

PLACE OF DEATH
 County of Huron
 Township of Coyote
 Village of Bad Axe
 City of _____ (No. _____)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

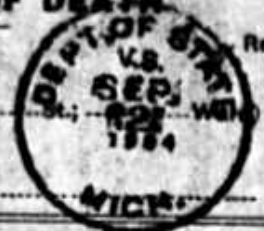
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CERTIFICATE OF DEATH

Registered No. _____

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

FULL NAME James Shoup



PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) Dec (Day) 5 (Year) 1836

AGE 67 years, 8 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 26 years
 Parent of _____ children, of whom _____ are living

BIRTHPLACE (State or country) New Jersey

NAME OF FATHER Mr. Shoup

BIRTHPLACE OF FATHER (State or country) New Jersey

MAIDEN NAME OF MOTHER Sallie Wheelham

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION Clerk in Store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Michler
 (Address) Bad Axe

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) 8 (Day) 9 (Year) 1904

I HEREBY CERTIFY, That I attended deceased from July 20th, 1904, to Aug. 9, 1904, that I last saw him alive on Aug 9, 1904, and that death occurred, on the date stated above, at about 3:45 P.M.

The CAUSE OF DEATH was as follows:
Hypertrophy of right side of heart (2nd tricuspid valve)
79

Contributory General Anasarca
 (duration) 10 days

(Signed) W. H. Lyman M. D.
9/9 1904. (Address) Bad Axe, Mich.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Naval 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 Copal Cemetery DATE OF BURIAL Aug. 11 1904

UNDERTAKER W. A. Ranney ADDRESS Bad Axe

Filed _____ 1904 Registrar