

#253

W 74

22-Use Ink, and write plainly, especially names.

1. Full name of deceased.....
(If an infant not named, so state, and give sex.)
Susan Meast
2. Age *51* years.....months.....days.....hours.
3. Color *White*..... Occupation *Housewife*.....
4. ~~Single~~, married, ~~widow or widower~~..... { Cross out all but the right one. }
5. Birthplace *Harrods N. J.*.....
(State or country.)
6. Last place of residence.....
(If a city, give name; if not, give county and township.)
Camden
7. How long resident in this State..... *Bird*
8. Place of death.....
(If in a city, give name, and street and number; if in a township, give name and county; if in an institution, so state.)
#1131 South 8th St Camden
9. Father's name *Stacy Penn*.....
Country of birth *United States*.....
10. Mother's name *Amelia Penn*.....
Country of birth *United States*.....
11. I hereby certify that I attended the deceased during the last illness, and that *she* died on the *third* day of *April*, 1890, and that the cause of death was *Congestion of the Brain*.....
- Length of sickness *3 weeks*..... { See over and add particulars. }
- J. N. Vorges*.....
Residence *Camden N. J.*..... Medical Attendant.
- Name of Undertaker *J. L. Middleton*.....
- Residence of Undertaker *Camden N. J.*.....
- Place of Burial *Evergreen Cemetery*.....