

PLACE OF DEATH

STATE OF MICHIGAN

County Hillsdale.

Department of State—Division of Vital Statistics

Township Jefferson.

CERTIFICATE OF DEATH

Village or Osseo.

Registered No. 21

City _____ (No. _____ St. _____ Ward _____)

[If death occurred in a hospital or institution, give the NAME, location of street and number.]

FULL NAME Mr. Oscar B Holden.

SEP 7 1910

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male. 2 COLOR OR RACE White. 3 MARRIED, WIDOWED, OR DIVORCED (Write the word) Married.

4 DATE OF BIRTH Mar 15, 1841
(Month) (Day) (Year)

7 AGE 69 yrs 4 mos 24 ds. If LESS than 1 day, _____ hr. 2 or _____ mo. 7

8 OCCUPATION (a) Trade, profession or particular kind of work Laborer. (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) New York.

10 NAME OF FATHER Samuel Holden

11 BIRTHPLACE OF FATHER (State or country) New York.

12 MAIDEN NAME OF MOTHER Caroline Williams

13 BIRTHPLACE OF MOTHER (State or country) New York.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) J. H. Miner.
(Address) Hillsdale, M.

15 (Date) Aug 10 1910 (Signature) J. H. Miner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 7 - 1910
Aug. 9, 1910
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1908 to Aug 5, 1910, that I last saw him alive on Aug 5, 1910, and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:
Received during civil war
Head shot wound
Head Chronic diarrhoea
Miles

Contributory (Secondary) Arterio Sclerosis

(Sign) J. H. Miner
Aug 10 1910 (Address) Osseo Mich

*State the DISEASE CAUSING DEATH, or its details from VENUE CAUSE, such as WEAPONS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAININGS, OR RECENT RESIDENTS)
At place of death _____ yrs _____ mos _____ ds. Is the State _____ yrs _____ mos _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Britten, Mich. DATE OF BURIAL Aug. 12, 1910

20 UNDERTAKER J. H. Miner. ADDRESS Hillsdale, M.