

This certificate should be delivered to the local Registrar of Vital Statistics. In municipalities the Registrar of Vital Statistics is the clerk of the municipality or an officer appointed by the local board of health. In townships the Assessor is the Registrar of Vital Statistics.

ORIGINAL

#605

No. 5477

State of New Jersey.

TRANSPORTATION OF DEAD HUMAN BODY.

Certificate of Death.

This certificate, and the duplicate on the next page, should be signed by the physician in his own handwriting. Use black ink and write plainly.

- Full name of deceased Daniel Frank
(If an infant not named, so state, and give sex.)
- Age 24 years — months — days — hours.
- Color White Occupation Laborer
- Single, ~~married~~, ~~widow~~ or ~~widower~~ { Cross out all but the right one. }
- Birthplace N. J. Burlington Co.
(State or country.)
- Last place of residence Florence Twp. Burlington Co. N. J.
(If a city, give name; if not, give county and township.)
- How long resident in this State Always
- Place of death P. R. R. Crossing
(If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)
- Father's name John Frank
- Mother's name Sadie Frank
- Country of father's birth U. S.
- Country of mother's birth U. S.

I hereby certify that ~~I attended~~ the deceased ~~during the last illness~~ and ~~that he~~ died on the 21 day of Feb. 1901, at between 5 P.M. 6 P.M.
(Hour of death) AM P.M., and that the cause of death was Resulory
injury P. R. R. Length of sickness Several

Richard E. Dyer M.D.
Residence Comerly, Flemington

Place of burial _____ County _____ State _____