

# STATE OF NEW JERSEY.

## 9120 REPORT OF DEATH.

SEE PENALTY FOR NON-REPORT.

Use Ink, and write plainly, especially names.

1. Full name of deceased Marine West  
(If an infant not named, so state, and give sex.)
2. Age 4 years 8 months  days  hours.
3. Color White Occupation Child
4. Single, ~~married~~, ~~widow~~ or ~~widower~~ { Cross out all but the right one. }
5. Birthplace America  
(State or country.)
6. Last place of residence Florence  
(If a city, give name; if not, give county and township.)  
Burl Co N.J.
7. How long resident in this State Always
8. Place of death Florence  
(If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)  
Burl Co N.J.
9. Father's name John West  
Country of birth America
10. Mother's name Sarah West  
Country of birth America
11. I hereby certify that I attended the deceased during the last illness, and that she died on the 15 day of April 1903; and that the cause of death was Abscess of Brain
- Length of sickness 3 weeks { See over and add particulars. }
- Dr. Baird  
Medical Attendant.
- Residence Florence N.J.
- Name of Undertaker Wm. H. Stuch
- Residence of Undertaker Burlington N.J.
- Place of burial Crown Hill

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