

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

170

PLACE OF DEATH

County of Cuyahoga

Township of \_\_\_\_\_

Registration District No. 8116

File No. 65156

Village of \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 8807

City of Cleveland

(No. 6527, Superior Ave No. 16 St., 73 Ward)

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

FULL NAME Kate Beckenbach

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH August 14, 1894  
(Month) (Day) (Year)

7 AGE 44 yrs. 4 mos. 8 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Cleveland Ohio

PARENTS

10 NAME OF FATHER Henry Beckenbach

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Becker

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Beckenbach  
(Address) 6527 Superior Ave N.E.

15 \_\_\_\_\_  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1911, to Dec 22 1914 that I last saw her alive on Dec 19, 1914 and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OR DEATH was as follows:  
Chronic Suppurative Infection  
Hypertrophy of Heart  
ad. & bl. inf. Cranny  
(Duration) 4 yrs. mos. ds.

Contributory acute myocardial  
(Secondary) (Duration) 4 mos. ds.

(Signed) W. J. ..., M. D.  
Dec 23, 1914 (Address) 4226 Goran

\*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 DATE OF BURIAL  
Worland Cemetery 12/26, 1914

20 UNDERTAKER ADDRESS  
H. Beckenbach 1238 ...  
N.E.

Filed 7/1, 1914

Registrar

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