

State of New Jersey—Bureau of Vital Statistics.
CERTIFICATE AND RECORD OF DEATH.

County Camden Township Clinton Village Clinton City Clinton (No. 332 Clinton St.; 3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME OF DECEASED Henry Rees

PERSONAL AND HISTORICAL PARTICULARS

SEX Male COLOR White MARRIAGE Widowed

DATE OF BIRTH August 15th 1831 (Day) (Month) (Year)

AGE 80 (Years) IF LESS THAN 100, state in months and days

OCCUPATION (a) Trade, Profession, or particular kind of work Iron Moulder
(b) General nature of business, or occupation which occupied the deceased

BIRTHPLACE (State or Country) Massachusetts

NAME OF FATHER Thomas Rees

BIRTHPLACE OF FATHER (State or Country) Massachusetts

MARRIAGE NAME OF MOTHER Mary

BIRTHPLACE OF MOTHER (State or Country) Massachusetts

IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) George H. Jones
(Address) 332 Clinton St.

78 H. D. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 6, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 25, 1912, to May 6, 1912, that I last saw him alive on May 5, 1912, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH was as follows:
Bright's Dis of the Kidneys

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) George H. Jones
May 6, 1912 (Address) Camden N.J.

State the Disease CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

Place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Mary's Cemetery May 7, 1912

ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.