

**NEW JERSEY DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS**

Registrar's No. _____

PLACE OF DEATH
 County Burlington
 Township Gloucester
 City or Borough 124
 Name of Hospital or Institution 423 N 6th St
 Length of stay in this Community 1 1/2 mos. 15 days 0 hrs.

FORMER OR USUAL RESIDENCE
 State N.J. County Burlington
 City or Borough Gloucester
 Street No. 423 N 6th St
 If foreign born, how long in U.S.A? _____ years

FULL NAME
 (Surname last)
Ford J. Weeast

MEDICAL CERTIFICATION

DATE OF DEATH June 3rd 1941

I HEREBY CERTIFY, that I attended the deceased from March 9 1940 to June 3 1941 that I last saw him alive on June 3 1941 and that death occurred on the date stated above, at 2:15 P. M.

NEW JERSEY STATE DEPARTMENT OF HEALTH
 Under my hand and Department seal I certify this is a true photostatic reproduction of microfilm made of the original record.

Charles H. [Signature] Registrar

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE STATE HEALTH DEPARTMENT IS AFFIXED HEREOF

Signature of Deceased Helen M. Davis Weeast
Address of Deceased 423 N 6th St Gloucester N.J.
Signature of Registrar R. B. [Signature]
Address of Registrar Columbus, N.J.