

DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cuyahoga Registration District No. 118 File No. 27019
Township _____ Primary Registration District No. _____ Registered No. _____

or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cleveland

2 FULL NAME John E. Bedromsky
(a) Residence No. 2379 E 83 St. _____ Ward 5
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed or Divorced (write the word) Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Mary Bedromsky

6 DATE OF BIRTH (month, day, and year) June 24 1850

7 AGE Years 73 Months 11 Days _____ If LESS than 1 day...hrs. or...min.

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

9 BIRTHPLACE (city or town) _____ (State or country) Bohemia

10 NAME OF FATHER Joseph Bedromsky

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) Bohemia

14 Informant Julia Murray (Address) 2663 E 128

15 MAY 13 1924 J. J. Schenker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) 5-11-24

17 I HEREBY CERTIFY That I attended deceased from May 1 1924 to May 11 1924 that I last saw him alive on May 11 1924 and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:
Hemiplegia (duration) 11 yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis (SECONDARY) (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? none of _____

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. J. Suwa M. D. (Address) 5-12, 1924 2370 E 87

*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Woodland Cem DATE OF BURIAL May 14 1924

20 UNDERTAKER, License No. Horak Co 705 B ADDRESS 8013 Denney

C. F. Horak