

State of New Jersey—Bureau of Vital Statistics.

CERTIFICATE AND RECORD OF DEATH.

Full Name of Deceased... Vera Weed
(If an infant not named, so state, and give sex.)

Age...

Years	Months	Days	Hours
1	6		

 Color... white Occupation... mill work

Single Married Widowed or Divorced Birthplace... America
(Cross out all but the right one.) (State or country.)

Last Place of Residence... Florsburg, N.J. How long resident in this State... Always

Place of Death... Florsburg, Burlington Co., New Jersey
(If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.)

Father's Name... John Weed Country of Birth... America

Mother's Name... Sarah E. Weed Country of Birth... America

I hereby certify that I attended the deceased during the last illness, and that she died on the
3rd day of Feb., 1907, and that the cause of death was... Appendicitis

Length of sickness... 5 days

Name of Undertaker... W. W. Clark Davis David J.
(Medical Attendant.)

Residence of Undertaker... Burlington N.J. Florsburg
(P. O. address.)

Place of Burial... Cedar Hill Florsburg New Jersey