I hereby certify this to be a true certified copy of the certificate on file with the Cincinnati Board of Health. Date Issued: SEP 27 1993

Ricard G. Howard, M.B.A.
Local Registrar, City of Cincinnati
Assistant Commissioner of Health

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of .....

Township of ..... Registration District No. ..... File No. .....
or
Village of ..... Primary Registration District No. ..... Registered No. 5355
or
City of ..... (No. 1214 Sassafras St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Henry Jungclas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: Jan 27 - 1843, 191.... (Month) (Day) (Year)
7 AGE: 71 yrs. 8 mos 4 ds. If LESS than 1 day, ... hrs. or ..... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: retired
(b) General nature of industry, business, or establishment in which employed (or employer): Livery man
9 BIRTHPLACE (State or country): Germany

PARENTS
10 NAME OF FATHER: Daniel Jungclas
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER: Mary - Don't Know
13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas Stagnaro.
(Address) Coroners Clerk

15 Filed OCT 6 - 1914, 191.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 3, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191...., to ....., 191...., that I last saw h..... alive on ....., 191...., and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:
Uraemia fol fracture of Right leg.
Accidentally fell from ladder at home (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) A.W. Foertmeyer, M. D.
Oct 5, 1914 (Address) Coron

*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: Carthage Rd
DATE OF BURIAL: Oct 6, 191....

20 UNDERTAKER: Wrassmann & Bay Knecht
ADDRESS