

#608

This certificate may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
County Burlington State NEW JERSEY Registered No. _____
Township Florence or Borough _____
City _____ No. 2nd & Winter St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

2 FULL NAME John W. Heggast
3 Residence, No. 2nd & Winter St., _____ Ward _____
(Usual place of abode; in institutions, homes, etc., former residence should be stated.) (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 Lizzie May Schauble
(Give full maiden name)

8 DATE OF BIRTH (month, day and year) Sept 16th 1883

9 AGE Years 46 Months 2 Days 25 If Less Than One Day Hrs. _____ Min. _____

OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay rope maker
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron works
Date deceased last worked at this occupation (month and year) 11-29 Total time (years) spent in this occupation _____

11. BIRTHPLACE (city or town) Florence (State or Country) N. J.

12. NAME John W. Heggast

13. BIRTHPLACE (city or town) Namur (State or Country) N. J.

14. MAIDEN NAME Sarah E. Aaronson

13a. BIRTHPLACE (city or town) N. J. (State or Country)

15 SIGNATURE OF INFORMANT Lizzie May Heggast
(Address) 2nd & Winter St. N. J.

20 PLACE OF BURIAL Odor Hill Cemetery
Cremation or Removal _____ Date 11/13/1929

21 UNDERWRITER Am. H. Slack & Sons O. M. Slack
(Address) Burlington N. J.

16. RECEIVED 7 Nov 1929 19 29 B. Carty
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH Nov. 10th 19 29

18 I HEREBY CERTIFY, That I attended deceased from Nov 9 19 29 to Nov 10 19 29
I last saw him live on Nov 10 19 29. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset _____

Angina pectoris

Contributory causes of importance not related to principal cause: _____

Name of operation no Date of _____

What test confirmed diagnosis? clinical

Was there an autopsy? no

If death was due to external causes (violence) fill in also the following no Date of _____

Accident, suicide, or homicide? no Injury none

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) David Paul M. D.

(Address) Florence