

#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) Widowed
 7 If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name) Sarah E. Arison
 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. ormin.
 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) (State or country) New Jersey

12 NAME OF FATHER Morgan Heast

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

14 MAIDEN NAME MOTHER Elyzabeth Pettit

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

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

16 Received Jan 19, 19 26 B. 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 Jan 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) David Band Jr. 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 _____

New Jersey Edw. H. Hays
 License Number 404

Burlington, N. J.