

# 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

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

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) New Jersey  
 (State or country)

14 MAIDEN NAME OF MOTHER marion Heeast

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

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

16 Filed Jan 21, 1925 B. East  
 LOCAL REGISTRAR.

## MEDICAL CERTIFICATE OF DEATH

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. The CAUSE OF DEATH was as follows:

Inertial  
Transition

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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 Band 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 1000  
 Address Burlington, N. J.

New Jersey License Number 4-0-11

very item of information should state C. OCCUPATION

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD OF DEATH should be carefully supplied. 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.

PARENTS