

## 1 PLACE OF DEATH

County Hamilton Registration District No. 8227 File No. 13293  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 934

or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 or City of Cincinnati (If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2 FULL NAME

(a) Residence. No. 2118 Gilbert Ave. 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 Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) Sept 30/1851

7 AGE Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

## 9 BIRTHPLACE (city or town)

(State or country) Eng.

10 NAME OF FATHER Harold Shoup

## 11 BIRTHPLACE OF FATHER (city or town)

(State or country) Eng.

12 MAIDEN NAME OF MOTHER Lida Hagmaler

## 13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Eng.

14 Informant Jennie Shoup  
 (Address) 2118 Gilbert Ave

15 Filed FEB 14 1920 E. W. Allen

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 13 1920

17 I HEREBY CERTIFY, That I attended deceased from Feb 10<sup>th</sup>, 1920, to Feb 13, 1920,

that I last saw him alive on Feb 13, 1920,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH\* was as follows:

Acute bronchitis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Valvular insufficiency,

(SECONDARY) Arteriosclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted:

if not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? \_\_\_\_\_

(Signed) A. S. Brown M. D.

2/14 1920 (Address) 2025 Gilbert Ave

\*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 London & Iron Co. 14 DATE OF BURIAL Feb 16 1920

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