STATE OF NEW YORK.

CERTIFICATE AND RECORD OF DEATH 13894

| | Henry M. Louis | | | | | | | | | | | | | | | | | | |
|-----------------------|----------------|---|---------------------------|--|-----------------------------|--------------------|-------------------------|-------------------|-------------------------|-------------------|--|--|-------------|------------|--------------------------------|--------|--------------------------------|------------|---------------|
| | | I hereb | y certi | fy that I | attende | d dec | eased f | rom | Ma | ve | lo | 189 | 9,1 | 0 | Au | I. | 64 | 1 | 894 |
| - | | at I last saw humalive on the 64. day of Aug. 1809, that he died on the | | | | | | | | | | | | | | | on the | | |
| INE | kno | day of Aug. 1899, about & Clock A. M. or P. M., and that to best of my chowledge and belief, the cause of death was as hereunder written. (If under one year old, state how fed.) | | | | | | | | | | | | | | | | | |
| COE | | Browellile - Languagelile 1961 | | | | | | | | | | | | | | | | | |
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| HE | | SEE RULES ON THE OTHER SIDE. | | | | | | | | | | | | | | | | | |
| | | ace of Burial Security (Signature), SG OF 1899 | | | | | | | | | | | | | | | | | |
| N. | | | | AF JOHN V. WILLIAM STORES | | | | | NATURI | 6). | P. 9 | he | en | de | , | - | 1 | | M D |
| | Und | Indertaker, Shufelle & Stockel RESIDENCE, | | | | | | | | | | | | | | | | | |
| - | Resi | desidence, 384 Van Burtse 58/ Henry U. | | | | | | | | | | | | | | | | | |
| - | Dateo | Indire of J | Direc | Class o (A tear a hear by mor | Last Rosi | 보 보 | Birt | N.H. | Pa Dire | N.F | reside of No | U.S. | Bir | Осе | or W | | Age, mos. | 12 | Date |
| | Date of Record | Indirect cause of Death. | Direct cause of Death. | f Dwell' ment being e occupied e than two silles.) | Last place of Residence. | Place of Death. | Mother's Birthplace. | Mother's Name. | Father's Birthpiace. | Father's Name. | How long resident in City of New York. | How long in U. S. if foreign born, | Birthplace. | Occupation | Single, Married or Widowed. | Color. | Age, in years, mos and days | Full Name. | Date of Death |
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NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES MUNICIPAL ARCHIVES

31 Chambers Street New York, N.Y. 10007

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Commissioner, Department of Records

Leonora A. Gidlund

Director, Municipal Archives