

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

61924

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22966  
 Township \_\_\_\_\_ Primary Registration District No. 8187 Registered No. 1765  
 or Village \_\_\_\_\_ No. Ohio Penitentiary St. \_\_\_\_\_ Ward \_\_\_\_\_  
 or City of Columbus (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mon. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2 FULL NAME Albert Holland Did Deceased Serve in \_\_\_\_\_  
 (a) Residence. No. Coshocton, O. Ward Coshocton Ohio  
 (Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) unknown

|        |           |        |      |  |
|--------|-----------|--------|------|--|
| 7. AGE | Years     | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>24</u> |        |      |  |

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Falston, Pa

13. NAME Albert Holland

14. BIRTHPLACE (city or town) (State or country) Bellaire Ohio

15. MAIDEN NAME Billie Holman

16. BIRTHPLACE (city or town) (State or country) Steubenville O.

17. INFORMANT The Signature of Lillie Holland and (Address) Bellaire O.

18. BURIAL, CREMATION, OR REMOVAL Place Bellaire O. Date 4-24-30

19. UNDERTAKER McDaniels and Co - Bellaire O. (Address)

19a. Was body embalmed. Yes Embalmer's No. 2492A.

20. FILED 4/24, 19 30 JW Keegan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) 4-21-30, 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above at 6 P M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Date of onset

Josephlagation  
Ohio Penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Coroner  
 (Signed) Joseph G Murphy M. D.  
 (Address) 1450 Mt Vernon Av