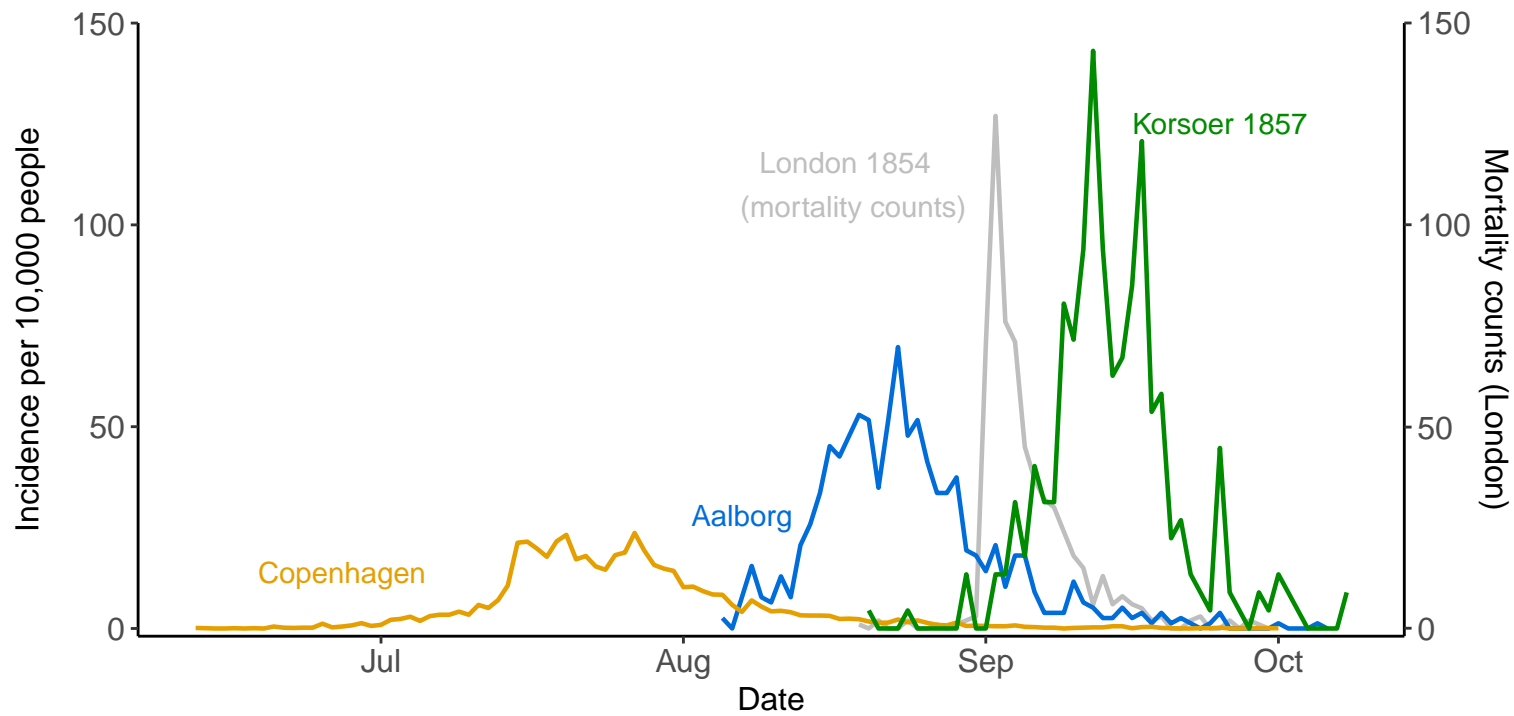
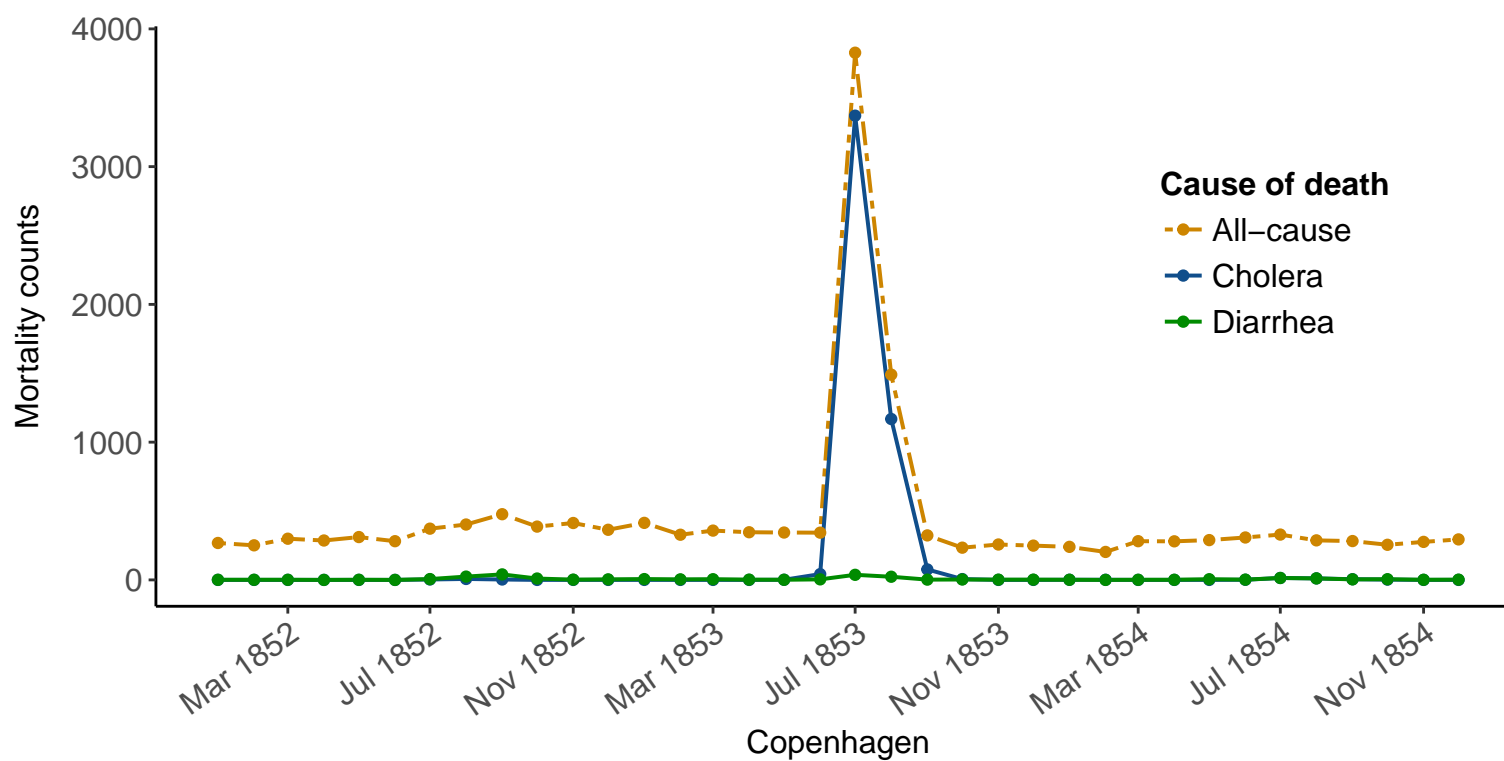


# Figures



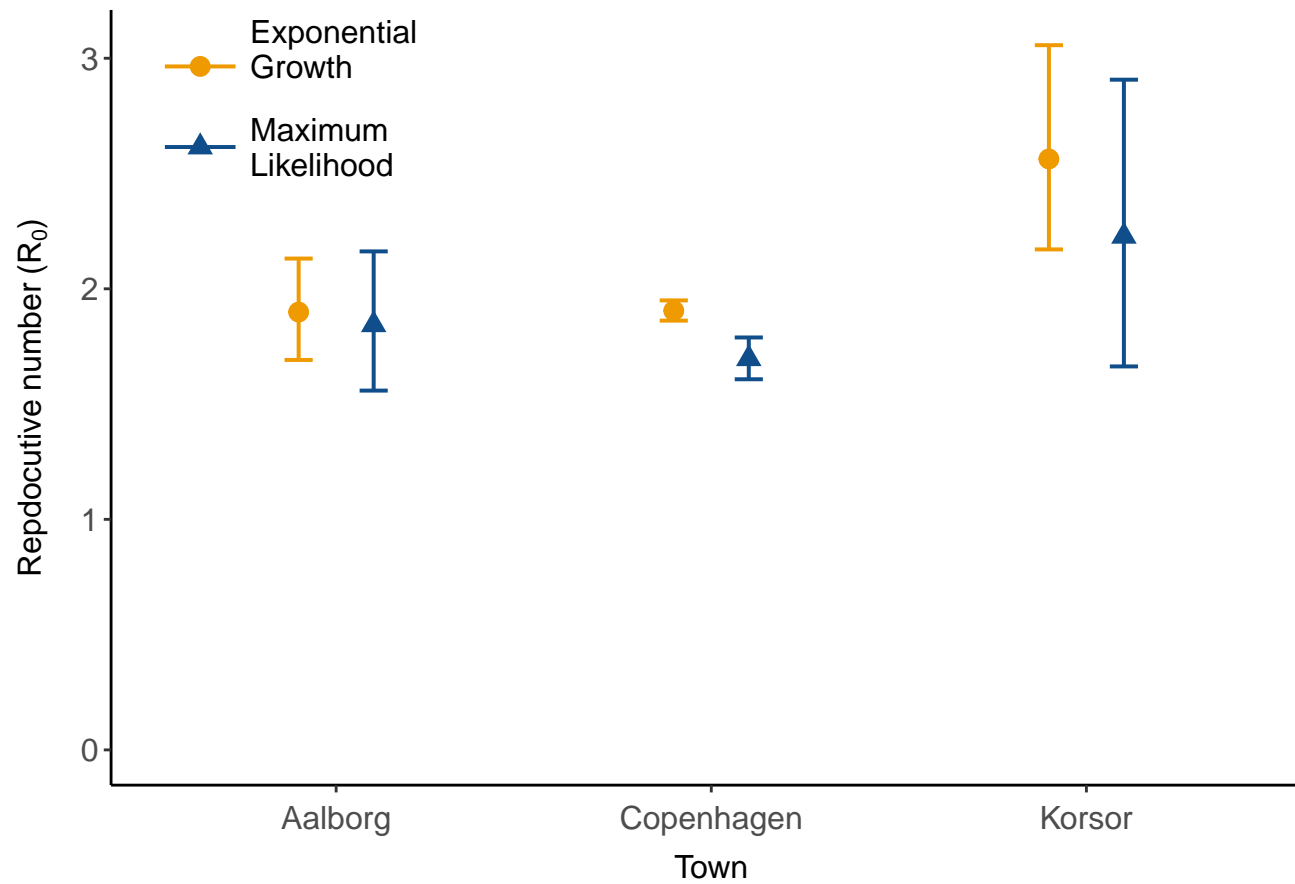
**Figure 1**

Daily cholera case incidence per 10,000 people and seasonality of outbreaks in three cities with inset map showing city locations and populations at time of outbreak. Mortality counts from the Broad Street outbreak in London (1854) are included in grey as reference.



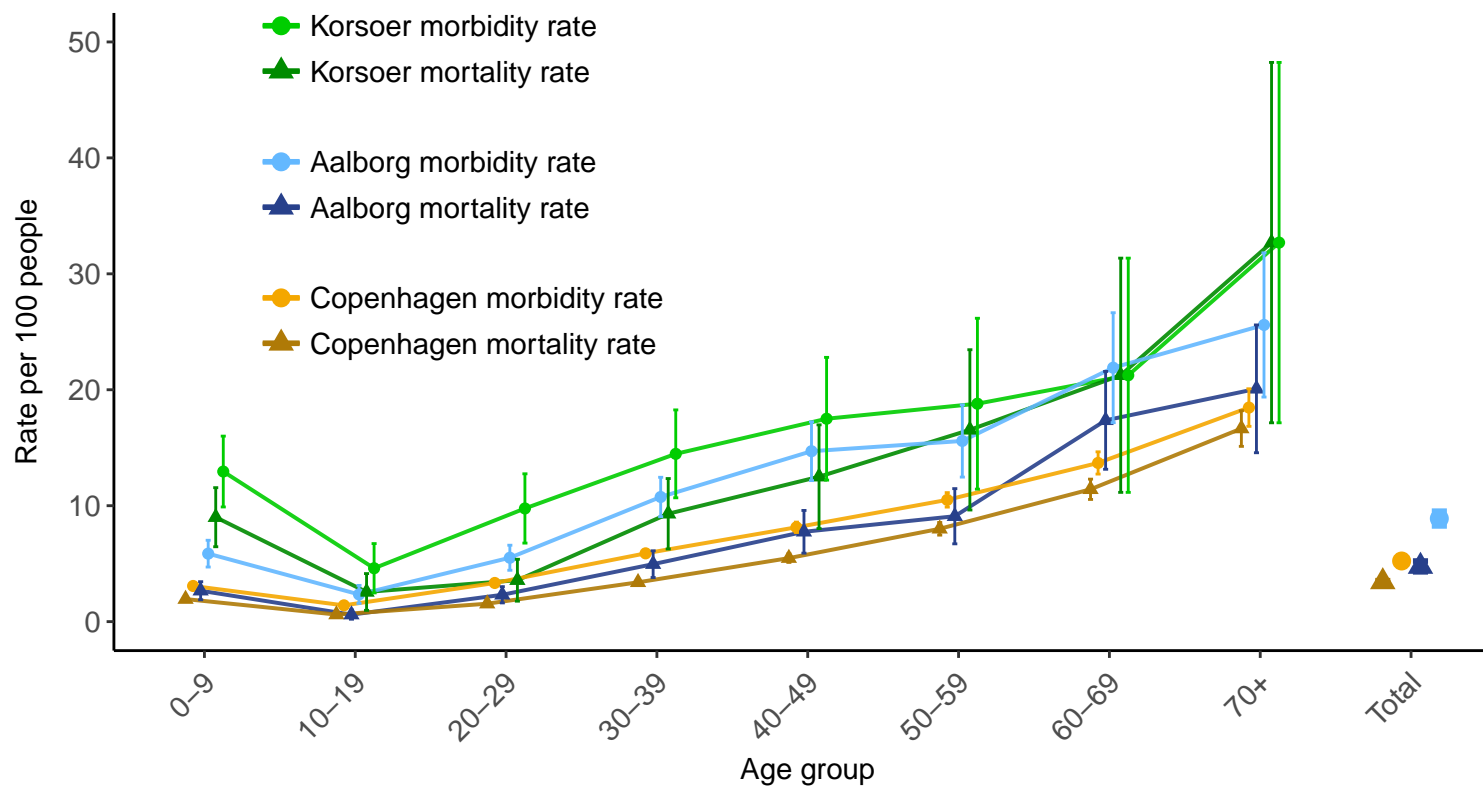
**Figure 2**

Monthly number of recorded deaths in Copenhagen due to cholera, diarrhea, and all-causes from January 1852 to December 1854.



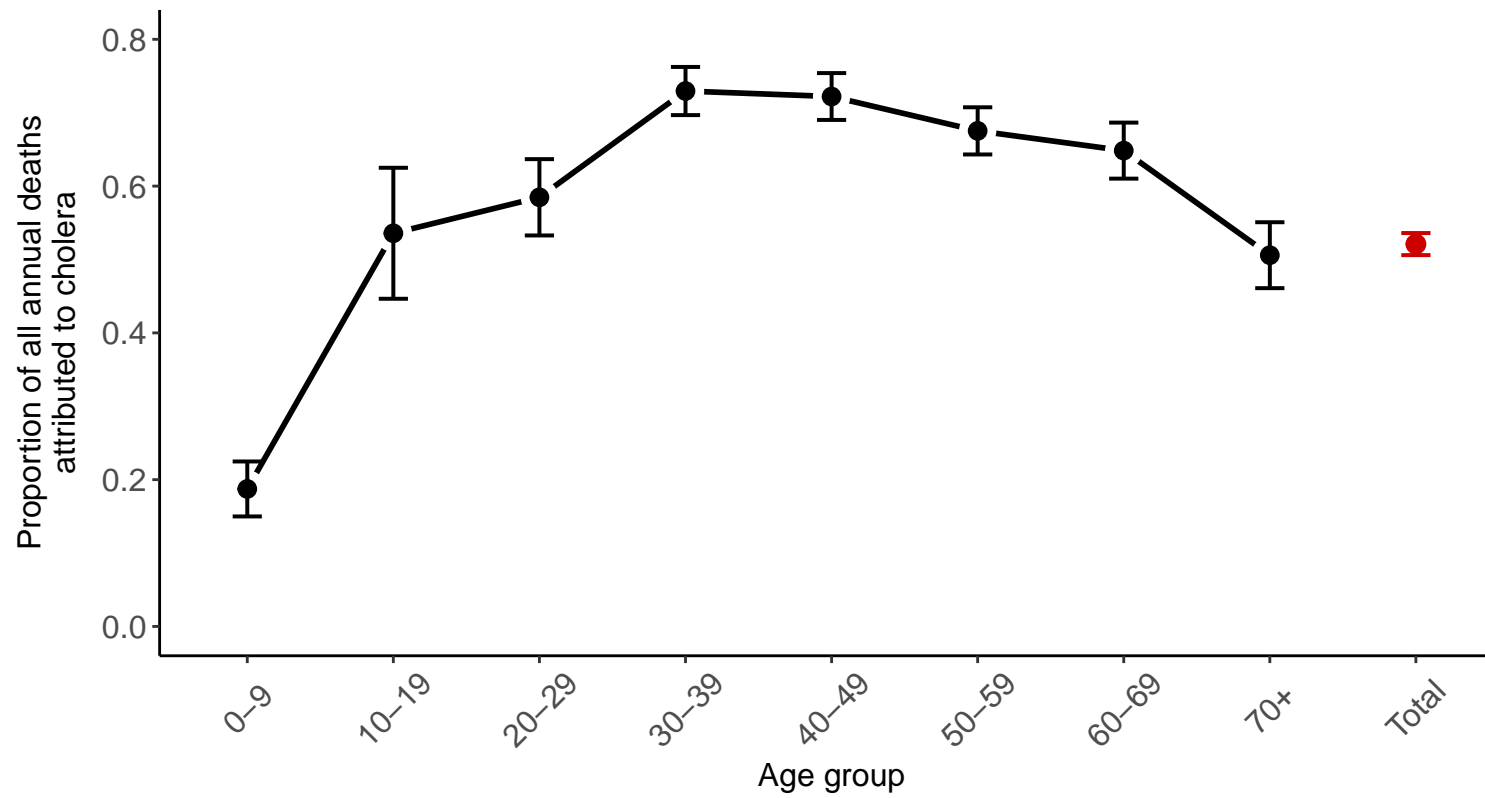
**Figure 3**

The reproductive number ( $R_0$ ) in three Danish locations using two different methods to estimate  $R_0$ .



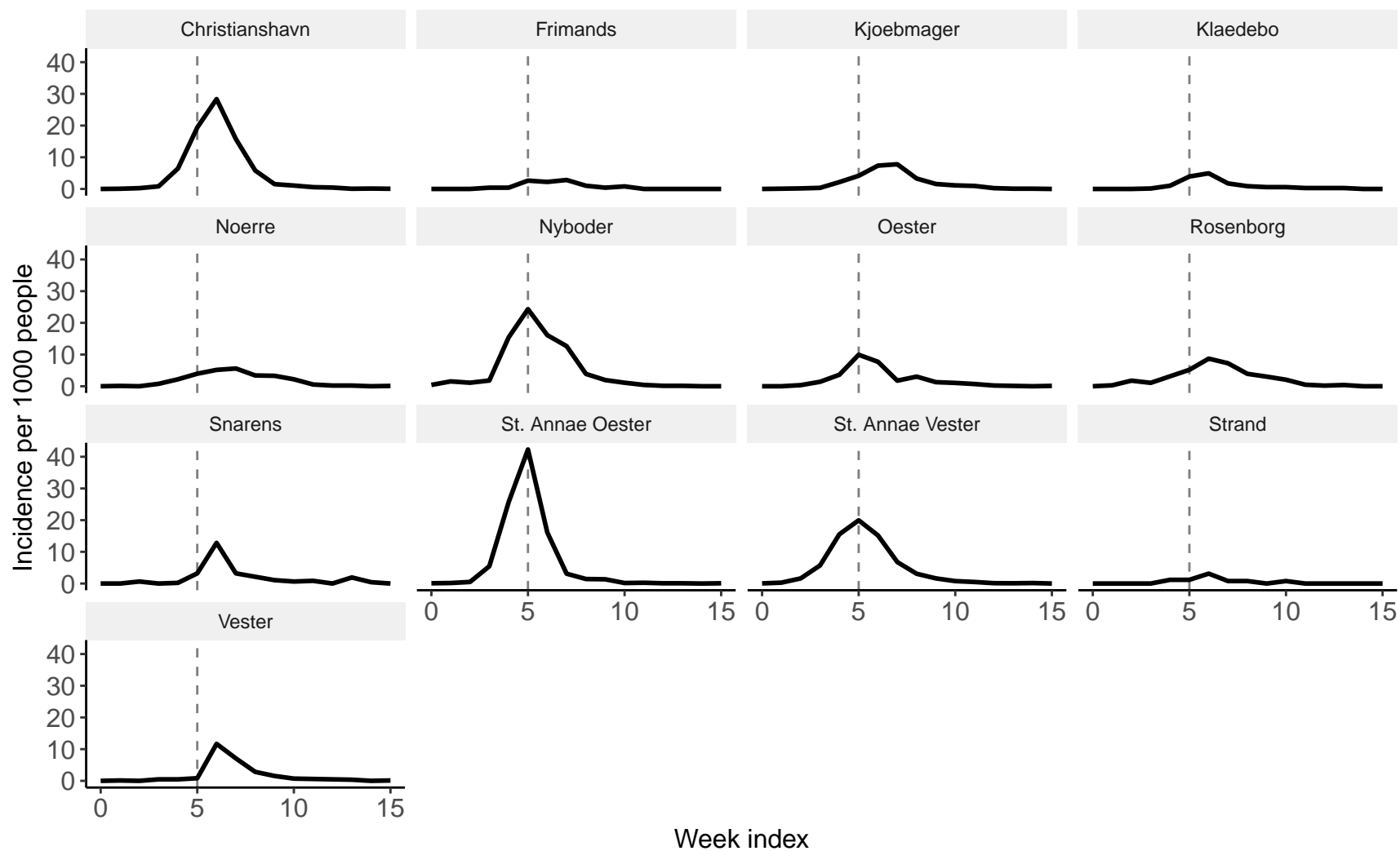
**Figure 4**

Cholera morbidity and mortality per 1,000 people disaggregated by age for three cities.



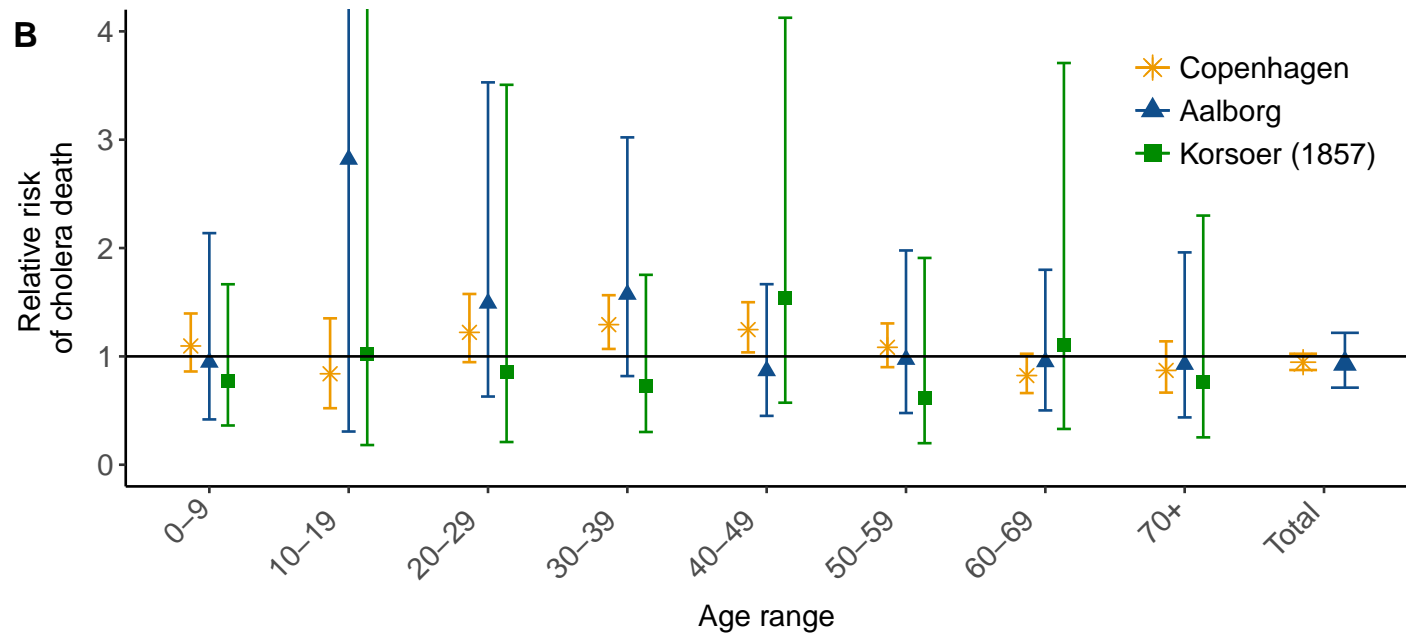
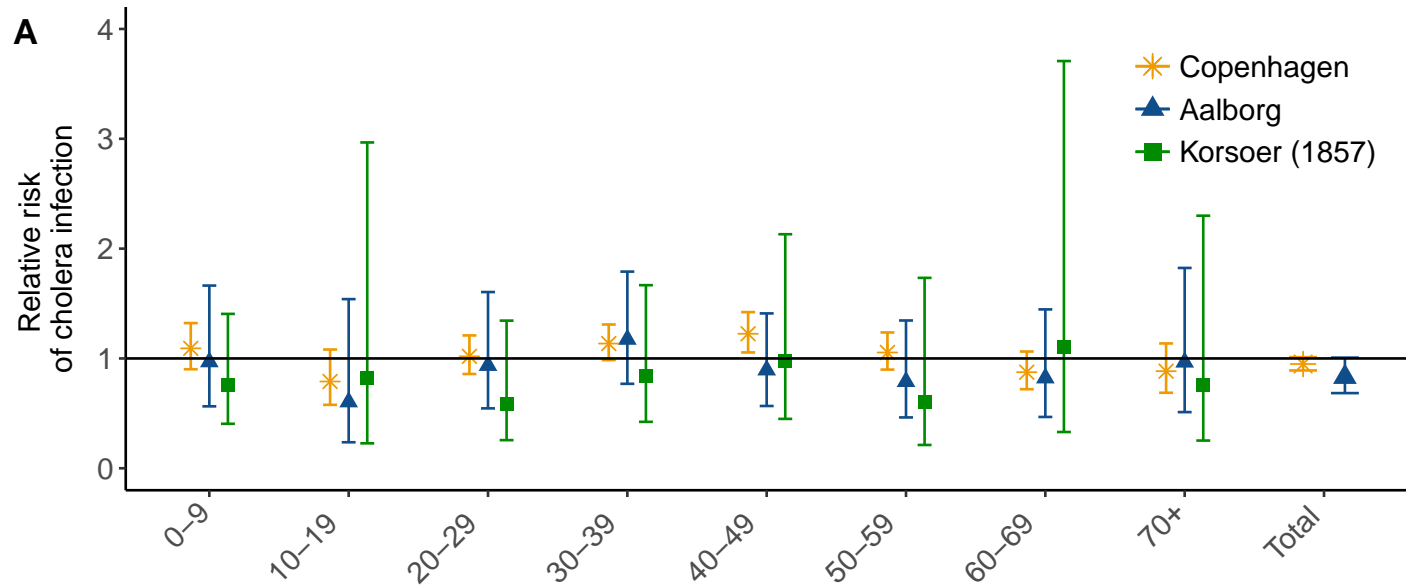
**Figure 5**

Proportion of all deaths in Copenhagen, 1853, attributed to cholera disaggregated by age.



**Figure S1**

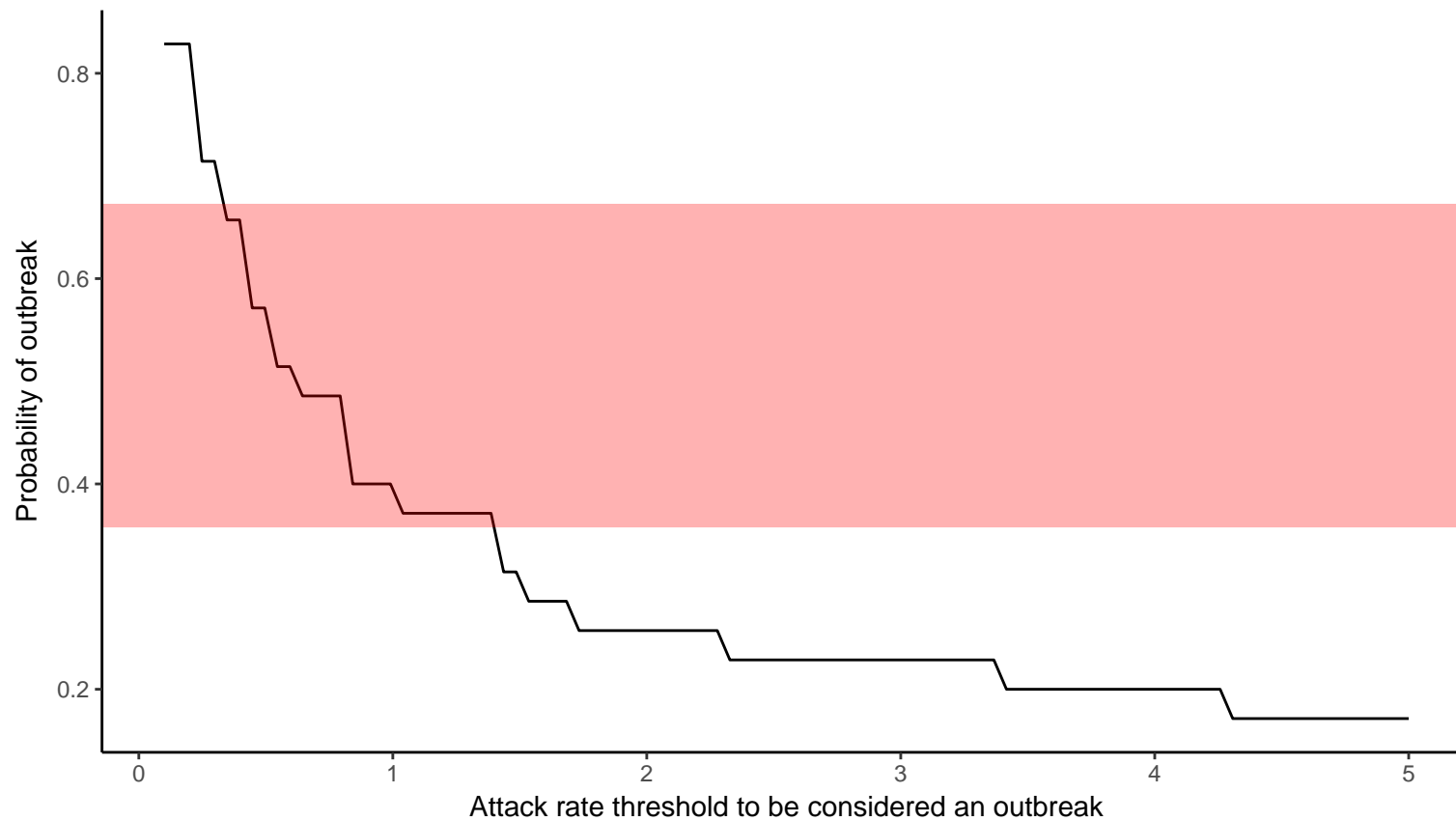
Incidence rate per 100 people in the neighborhoods of Copenhagen, 1853.



## Figure S2

Relative risk of cholera morbidity (A) and mortality (B) by age and gender. Values above 1.0 indicates a greater risk in females as compared to males.





**Figure S3**

Using data from all observed index cases from the islands of Zealand, Fuen, Lolland, Fester and Moen, we calculated the probability the presence of an index case resulting in a large outbreak, black. We varied the attack-rate threshold for what is considered a “large” outbreak (x axis). The red shaded region is the expected probability of an outbreak calculated from the 95% CI range of  $R_0$  values from Aalborg, Korsør, and Copenhagen.