

PLACE OF DEATH.

County of Cuyahoga Registration District No. 3110 File No. 42030Township of _____ or Village of _____ Primary Registration District No. _____ Registered No. 6025City of Cleveland (No. State Hospital St., 15 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]2 FULL NAME Ira Belden

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married WIDOWED OR DIVORCED (If write the word)6 DATE OF BIRTH April 16, 1874 (Month) (Day) (Year)7 AGE 42 yrs. 3 mos. ds. If LESS than 1 day.....hrs. or.....min?8 OCCUPATION (a) Trade, profession, or particular kind of work Stationary (b) General nature of industry, business, or establishment in which employed (or employer) Cleveland, Oh9 BIRTHPLACE (State or country) OhioPARENTS 10 NAME OF FATHER Reubin Belden 11 BIRTHPLACE OF FATHER (State or country) Ohio 12 MAIDEN NAME OF MOTHER Martha Woodworth 13 BIRTHPLACE OF MOTHER (State or country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. A. Belden (Address) 1440 Maile Ave15 Filled JUL 18 1916 J. R. Harmon Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 15, 1916 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 6, 1916, to July 11, 1916, that I last saw him alive on July 5, 1916, and that death occurred, on the date stated above, at 10 P.M.The CAUSE OF DEATH* was as follows:
General Paralysis of the Insane

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. F. Jamison M. D. (Address) 95. West 1st

*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. 1440 Maile Ave Cleveland19 PLACE OF BURIAL OR REMOVAL Algon Con DATE OF BURIAL July 19, 191620 UNDERTAKER J. A. Peticola ADDRESS 14622 Lorain St.