

MAY 1882

STATE OF NEW JERSEY.

CERTIFICATE OF DEATH.

SEE PENALTY FOR NON-REPORT.

1. Full name of deceased Hannah Hewarth
(If an infant, not named, so state, and give sex)
2. Age 65 years 7 months 10 days Color White
3. Single, married, widow or widower. Cross out all but the right one. Occupation.....
4. Birthplace England [State or country. If of foreign birth, give how long in United States.]
5. Last place of residence West New York Hudson Co. [If a city, give name; if not, give county and township.]
6. How long resident in this State Eleven Years
7. Place of death West New York Hudson Co. Union Township
(If in a city, give name and street and number; if in township, give name and county; if in institution, so state.)
8. Father's name William Hagar Country of birth England
9. Mother's name Hannah Cooper Country of birth Eng.
10. I hereby certify that I attended Hannah Hewarth
 during the last illness, and that she died on the 22nd day of October, 1882; and
 that the cause of death was Dysentery

Registered, but Optional.

- a. Primary disease.....
- b. Secondary disease, (how long).....
- c. Remarks.....

Length of sickness Twenty Days
John H. [Signature]
 Medical Attendant

Residence.....

Date.....

Name and residence of Undertaker John Gschwend Town of Union

Place of Burial Methodist Cemetery Oct. 24th 1882