

## PLACE OF DEATH.

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County of Hamilton  
 Township of \_\_\_\_\_ Registration District No. 025 File No. 8417  
 or \_\_\_\_\_ Primary Registration District No. 5000 Registered No. 921  
 Village of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Cincinnati (No. 933 Central Av St., Ward \_\_\_\_\_)  
 (If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME James W. Holliday

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White  
 DATE OF BIRTH 7 8 1867  
 (Month) (Day) (Year)  
 AGE 43 years, 0 months, 7 days.  
 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 BIRTHPLACE (State or Foreign Country) St. Louis Mo  
 OCCUPATION Clerk  
 NAME OF FATHER John Holliday  
 BIRTHPLACE OF FATHER (State or Foreign Country) St. Louis Mo  
 MAIDEN NAME OF MOTHER Don't know  
 BIRTHPLACE OF MOTHER (State or Foreign Country) Don't know

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
 (Informant) Mrs. Holliday  
 (Address) 933 Central Av

Filed FEB 16 1910  
 19 \_\_\_\_\_  
Am Ray  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15 1910  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 15 1910 to Feb 15 1910  
 that I last saw him alive on Feb 15 1910  
 and that death occurred, on the date stated above, at 9<sup>10</sup>

a. M. The CAUSE OF DEATH was as follows:  
gangrene of foot & leg  
arterio-sclerosis  
 (Duration) 30 Days

Contributory Septicemia  
 (Duration) 5 Days  
 (Signed) H. H. Finer M. D.  
Feb 16 1910 (Address) 34 N. 8th St

SPECIAL INFORMATION only for hospitals, institutions, Transients, or Recent Residents.  
 Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Days  
 Place of Death? \_\_\_\_\_  
 Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL or REMOVAL Spring Grove Cem DATE OF BURIAL 2/17/10  
 UNDERTAKER John J. Sullivan ADDRESS 315 E 8th St