

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of HamiltonTownship of Registration District No. 494Village of Primary Registration District No. 301City of Cincinnati (No. 1415 E. Locust St. Ward) 6File No. 2125Registered No. 2125FULL NAME Henry Rokus Rokus

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If give the word) <u>widowed</u>
DATE OF BIRTH <u>May 2 1838</u> (Month) (Day) (Year)	AGE <u>74 yrs. 11 mos. 2 ds.</u> If LESS than 1 day... hrs. of... min.	

OCCUPATION (a) Trade, profession, or particular kind of work <u>retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Merchant</u>
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BIRTHPLACE (State or country) <u>Germany</u>
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PARENTS	10 NAME OF FATHER <u>Reinard Rokus</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>
	12 MAIDEN NAME OF MOTHER <u>not known</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Kuhlman
(Address) 1415 Locust St

15
Filed APR 7 1913 Wisallen Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
April 5 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1913 to 1913, that I last saw him alive on 1913, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Angina pectoris
Arterio Sclerosis
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)
... (Duration) ... yrs. ... mos. ... ds.
(Signed) A. J. Justice Coroner M. D.
4/6 1913 (Address) ...

*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?
...

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Calvary Cemetery April 8 1913
20 UNDERTAKER ADDRESS
Thos. Komer 13 and Walnut St