

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of..... CUYAHOGA.....Township of..... Registration District No. 8110..... File No. 16730Village of..... Primary Registration District No. Registered No. 2134City of..... CLEVELAND (No. 7513 Superior Ave. NE St. 21 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]² FULL NAME Catherine Beckenbach

PERSONAL AND STATISTICAL PARTICULARS

³ SEX Female ⁴ COLOR OR RACE White ⁵ SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)⁶ DATE OF BIRTH September 13th 1883
(Month) (Day) (Year)⁷ AGE 82 yrs. 6 mos. 2 ds.
If LESS than 1 day,..... hrs. or..... min.?⁸ OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).⁹ BIRTHPLACE (State or country) Germany

PARENTS

¹⁰ NAME OF FATHER Jacob Becken¹¹ BIRTHPLACE OF FATHER (State or country) Germany¹² MAIDEN NAME OF MOTHER Barbara Becken¹³ BIRTHPLACE OF MOTHER (State or country) Germany¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE(Informant) John Beckenbach(Address) 7513 Superior Ave. NE¹⁵ MAR 18 1916 191.....
J. E. Harmon
Registrar

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH Mar 16, 1916
(Month) (Day) (Year)¹⁷ I HEREBY CERTIFY, That I attended deceased from Jan 11, 1916, to Mar 16, 1916, that I last saw her alive on Mar 15, 1916, and that death occurred, on the date stated above, at 11 A.M.The CAUSE OF DEATH* was as follows:
Hepatitis cholecytica
Drugs and uraemic poisoning
chronic nephritis
(Duration)..... yrs. 2 mos. 15 ds.Contributory Drugs, uraemic poisoning
(SECONDARY) (Duration)..... yrs. mos. 3 ds.(Signed) W. H. Traut, M. D.
Mar 17, 1916. (Address) 2106 Lorain St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs. mos. ds. In 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 Woodland Cemetery DATE OF BURIAL 3/18, 1916²⁰ UNDERTAKER M. Beckenbach ADDRESS 1238 Dr. Clair Ave. NE

statement of OCCUPATION is very important. See instructions on back of certificate.