

## PLACE OF DEATH.

County of Hamilton

494

64474

Towship of \_\_\_\_\_ Registration District No. 8227

File No. \_\_\_\_\_

or  
Village of \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_Registered No. 6140or  
City of Cincinnati (No. 4528, Hamilton St., 28 Ward)(If death occurred in a  
Hospital or Institution,  
give its NAME instead  
of street and number.)(If death occurs away from  
USUAL RESIDENCE  
give facts called for under  
"Special Information.")FULL NAME John Draper

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White  
DATE OF BIRTH Jan 20th 1844  
(Month) (Day) (Year)AGE 67 years, 11 months, 13 days.SINGLE, MARRIED,  
WIDOWED, OR DIVORCED MarriedBIRTHPLACE  
(State or Foreign Country) Cincinnati O.OCCUPATION Secretary Cincinnati Police DepartmentNAME OF FATHER Joseph DraperBIRTHPLACE OF FATHER  
(State or Foreign Country) EnglandMAIDEN NAME OF MOTHER Marta HuskicBIRTHPLACE OF MOTHER  
(State or Foreign Country) EnglandTHE ABOVE STATED PERSONAL PARTICULARS ARE  
TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF(Informant) W. J. Robertson  
(Address) 4528 Hamilton AveFiled  
DEC 5 1911E. Warren Evans  
Registrar

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from  
April 1910 to December 1911  
that I last saw him alive on Dec 3 1911  
and that death occurred, on the date stated above, at 1:30 P.M.

M. The CAUSE OF DEATH was as follows:

Tubercular Peritonitis  
(Duration) 1 year  
57  
Contagious Yes  
6 weeks  
(Duration) 3 weeks  
(Signed) Chas. E. Gussler M.D.  
12/3/11 (Address) 4529 HamiltonSPECIAL 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 Spring Grove DATE OF BURIAL Dec 6th 1911UNDERTAKER Chas. A. Keller ADDRESS City