

State of New Jersey—Bureau of Vital Statistics.

CERTIFICATE AND RECORD OF DEATH.

662

Full Name of Decedent Eleanor May West
(If an infant not named, so state and give sex.)

Age

Years	Months	Days	Hours
	3		

 Color White Occupation Child

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

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

Place of Death Florsheim Bnd 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 West Jr. Country of Birth America

Mother's Name Elizabeth May West Country of Birth America

I hereby certify that I attended the decedent during the last illness, and that she died on the
... 25 ... day of ... May ... 1907, and that the cause of death was ... Meningitis.

Length of sickness 2 weeks
Name of Undertaker Wm W. Slack Medical Attendant Dr. J. H. ...
(Medical Attendant)

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

Place of Burial Cedar Hill Florsheim New Jersey