

# State of New Jersey—Bureau of Vital Statistics.

## CERTIFICATE AND RECORD OF DEATH.

# 662

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

Years	Months	Days	Hours
	3		

Age..... 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, 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 West J. Country of Birth America

Mother's Name Eleanor May West Country of Birth America

I hereby certify that I attended the deceased 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 Dr. J. H. ...  
(Medical Attendant)

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

Place of Burial Cedar Hill Florsheim New Jersey