

1 PLACE OF BIRTH

County Burlington  
 Township Florence  
 or Village Florence  
 City \_\_\_\_\_

State of New Jersey—Bureau of Vital Statistics.  
**CERTIFICATE AND RECORD OF DEATH.**

#601

Registered No. \_\_\_\_\_

Front \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME OF DECEASED SARAH ELIZABETH WEAST

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH September 22, 1852  
 (Month) (Day) (Year)

7 AGE 63 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. ?

8 OCCUPATION  
 (a) Trade, Profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Penna.

10 NAME OF FATHER John Aaronson

11 BIRTHPLACE OF FATHER (State or country) Dont know

12 MACHIN NAME OF MOTHER Elizabeth Beatty

13 BIRTHPLACE OF MOTHER (State or country) Dont know

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH October 7, 1915  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1915, to Oct 7, 1915; that I last saw her alive on Oct 7, 1915; and that death occurred, on the date above stated, at 3 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorrhage  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) David Baird M.D.  
Oct 9, 1915 (Address) Flourish 1st  
 \*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT, OR RESIDENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Signature) John Weast  
 (Address) Florence

20 BY Dr. S. W. Byron Beatty  
 REGISTRAR.

19 PLACE OF BURIAL OR REMOVAL Florence, N. J. DATE OF BURIAL Oct 11, 1915

20 UNDERTAKER J. J. SLACK & SONS ADDRESS BURLINGTON