

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **069167-68**

ETH. NO. _____
 CASE NO. _____
 NAME OF DECEASED **WILLIAM WOODROW HART, JR.**
 Type of Patient _____
 PLACE OF DEATH IN BALTIMORE, MARYLAND _____
 DATE AND HOUR OF DEATH **7-29-68** M. _____

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Holy Spirit Hosp. CUMB. Co. E. PENNSBORO, PA**
 USUAL RESIDENCE (Within Baltimore City or County) **PA DAUPHIN LYKENS**
 CITY OR TOWN (If outside city or county, give township) _____
 STREET ADDRESS (If rural, give locality) **HOTEL LYKENS**

RACE **M W**
 MARRIAGE (If married, give date of marriage; if widowed, divorced, specify) **MARRIED**
 DATE OF BIRTH **3-4-1913** AGE (Years, Months, Days, Hours, Minutes) **55**
 USUAL OCCUPATION (Specify) **MACHINE OPERATOR**
 PLACE OF BIRTH (State or foreign country) **Wiconisco, PA**
 COUNTRY OF WHICH COUNTRY? **USA**

FATHER'S NAME **WILLIAM W. HART, SR.**
 MOTHER'S MAIDEN NAME **SARAH CALNON**
 Was Deceased Ever in U. S. Armed Forces? _____
 If yes, give war or dates of service _____
 SECURITY NO. **470-10-2901**
 INFORMANT **MRS. ANNA T. HART, 460 NORTH ST. LYKENS, PA**

18. SPOUSE - **ANNA TRUMPETER** CAUSE OF DEATH
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of death, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
 (A) **PORTAL CIRRHOSIS OF LIVER** INTERVAL BETWEEN ONSET AND DEATH **5-10 YRS.**
 (B) **ULCERATION OF ESOPHAGUS** **1 Mo.**
 (C) **GASTRO-INTESTINAL BLEEDING** **3 wks.**

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH; BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **ASCITES**

19A. DATE OF OPERATION? _____ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____
 20A. AUTOPSY? Yes or No? _____ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? _____
 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) _____
 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (Approx) _____
 21E. INJURY OCCURRED _____
 White At Work Not White At Work
 21F. HOW DID INJURY OCCUR? _____

22. I certify that (I) (this hospital) attended the deceased from _____ 19 _____ to _____ 19 _____, that (I) (we) last saw the deceased alive on _____ 19 _____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE _____ M.D. Attending Phys. Med. Director Staff Phys. 23B. DATE SIGNED **29 July, 1968**

23C. PHYSICIAN'S NAME (Type) **JOHN V. MILLER** M.D. 23D. ADDRESS **Holy Spirit Hosp. Camp Hill, PA**
 BURIAL CREMATION, DATE REMOVAL (Specify) **Burial 8-1-1968** 24C. NAME OF CEMETERY or CREMATORY **EVANGELICAL** 24D. LOCATION (City, town, or county) (State) **Wiconisco, Dauph. PA.**

DATE REC'D BY HEALTH DEPT. **7/31/68** 25B. NAME OF REGISTRAR **CAROLE L. MILLER** 25C. FUNERAL DIRECTOR **ROY W. D. SCHAFFATELL, 406 MARKET ST., LYKENS, PA.**