

PLACE OF DEATH.

County of LucasTownship of Registration District No. 769 File No. 76119or
Village of Primary Registration District No. 8349 Registered No. 3881or
City of Toledo O (No. 717 George St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)FULL NAME Ervin Beck

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR SEPARATED Married
(Write the word)6 DATE OF BIRTH July 19, 1878
(Month) (Day) (Year)7 AGE 38 yrs. 5 mos. 4 ds. IF LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work clock
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Toledo O10 NAME OF FATHER Frederick Beck11 BIRTHPLACE OF FATHER (State or country) Germany12 MAIDEN NAME OF MOTHER Mary Siebert13 BIRTHPLACE OF MOTHER (State or country) Cleveland O14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Beck(Address) 717 George St15 Filed 12 25 1916 John F. Right Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 23, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 9-26, 1916, to 12-23, 1916, that I last saw h. and alive on 12-23, 1916, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows:Articular Rheumatism
(Duration) yrs. 3 mos. ds.Contributory Hepatic Cirrhosis
(SECONDARY) (Duration) yrs. 1 mos. ds.(Signed) Geo. F. Wright M. D.
12-25 1916 (Address) 1422 Perry

*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.If not at place of death?
Former or usual residence.19 PLACE OF BURIAL OR REMOVAL St Mary's Care DATE OF BURIAL Dec 26 191620 UNDERTAKER Ervin & Acker ADDRESS Toledo O