County of Westchester.

No. of corresponding Entry in Register Book of Deaths to be inserted here by the Registrar.

67

CERTIFICATE OF DEATH.

In the City of Yonkers.

1. Full Name of Deceased (If an infant not named, give parents' names.) Henry Ward Johns

2. Age 60 years 9 months 26 days. Sex male Color (Race, if other than White.) White

3. ~~Single~~, Married, ~~Widowed~~ (Cross out words not required in this line.) 4. Occupation Business Merchant

5. Birthplace (and State or Country.) West Stockbridge, Mass. (How long in the United States, if of foreign birth.)

6. Father's Name and Birthplace Unknown (State or Country.)

7. Mother's Name and Birthplace " (State or Country.)

8. Place of Death (If an Institution, state its name.) Park Hill, Yonkers, N.Y. (How long resident of this city) (If dying away from Home, give Home Residence below.)

9. Date and Hour of Death:—Died on the 8th day of February 1898, at about 11.25 P.M.

10. I hereby report this Death, and certify that the foregoing statements are true according to the best of my knowledge.

(Signature and residence of Reporter) Henry W. Johns Jr. Brooklyn, N.Y.

11. I Hereby Certify, That I attended the deceased from Nov 26th 1898, to Feby 8th 1898 that I last saw him Feb 6 1898 that he died on the 8th day of Feb 1898, about 11.25 o'clock P.M., and that to the best of my knowledge and belief the Cause of his death was as hereunder written:

Cause or Causes of Death	Duration of Disease in Years, Months, Days, or Hours.†
Chief and Determining } Phthisis Pulmonalis	8 weeks
Consecutive and Contributing } Apnoea	

† The duration of each Disease, when given, is reckoned from its commencement until death.

* Instructions.—Under "cause or causes of death" insert remote, immediate, and concurring causes. For instance: Insert "measles and pneumonia," or "difficult labor, peritonitis, and septicæmia," or "scarlet fever, nephritis, dropsy, and coma," in cases presenting these phenomena.

If the true cause of death *is not certainly known*, insert names of symptoms with a cross, thus: "Convulsions and coma ×; paralysis of the heart ×," etc.

Witness my hand this 9th day of Feb 1898

(Signature,) Edw. Hermance M.D.

Residence, Yonkers.

Burial Permit Feb 10 98 K.L.

Burial Feb 10 98 P.M.

Undertaker J.H. Harvey

Barry CASTEMAN
6/27/06