

50678

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH

County FranklinRegistration District No. 292File No. 22815

Township

Primary Registration District No. 887Registered No. 1643

or Village

No. Ohio Penitentiary

St. _____ Ward _____

or City of Columbus, Ohio

(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 8 yrs 1 mos. 19 ds.

How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME

Carl Hollenbacher

Did Deceased Serve in

U. S. Navy or Army _____

(a) Residence. No. _____

Allen County

St. _____

Ward _____

Lima, Ohio

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. Single, Married, Widowed,
or Divorced (write the word)Single5a. 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.47

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Welder 69/189. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Ohio

13. NAME

John Hollenbacher14. BIRTHPLACE (city or town)
(State or country)Windsor Ohio

15. MAIDEN NAME

Mary Messinger16. BIRTHPLACE (city or town)
(State or country)Pa - J17. The Signature of
INFORMANT
and (Address)John Hollenbacher
532 Albert St. Lima Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Wagoneta Date Apr 24 1930

19. UNDERTAKER

(Address) Chas C Siferd
Lima - O.19a. Was body embalmed yeEmbalmer's No. 1129A20. FILED 4-23 1930JW Kelgan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1930 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 6.00 PMThe PRINCIPAL CAUSE OF DEATH and related causes of importance
in order of onset were as follows:

Date of onset

Conflagration
Ohio PenitentiaryCONTRIBUTORY 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 fol-
lowing:

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

(Signed) Joseph A Murphy M. D.(Address) 1450 Mt Vernon Av