

#612

271 V. S.

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE AND RECORD OF DEATH.

1 PLACE OF DEATH **BURLINGTON, N. J.** State **NEW JERSEY** Registered No. \_\_\_\_\_  
County \_\_\_\_\_ Township **Gloucester** or Village **Gloucester** or  
City \_\_\_\_\_ No. **Front & Summer** St. **S** Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Erwin Weast** (Weast)  
(a) Residence. No. **Front & Summer** St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State.)  
Length of Residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX **Male** Color or Race **White** 5 Single, Married, Widowed or Divorced (write the word.) **Married**

5a If married, widowed or divorced **HUSBAND of Elizabeth Weast**  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) **Apr 20 1888**

7 AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. **04**

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **44 Gopher maker**  
(b) General nature of industry, business, or establishment in which employed or employer **Iron works**  
(c) Name of employer **R. D. Hood Co**

9 BIRTHPLACE (city or town) **Gloucester**  
(State or Country.) **N. J.**

10 NAME OF FATHER **John Weast**

11 Birthplace of Father (city or town) **Gloucester**  
(State or Country.) **N. J.**

12 MAIDEN NAME OF MOTHER **Sarah E. Garmon**

13 Birthplace of Mother (city or town) **Penna**  
(State or Country.)

14 Informant **Mrs Elizabeth Weast**  
(Address) **Gloucester N. J.**

15 Filed **June 20, 1922** **B. Cart**  
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) **June 14 1922**

17 I HEREBY CERTIFY, That I **VIEWED** deceased from **June 22 1922**, to **10**, 19\_\_\_\_, that I last saw him **alive** on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at **9 A.M.**

THE CAUSE OF DEATH\* was as follows:  
**Pulmonary Tuberculosis**  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_  
Signed **Edward H. DeBorja, M. D.**  
(Address) **Morris**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal **cedar Hill Cem.** Date of Burial **6/23 1922**

20 Undertaker **W. W. Slack & Sons** Address **417 A BURLINGTON, N. J.**  
**Funeral Directors**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PARENTS