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Charles Hardister
Charles Hardister
State Registrar

3119039

No.

FEB 24 1981

Date

PLACE OF DEATH		CERTIFICATE OF DEATH		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS	
County of <i>Allegheny</i>	Registration District No. <i>83</i>	File No. <i>127792</i>			
Municipality of <i>Scranton</i>	Primary Registration District No. <i>4-67</i>	Registered No. <i>63</i>			
or Borough of					
or Township of					
or City of					
I. FULL NAME <i>William S. McHenry</i>		(If death occurred in a Hospital or Institution, give as NAME of such institution)			
PERSONAL AND STATISTICAL PARTICULARS					
SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>Married</i>	16. DATE OF DEATH <i>December 11, 1977</i>		
DATE OF BIRTH <i>Dec 26, 1909</i>					
AGE <i>68</i>	IF LESS than 1 day (How many hours, min. or sec.)		17. I HEREBY CERTIFY, That I attended deceased from <i>Dec 11, 1977</i> to <i>Dec 11, 1977</i>		
OCCUPATION <i>Mill Worker</i>	BIRTHPLACE <i>Columbia Co. Pa.</i>		that I last saw him alive on <i>Dec 11, 1977</i>		
1. Trade, profession, or similar occupation	10. NAME OF FATHER <i>McHenry</i>		and that death occurred on the day stated above at <i>11 P.M.</i>		
2. General character of industry, trade, or occupation in which employed (or unemployed)	11. BIRTHPLACE OF FATHER <i>Columbia Co.</i>		The CAUSE OF DEATH was as follows: <i>Apoplexy of cerebral artery</i>		
12. MAIDEN NAME OF MOTHER <i>Sarah Quibbly</i>	13. BIRTHPLACE OF MOTHER <i>Columbia Co.</i>		6 hours (Duration) 3 yrs. 1 mo. 24 days (Duration)		
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	15. PLACE OF BURIAL OR REMOVAL <i>Catholic Hill Scranton</i>		DATE OF BURIAL <i>Dec 14, 1977</i>		
16. SIGNATURE OF REGISTRAR <i>P. J. Biscardi</i>	17. ADDRESS <i>Scranton Pa.</i>		18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)		
19. LOCAL REGISTRAR <i>Scranton</i>	20. UNDERTAKER <i>McHenry</i>		21. ADDRESS <i>Scranton Pa.</i>		