 1914, and that death occurred, on the date stated above, at 4 p. m. The CAUSE OF DEATH* was as follows:Solar pneumonia
(Duration) _____ yrs. _____ mos. 6 ds.Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) E. Egan M. D.
Feb. 24 1914 (Address) 720 W. 1st St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.Where was disease contracted, If not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Crematory DATE OF BURIAL Feb 25 191420 UNDERTAKER The J. J. Radel Co ADDRESS 652 State Av