

STATE OF OHIO BUREAU OF VITAL STATISTICS
 OF OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Columbiana Registration District No. 228 File No. 27716
 Township _____ Primary Registration District No. 8083 Registered No. 203
 or Village _____ No. 735 Lincoln Ave. St. _____ Ward _____
 or City of East Liverpool (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Morrison Cleeland

(a) Residence No. 735 Lincoln Ave. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

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) Widowed

16 DATE OF DEATH (month, day and year) Apr. 17/20

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

17 I HEREBY CERTIFY, That I attended deceased from Apr 7th 1920 to Apr 15th 1920
 that I last saw him alive on Apr 16th 1920

6 DATE OF BIRTH (month, day, and year) Jan 28, 1838

and that death occurred, on the date stated above, at _____

7 AGE Years 82 Months 2 Days 15 If LESS than 1 day _____ hrs. or _____ min.

The CAUSE OF DEATH was as follows: Parasitic poisoning

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mining Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (duration) _____ yrs. _____ mos. _____ ds.
 (SECONDARY) Bright disease

9 BIRTHPLACE (city or town) _____ (State or country) Portersville, Pa.

18 Where was disease contracted _____ if not at place of death? no

10 NAME OF FATHER John Cleeland

Did an operation precede death? no Date of _____

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Portersville, Pa.

Was there an autopsy? no

12 MAIDEN NAME OF MOTHER Elizabeth Morrison

What test confirmed diagnosis? Microscopic

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Portersville, Pa.

(Signed) J. J. Dancy M. D.
Apr 17th 1920 (Address) East Liverpool

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant H. P. Patterson (Address) Lincoln Ave. E. Liverpool

19 PLACE OF BURIAL, CREMATION, OR REMOVAL To be shipped to Hadley DATE OF BURIAL 4-19 1920

15 Filed 4-19 1920 Miss M. Davidson REGISTRAR

20 UNDERTAKER, License No. E. G. Sturgis ADDRESS East Liverpool, Ohio.