

#600

## STATE DEPARTMENT OF HEALTH

## BUREAU OF VITAL STATISTICS

## 1 PLACE OF DEATH

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

2 FULL NAME John Heast

3 Residence. No. Boulevard St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode.) (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) Married

7 If married, widowed or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of Sarah E. Arison  
 (Give full maiden name)

8 DATE OF BIRTH (month, day and year) Aug 7, 1849

9 AGE Years 76 Months 4 Days 9 If LESS than 1 day...hrs. or .....min.

## 10 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rope maker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired 4 years  
 (c) Name of employer Florence Iron Works

11 BIRTHPLACE (city or town) New Jersey  
 (State or country)

12 NAME OF FATHER Morgan Heast

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

14 MAIDEN NAME MOTHER Elyzabeth Pettit

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

15 SIGNATURE OF INFORMANT John Heast Jr.  
 (Address) Florence, N. J.

16 Received Jan 19, 19 26 P. C. Carley  
 LOCAL REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (Month, day and year) January 16, 1926

18 I HEREBY CERTIFY That I attended deceased from Dec 20, 1925, to Jan 16, 1926 that I last saw him alive on July 16, 1926 and that death occurred on date stated above, at \_\_\_\_\_ m.  
 The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory Chronic Endocarditis  
 (Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

19 Where was disease contracted, if not at place of death? at place

Did an operation precede death? no Date of \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis? clinical  
 (Signed) Dr. O. B. Anderson, M. D.  
 (Address) Florence, N. J.

20 PLACE OF BURIAL Cedar Hill Cemetery  
 Cremation or Removal Florence, N. J.

Date of Burial Jan. 20, 1926 21 Undertaker Wm. H. Black - Sons

Address Burlington, N. J. New Jersey License Number 404