REGISTRAR. M Cain Camden

#204

271 V. S.

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Camden State NEW JERSEY Registered No. 1228

Township ..... or Borough .....

City Camden No. Municipal Hospital St., 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lawrence Wright Newport

3 Residence. No. Medford, New Jersey St., ... Ward N.R.

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

8 DATE OF BIRTH (month, day and year) June 5th 1907

9 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	27	3	5	

10 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

11 BIRTHPLACE (city or town) Camden (State or country)

PARENTS

12 NAME OF FATHER Harry Wright

13 BIRTHPLACE OF FATHER (city or town) Camden (State or country)

14 MAIDEN NAME OF MOTHER Margaret Clay

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

15 SIGNATURE OF INFORMANT Margaret Clay (Address) Medford N.J.

16 Filed 9/10, 1924 N. L. Stone, M.D. REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (Month, day and year) Sept 10 1924

18 I HEREBY CERTIFY That I attended deceased from Aug 27, 1924, to Sept 10, 1924, that I last saw him alive on Sept 10, 1924, and that death occurred on date stated above, at 4 a.m. The CAUSE OF DEATH was as follows:

Variola

(Duration) ..... yrs ..... mos 18 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) [illegible] M. D.

(Address) Municipal Hospital

20 PLACE OF BURIAL Cremation or Removal Evergreen Cemetery

Date of Burial Sept 10, 1924

21 Undertaker M Cain

Address Camden

New Jersey License Number 163

Death in plant terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.