

659

1 PLACE OF DEATH

County Burlington
 Township Florence
 Village Florence
 City _____

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

Registered No. _____

(No. Front St. _____ Word) _____

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

2 FULL NAME OF DECEASED Martin Hulbert Heast

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 1, 1918
 (Month) (Day) (Year)

7 AGE 7 yrs. 19 mo. 19 ds. If LESS than 1 day, _____ hrs. or _____ min. ?

8 OCCUPATION
 (a) Trade, Profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) New Jersey

10 NAME OF FATHER Brown Heast
 11 BIRTHPLACE OF FATHER (State or country) New Jersey
 12 MARRIED NAME OF MOTHER Elizabeth Spotts
 13 BIRTHPLACE OF MOTHER (State or country) New Jersey

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Heast
 (Address) Florence N. J.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH August 22, 1913
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 9, 1913, to Aug 22, 1913, that I last saw him alive on Aug 22, 1913, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Acute Gastric Ectasia

(Duration) _____ yrs. _____ mo. 13 da.

Contributory (Secondary) Concussion

(Signed) Dwight B. J., M.D.
Aug 25, 1913. (Address) Florence N. J.

18 I certify the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Criminal, or Homicidal.

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mo. _____ ds. In the _____ State _____ yrs. _____ mo. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

20 PLACE OF BURIAL OR REMOVAL
Lydell Hill Cemetery
Florence N. J.

DATE OF BURIAL August 22, 1913

ADDRESS _____