

#434

STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

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

2 FULL NAME MORCANA BAIRD WEAVER  
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 Ifr. Min.  
10 4

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) Florence (State or Country) New Jersey

MOTHER FATHER 12. NAME David John Weaver

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

14. MAIDEN NAME Helen Davis

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

15 SIGNATURE OF INFORMANT David J. Weaver (Address) Florence, N.J.

20 PLACE OF BURIAL Florence, N.J. Cremation or Removal Date Aug. 15, 1930 N. J. License No.

21 UNDERTAKER Wm. H. Black (Address) Burlington, N.J.

16. RECEIVED 8-22-30 B. P. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH Aug 14 1930

18 I HEREBY CERTIFY, that I attended deceased from on Aug 14 1930, to noon 19... I last saw him alive on... 19... death is said to have occurred on the date stated above, at 7 P.M. D.S.T.

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

Acute Gastro ENTERITIS  
113

Contributory causes of importance not related to principal cause: Staphylococci

Name of operation Date of

What test confirmed diagnosis? NO

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 19...

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 None (Signed) [Signature] (Address) Burlington, N.J.