

#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. **5** Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME **Erwin Herast** (b) **Herast**
(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** 4 Color or Race **White** 5 Single, Married, Widowed or Divorced (write the word.) **Married**

5a If married, widowed or divorced
HUSBAND of **Elizabeth Herast**
(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.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **44** **Yoke 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 Herast**

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 Herast**
(Address) **Gloucester N. J.**

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

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I **VIEWED** **ON**
June 22, 1922, that I last saw him **alive** on **June 14, 1922**, 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. Beckwith, 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 **Graves Hill Cem.** Date of Burial **6/23 1922**

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