

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **069167-68**

5TH NO. _____
 6. 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**
 8. USUAL RESIDENCE (Within Baltimore, give street, no., apt. no., room, residence before admission) A. STATE **PA** B. COUNTY **DAUPHIN**
 9. CITY OR TOWN (If outside city limits, give nearest city and give township) **LYKENS**
 10. STREET ADDRESS (If rural, give locality) **HOTEL LYKENS**

11. RACE **M** 12. SEX **W** 13. MARRIAGE (Specify) **MARRIED**
 14. DATE OF BIRTH **3-4-1913** 15. AGE (Years last birthday) **55**
 16. USUAL OCCUPATION (Specify) **MACHINE OPERATOR** 17. BIRTHPLACE (State or foreign country) **Wiconisco, PA** 18. COUNTRY OF BIRTH **USA**
 19. FATHER'S NAME **WILLIAM W. HART, SR.** 20. MOTHER'S MAIDEN NAME **SARAH CALNON**

21. Was Deceased ever in U. S. Armed Forces? (If yes, give war or dates of service) _____
 22. Informant **MRS. ANNA T. HART, 466 NORTH ST. LYKENS, PA**
 23. Security No. **470-10-2901**

24. 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** 5-10 YRS.
 (B) **ULCERATION OF ESOPHAGUS** 1 Mo.
 (C) **GASTRO-INTESTINAL BLEEDING** 3 wks.

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH; BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **ASCITES**
 26. DATE OF OPERATION? _____ 27. CONDITION FOR WHICH OPERATION WAS PERFORMED _____
 28. AUTOPSY? Yes or No? _____ 29. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? _____

30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) _____
 31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 32. WHERE DID INJURY OCCUR? _____
 33. TIME OF INJURY (Month) (Day) (Year) (Hour) (Approx) _____
 34. INJURY OCCURRED _____
 35. HOW DID INJURY OCCUR? _____
 36. White At Work Not White At Work

37. 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.

38. SIGNATURE _____ 39. DATE SIGNED **29 July, 1968**
 M.D. Attending Phys. Med. Director Staff Phys.

40. PHYSICIAN'S NAME (Type) **JOHN V. MILLER** 41. ADDRESS **Holy Spirit Hosp. Camp Hill, PA**
 42. BURIAL CREMATION, REMOVAL (Specify) **Burial** 43. DATE **8-1-1968** 44. NAME OF CEMETERY or CREMATORY **EVANGELICAL** 45. LOCATION (City, town, or county) (State) **Wiconisco, Dauph. PA.**

46. DATE REC'D BY HEALTH DEPT. **7/31/68** 47. NAME OF REGISTRAR **CAROLE L. MILLER** 48. FUNERAL DIRECTOR **ROY W. D. SCHAFFATELL, 406 MARKET ST., LYKENS, PA.**