

#446

W22  
Write especially n

1. Full name of deceased... Lydia West  
(If an infant not named, so state, and give sex.)

2. Age... 70 years... months... days... hours

3. Color... White Occupation... housewife

4. ~~Single, married, widow or widower~~... {Cross out all but the right one.}

5. Birthplace... America  
(State or country.)

6. Last place of residence... Florence  
(If a city, give name; if not, give county and township)

Burl. Co. New Jersey

7. How long resident in this State... Always

8. Place of death... Florence  
(If in a city, give name and street and number; if in township, give name

Burl. Co. New Jersey  
and county; if in an institution, so state.)

9. Father's name... X

Country of birth...

10. Mother's name... X

Country of birth...

11. I hereby certify that I attended the deceased during the last illness, and that... died on the... 2nd

day of... March 1897 and that the cause of death was... Chronic Phthisis

Length of sickness... {See over and add particulars.}

David Baird  
Medical Attendant

Residence... Florence N.J.

Name of Undertaker... Wm W. Slack

Residence of Undertaker... Burlington Co.

Place of Burial... Cedar Hill