

707

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Burlington State NEW JERSEY Registered No.
 Township Douglas or Borough Douglas
 City No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eleanor Helma Heeast

3 Residence. No. Second and Hunter 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.

AL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

5 COLOR OR RACE Small White 6 Single, Married, Widowed or Divorced (write the word) Single

17 DATE OF DEATH (Month, day and year) January 20, 1925

18 I HEREBY CERTIFY That I attended deceased from Jan 20, 1925 to Jan 20, 1925 that I last saw her alive on Jan 20, 1925 and that death occurred on date stated above, at 9:50 P.M.

The CAUSE OF DEATH was as follows:

Inertial Transition?

Contributory (Secondary) (Duration) yrs. mos. ds.

19 Where was disease contracted, If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Baud J. M. D. (Address) Douglas N. J.

20 PLACE OF BURIAL Cedar Hill Cemetery Cremation or Removal Douglas N. J.

Date of Burial Jan. 21, 1925 21 Undertaker John H. Black 70mo Address 1160 N. Blvd

New Jersey License Number 4-0-11

7 If married, widowed or divorced HUSBAND of (or) WIFE of (Give full maiden name)

8 DATE OF BIRTH (month, day and year) Jan. 20, 1925

9 AGE Years Months Days If LESS than 1 day, hrs. or 30 min.

10 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

11 BIRTHPLACE (city or town) Douglas New Jersey (State or country)

12 NAME OF FATHER John Heeast

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

14 MAIDEN NAME OF MOTHER Marion Heeast

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

15 SIGNATURE OF INFORMANT (Address) John Heeast Douglas N. J.

16 Filed Jan 21, 1925 Black LOCAL REGISTRAR.

Burlington, N. J.

Very item of info should state C. OCCUPATION. While plainly, with UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be stated EXACTLY. PHY OF DEATH in plain terms, so that it may be properly classified. Exact stat important. See instructions on back of certificate.