

CERTIFICATE OF DEATH,
IN THE CITY OF NEW YORK.

No. of Certificate
26308

1. Full Name of Deceased, (if an infant not named, give parents' names.) *Harvel P. Woodsworth*
2. Age, *37* years, *8* months, *21* days. Color (Race, if other than the white.) *white*
3. ~~Single~~ Married, ~~Widow~~ or ~~Widower~~. (Cross out the words not required by this line.) 4. Occupation, *Detective*
5. Birthplace, (State or Country.) *New York Westchester Co.* (How long in the United States, if of foreign birth.)
6. How long Resident in this City, *37 years*
7. Father's Birthplace, (State or Country.) *London Eng.* Father's Name, *William Woodsworth*
8. Mother's Birthplace, (State or Country.) *Wales Eng.* Mother's Name, *Unknown*
9. Place of Residence, (If an Institution, give name of the same.) No. *416* *Fourth Avenue N.Y.* Street *21* Ward *15*
10. If a dwelling, by how many families, living separately, occupied, *2* Floor* *one*
N. C. P. Burghum 12 E. 28
11. I Hereby Certify, that I attended deceased from *4th Aug. 1888* to *12th Aug. 1888* that I last saw *him* alive on the *12th* day of *August* 1888, that *he* died on the *12th* day of *August* 1888, about *10³⁰* o'clock, *A.M.* or P. M., and that, to the best of my knowledge and belief, the Cause of *his* death was as hereunder written :

Chief and Determining } *Chronic Hepatitis - Hypertrophy Heart*
 Consecutive and } *Chronic Gastritis*
 Contributing } *Uræmia*
 } *Asthma*

(Write opposite each cause; if unknown, it should be so stated.) Duration of Disease in				
Yrs.	Months	Days	Hours	Minutes

* The duration of each disease when given, be reckoned from its commencement until death.

Sanitary observations, _____

Witness my hand this *14th* day of *August* 1888

Place of Burial, *Evergreen Cemetery* (Signature,) *Charles T. Burghum M. D.*

Date of Burial, *August 15/88*

of Undertaker, *Ad. Ashmead* Residence, *12 E. 28*
1469-3 Ave

Room for granting Burial Permits, No. 48. Hours from 7 A. M. to 6 P. M. on week days; from 9 A. M. to 5 P. M. on Sundays.

* If the floor is more than the floor immediately above or on a level with the grade of the street adjoining; the basement door is below the level of the adjoining street.
 * Cross out the list of diseases printed on the back of this Certificate.

This Certificate must be written with Blue Ink. Should be Certified by the Physician.

