

#434

PLACE OF DEATH  
 County Burlington State N.J. NEW JERSEY Registered No. 132  
 Township Northampton or Borough  
 City Burlington County Hospital Ward  
 No. 130 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME MORCANA BAIRD WHEAST  
 3 Residence No. IRON ST FLORENCE N.J. Ward  
 (Usual place of abode; in institutions, homes, etc., former residence should be stated.) (If non-resident give city, town and State.)  
 Length of residence in city or town where death occurred yrs. mos. / days How long in U. S., if of foreign birth? yrs. mos. / days

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 5 COLOR OR RACE White 6 Single, Married, Widowed or Divorced (write the word) Single

7 If married, widowed or divorced  
 HUSBAND OF  
 (or) WIFE OF  
 (Give full maiden name)

8 DATE OF BIRTH  
 (month, day and year) Oct. 10, 1929

9 AGE Years Months Days If Less Than One Day If More Than One Day  
10 4

10 OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) Bloomington  
 (State or Country) New Jersey

12. NAME Donald John Wheast

13. BIRTHPLACE (city or town) Bloomington  
 (State or Country) New Jersey

14. MAIDEN NAME Helen Davis

13a. BIRTHPLACE (city or town) Denville  
 (State or Country) New Jersey

15 SIGNATURE OF INFORMANT Donald J. Wheast  
 (Address) Bloomington, N.J.

20 PLACE OF BURIAL Bloomington, N.J.

Cremation or Removal Date Aug. 15, 1930

21 INTERBURIAL Mr. H. Black  
 (Address) Bloomington, N.J.

16. RECEIVED 8-22-30 B.P. Present  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH Aug 14 1930

18 I HEREBY CERTIFY, that I attended deceased from Aug 14 1930, to Aug 14 1930

I last saw him alive on Aug 14 1930, death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance in order of onset were as follows: Acute Gastro Enteritis

Contributory causes of importance not related to principal cause: typhoid

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy? No

If death was due to external causes (violence) fill in also the following Date of

Accident, suicide, or homicide? injury 1930

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If no, specify

(Signed) Wm. J. Gandy

(Address) 3 Cherry St.