

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

35537

Dist. No. 5906
To be inserted by registrar

Registered No. 147

1 PLACE OF DEATH: STATE OF NEW YORK
County Westchester
Town Putt
Village Putt
City United Hospital Ward _____ St. _____
(If a hospital or institution give its NAME instead of street and number)
Length of stay:
In hospital or institution yrs. mos. 14 days
In town, village or city yrs. mos. days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)
State New York
County Westchester
Town Putt
Village Putt
City _____
No. 55 Washington St. _____
Is residence within limits of city or incorporated village? yes

3 Full Name Andrew J. Lewis
4 (a) Social Security No. none 4 (b) If Veteran, Name War none

5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Single
8 IF MARRIED, WIDOWED OR DIVORCED, Name of _____ Age if alive _____ years

9 DATE OF BIRTH (month, day, year) Jan 24 1878
10 AGE Years Months Days IF LESS than 1 day _____ hrs. or _____ min.
62 5

11 Usual occupation Painter
12 Industry or business Construction

13 BIRTHPLACE (City or Town) (State or Country) Brooklyn N.Y.

14 NAME Henry Lewis
15 BIRTHPLACE (City or Town) (State or Country) England

16 MARRIAGE NAME Gunie Koch
17 BIRTHPLACE (City or Town) (State or Country) England

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's name Walter Jackson
signature _____
Address 55 Washington St

19 PLACE OF BURIAL, CREMATION OR REMOVAL DA. & OF BURIAL
22 Fern-Wood Burial, Putt, N.Y. June 27, 1940

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Ernest Jackson
ADDRESS Putt, N.Y.
UNDERTAKER'S License No. 1262

21 Date received June 26, 1940
Signature of Registrar or Subregistrar Dorence R. Kumble

Burial or Transmitt. Permit issued by Dorence R. Kumble Putt, N.Y. Date of issue June 26, 1940

FOR GENEALOGICAL RESEARCH ONLY

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) June 24, 1940
23 I HEREBY CERTIFY, That I attended deceased from June 10, 1940 to June 24, 1940
I last saw him alive on June 24, 1940

To the best of my knowledge, death occurred on the date stated above, at 6:50 P.M.

Immediate cause of death Primary carcinoma of right lung

Direct Generalized arteriosclerosis

Base on Arteriosclerotic heart disease

Other conditions (Include pregnancy within 3 months of death)
Major findings: Carcinoma lung
Of operations: June 22, 1940

Of autopsy Tumor of lung

What laboratory test was made? Routine hospital

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 9.3.7
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? _____ While at work? _____
(e) Means of injury (Specify type of place) _____

25 Signature Walter Jackson M.D.
Address United Hospital Date 6/24/40

DURATION OF CONDITION		
Yrs.	Mo.	Days
?	?	?
?	?	?
?	?	?

PHYSICIAN Underwrite the cause to which death should be charged.

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
N.B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.



NY2507155

Ver. 11/2011

FOR CENTROCENTRUM HEALTH CARE