

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

41660

1 PLACE OF DEATH
County Cuyahoga Registration District No. _____ File No. _____
Township _____ Primary Registration District No. 8/16 Registered No. 5837
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cleveland
2 FULL NAME Peter J. Hotaling Did Deceased Serve in _____
U. S. Navy or Army.
(a) Residence. No. 1833 E 40 St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Breuna Hotaling (or) WIFE of _____
6 DATE OF BIRTH (month, day, and year) Dec 16 1858
7 AGE Years Months Days If LESS than 1 day hrs. or min.
69 6 17
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Garrett Machine
(c) Name of employer The White Co.

16 DATE OF DEATH (month, day and year) July 3 1928
17 I HEREBY CERTIFY, That I attended deceased from June 27 1928 to July 2 1928, that I last saw him alive on July 2 1928 and that death occurred, on the date stated above, at 10:00 a. m.
The CAUSE OF DEATH* was as follows:
Solar Pneumonia
18 Where was disease contracted _____
If not at place of death? _____
Did an operation precede death? no Date of _____
Was there an autopsy? no
What test confirmed diagnosis? Physicochemical
(Signed) J. P. Bennett M. D.
July 3 1928 (Address) 1455 E 105 Cleveland

9 BIRTHPLACE (city or town) (State or country) New York
10 NAME OF FATHER William Hotaling
11 BIRTHPLACE OF FATHER (city or town) (State or country) Albany New York
12 MAIDEN NAME OF MOTHER Rebecca Tryer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant: Bill Neil
(Address) 14511 Northside St. E. C.
15 Filed 7-3-28 J. P. Bennett REGISTRAR

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lake View
20 UNDERTAKER The Pro-Abolition Co. 601 Hudson
21 FUNERAL LICENSE No. 2115a

of OCCUPATION IS VERY IMPORTANT. See instructions on back.