

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

#400

Full Name of Decedent *Morgan West Sr*
(If an infant not named, so state, and give sex.)

Years	Months	Days	Hours
85			

Age *85* Color *white* Occupation *laborer*

Single Married Widowed Divorced Birthplace *America*
(Cross out all but the right one.) (State or country.)

Last Place of Residence *Florence N.J.* How long resident in this State *Always*

Place of Death *Florence Bur Co New Jersey*
(If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.)

Father's Name Country of Birth

Mother's Name Country of Birth

I hereby certify that I attended the deceased during the last illness, and that *he* died on the *1* day of *July* 190*4*, and that the cause of death was *Chronic Nephritis*
 Length of sickness *2 years*

Name of Undertaker *Wm W Black* *Wm Paul Jr*
(Medical Attendant)

Residence of Undertaker *Perth Amoy N.J.* *Florence N.J.*
(P. O. address.)

Place of Burial *Cedar Hill*

The incompleteness of inclosed certificates will be received.