

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
1572

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PLACE OF DEATH  
County of \_\_\_\_\_  
Township of \_\_\_\_\_ Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
or \_\_\_\_\_  
Village of \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 544  
or \_\_\_\_\_  
City of Cleveland (No. 2210, W. 71st St., 4 Ward) (Death occurred in a hospital or institution, city or town of which record is made and retained.)

FULL NAME Caroline Tensing

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Female</u>	2 COLOR OR RACE <u>White</u>	3 MARRIAGE STATUS <u>Single</u>	4 DATE OF DEATH <u>Jan. 12</u> , 1919 <small>(Month) (Day) (Year)</small>	
5 DATE OF BIRTH <u>February 18</u> , 1858 <small>(Month) (Day) (Year)</small>			6 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 4</u> , 1919, to <u>Jan. 12</u> , 1919, and I last saw her alive on <u>Jan. 12</u> , 1919, and that death occurred, on the date stated above, at 5 P.M.	
7 AGE <u>60</u> yrs. <u>10</u> mos. <u>28</u> ds.			7 CAUSE OF DEATH <u>Carcinoma of Breast</u> <small>(Duration) yrs. mos. ds.</small>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Knitting at home</u> (b) General nature of industry, business, or establishment in which employed (if employee)			8 CONTRIBUTORY CAUSE <u>Bronchitis</u> <small>(Duration) yrs. mos. ds.</small>	
9 BIRTHPLACE (State or country) <u>Cleveland O.</u>			9 SIGNED <u>John W. Jackson</u> , M. D. <u>Jan. 14</u> , 1919 (Address) <u>2709 N. Main</u> <small>(Sign the Disease Cause as Death, or in full from Violent Causes such as (1) Means of Injury; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.)</small>	
10 PARENTS	11 NAME OF FATHER <u>John H. Tensing</u>	10 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Foreign Residences) At place of death: yrs. mos. ds. In the State: yrs. mos. ds.		
	12 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	Where was disease contracted? <input type="checkbox"/> At place of death <input type="checkbox"/> Not at place of death		
	13 MAIDEN NAME OF MOTHER <u>Dorothea Wiedemeyer</u>	11 PLACE OF BURIAL OR REMOVAL <u>Lutheran Cem.</u> DATE OF BURIAL <u>Jan. 15</u> , 1919		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Marnie Jasper</u> (Address) <u>3316 Lorain Ave.</u>	12 UNDERTAKER <u>J. A. Jackson</u> <u>650 P. 3316 Lorain Ave.</u>			
15 JAN 14 1919			13 REGISTERED	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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