

1 PLACE OF DEATH

County Camden

Township _____

Village _____

City Camden

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

Registered No. 757

(No. 738 Spruce St.; 7 Ward)

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

2 FULL NAME OF DECEASED Edward Nelson Weast Jr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(If wife the word)

6 DATE OF BIRTH June 16, 1924
(Month) (Day) (Year)

7 AGE 2 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. min. ?

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

9 BIRTHPLACE (State or country) New Jersey

10 NAME OF FATHER Edward R. Weast Jr
11 BIRTHPLACE OF FATHER (State or country) N.J.

12 MAIDEN NAME OF MOTHER Melendia L. Bishop

13 BIRTHPLACE OF MOTHER (State or country) N.J.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward R. Weast Jr

(Address) 738 Spruce St.

15 Filed 8/18 1924 24 A. Stone REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1924, to Aug 16, 1924, that I last saw him alive on Aug 16, 1924, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows:

Varicella

(duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) Conrad R. Howell M.D.
Aug 17, 1924. (Address) 565 Benson R.

*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 Evergreen Cem DATE OF BURIAL Aug 17, 1924

20 UNDERTAKER M. Cain ADDRESS Camden

Instructions on back of certificate.