

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County Laguna
 Township Blumfield
 Village _____
 City _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 3

31

2. FULL NAME Samuel Jr. Shoup

(a) Residence No. _____ St., Ward _____
 (Usual place of abode.) (If non-resident 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

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word.) Single

16 DATE OF DEATH (Month, day and year) Feb. 9 1920

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

17 I HEREBY CERTIFY, That I attended deceased from Feb 7, 1920, to Feb 9, 1920 that I last saw him alive on Feb 9, 1920 and that death occurred on the date stated above at 8 P m.

6 DATE OF BIRTH (Month, day and year.) April 2 1919

The CAUSE OF DEATH* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. OR min. 10 7

Influenza Pneumonia

 _____ (duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Child at Home (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Blumfield Mich

18 Where was disease contracted _____ If not at place of death? _____

10 NAME OF FATHER Samuel Shoup

Did an operation precede death? no Date of _____

11 BIRTHPLACE OF FATHER (city or town) (State or country) Blumfield

Was there an autopsy? no

12 MAIDEN NAME OF MOTHER Clara Oliver

What test confirmed diagnosis? lung tissue

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Gilford Mich

(Signed) John J. Mauser, M. D.
Feb 10 1920, Address Rear Mich

14 Informant Samuel D. Shoup (Address) Reese Mich RR 2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial Feb. 12 1920

15 Filed Feb 27 1920 Geo F Sahr Registrar.

Blumfield Cemetery
 20. UNDERTAKER Address Reese
Pete Burslem