

# Certificate of Death

Certificate No. 5369

1947 JUN 3 AM 10 59

1. NAME OF DECEASED (Print) Henry Louis Harris  
First Name Middle Name Last Name

## PERSONAL AND STATISTICAL PARTICULARS (To be filled in by Funeral Director)

### 3. USUAL RESIDENCE

(If non-resident, give place and street)  
Brooklyn, Bklyn  
26 5204 DELAFIELD AVE

### 4. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Show in words)

MARRIED

5. HERBERT HARRIS  
14 DELAFIELD AVE

6. DATE OF BIRTH (Month) (Day) (Year)  
OF DECEASED June 19 1907

7. AGE 39 11 14 YEARS MONTHS DAYS  
LESS ONE DAY

8. A Truly competent person  
has signed this certificate  
Dr. H. H. H.

## MEDICAL CERTIFICATE OF DEATH (To be filled in by the physician)

10. PLACE OF DEATH: Home  
26 5204 DELAFIELD AVE

11. PRESENT ILLNESS, TENDENCY,  
PREEXISTING DISEASE,  
(If known, give name)

12. DATE OF DEATH (Month) (Day) (Year)  
June 3 1947

13. SEX M COLOR OR RACE W 14. ADULT  
(Check one)

15. I HEREBY CERTIFY that I attended the deceased from  
June 1947 to June 3 1947;  
that I last saw him alive on June 3 1947;  
and that death occurred on the date stated above at 10 59

DECEASED FOR CORONER AND INTERMENT