

John P. Brunner M.D. 1304 Home St.

1918 V. S.

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY  
BUREAU OF VITAL STATISTICS.

1 PLACE OF DEATH **CERTIFICATE AND RECORD OF DEATH.**

County Burlington State NEW JERSEY Registered No. \_\_\_\_\_  
Township Florence or Village Florence or \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Carrel Heast

(a) Residence. No. 19 New South St., \_\_\_\_\_ Ward \_\_\_\_\_  
Length of residence in city or town where death occurred \_\_\_\_\_ mos. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(If nonresident give city or town and State) (If foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced Married

6 DATE OF BIRTH (month, day, and year) July 18, 1896  
7 AGE Years 22 Months 2 Days 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9 BIRTHPLACE (city or town) Smithville (State or country) New Jersey

10 NAME OF FATHER Abraham H. Carrel

11 BIRTHPLACE OF FATHER (city or town) Smithville (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Anna Grant

13 BIRTHPLACE OF MOTHER (city or town) Cross town (State or country) New Jersey

14 Informant Lord J. Heast (Address) Florence, N.J.

15 Filed Oct. 19, 1918 Registrar John H. Slack & Sons

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9 1918  
17

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1918 to Oct. 9 1918  
that I last saw her alive on Oct. 9 1918  
and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

(Signed) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Influenza (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) John P. Brunner M. D.

19 (Address) Florence N.J.

\*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.)

20 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Cedar Hill Cemetery Oct. 13 1918  
Florence, N.J. ADDRESS

20 UNDERTAKER John H. Slack & Sons Florence

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.