Register of Wills and Clerk of the Orphans' Court Division
of the Court of Common Pleas
of Berks County, Pennsylvania

Certification of Death

I, Larry Medaglia, Clerk of the Orphans' Court of Berks County, Pennsylvania, do hereby certify that

Mrs. Benneville Machemer, age 82, a House wife,

died on 8/25/1903 at Harrisburg,

Berks County, Pennsylvania of Old Age.

Deceased was buried on 8/29/1903 at St. Michaels,

Deceased's marital status: Widow,

Information supplied by George Seaman,

As recorded on April 03, 1904
in Berks County Register of Deaths
Vol. 1, Page 242, Line 5

Larry Medaglia
Clerk of the Orphans' Court

Witness my hand this 29
day of June . 2021

Jennifer A. Miccarelli
Asst. Clerk of the Orphans' Court

Form V. S. No. 5—50M-2-15-18.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH

File No. 150761

Registered No. 418

1. PLACE OF DEATH.
County of Hamburg
Township of ..... Registration District No. 327
or Borough of Hamburg Pa Primary Registration District No. 1075
or City of ..... (No. ..... St., ... Ward.)

[If death occurred in a Hospital or Institution, give its NAME, instead of street and number.]

2. FULL NAME Henry Shuker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)
M	W	

6. DATE OF BIRTH Oct 24th 1838 (Month) (Day) (Year)

7. AGE yrs. 79 mos. 1 ds. 5 — If LESS than 1 day how many ..... hrs. or ..... min?

8. OCCUPATION
(a) Trade, profession, or, particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE. (State or Country) Greenwich Township Pa

PARENTS

10. NAME OF FATHER Samuel Shuker

11. BIRTHPLACE OF FATHER (State or Country) Pa

12. MAIDEN NAME OF MOTHER Susan Fox

13. BIRTHPLACE OF MOTHER (State or Country) Pa

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Emma Shuker
(Address) Hamburg Pa

15
Filed Dec 2 1918 W O Heim
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Nov. 29 1918 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 1918, to Nov 29 1918, that I last saw h[illegible] alive on Nov 28 1918, and that death occurred, on the date stated above, at 10 a M.
The CAUSE OF DEATH* was as follows:
Apoplexy
4d
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary.) .....
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) J Wagner M. D.
Nov 30 1918 (Address) Hamburg

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).
At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL Greenwood Cemetery — DATE OF BURIAL Dec 3d 1918

20. UNDERTAKER Daniel A. Burkey — ADDRESS Hamburg Pa