

PLACE OF DEATH
 County of Lapeer
 Township of Blumfield
 or
 Village of _____
 or
 City of _____ (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State - Division of Vital Statistics
CERTIFICATE OF DEATH SEP 7 1909. 39
 Registered No. 9

FULL NAME Fredrick Shoup

[If death occurred in a Hospital or Institution, give the NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

SEX	<u>Male</u>	COLOR	<u>White</u>
DATE OF BIRTH	(Month) <u>Dec</u> (Day) <u>11</u> (Year) <u>1834</u>		
AGE	<u>74</u> years, <u>8</u> months, <u>17</u> days		
SINGLE, MARRIED, WIDOWED, OR DIVORCED	<u>Married</u>		
AGE AT MARRIAGE, NUMBER OF CHILDREN	{ If married, age at (first) marriage <u>28</u> years Parent of <u>6</u> children, of whom <u>4</u> are living		
BIRTHPLACE (State or country)	<u>New Jersey</u>		
NAME OF FATHER	<u>John Shoup</u>		
BIRTHPLACE OF FATHER (State or country)	<u>New Jersey</u>		
MAIDEN NAME OF MOTHER	<u>Michaelson</u>		
BIRTHPLACE OF MOTHER (State or country)	<u>New Jersey</u>		
OCCUPATION	<u>Farmer</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	(Month) <u>Aug</u> (Day) <u>17</u> (Year) <u>1909</u>
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I HEREBY CERTIFY, That I attended deceased from Dec 11, 1906, to July 3, 1907, that I last saw him alive on Aug 3, 1907, and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH was as follows:
Valvular disease of the heart

19 (Duration) 6 or 7 yrs (Days)
 Contributory _____

(Signed) J. MacKenzie MD
Aug 17 1909 (Address) Reese Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
 Former or usual residence _____ How long at place of death? _____ Days
 Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Blumfield Mich DATE OF BURIAL Aug 20 1909
 UNDERTAKER Frank Psick ADDRESS Reese Mich
 Filed August 19 1909 Herman Reinhardt Registrar

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
 (Informant) Frank Psick
 (Address) Reese Mich