

MAY 79.

FORM C.

STATE OF NEW JERSEY.

CERTIFICATE OF DEATH.

SEE PENALTY FOR NON-REPORT.

1. Full name of deceased... *Angeline Weest*
(If an infant not named, so state, and give sex.)
2. Age... *20* years... *7* months... Color... *W*
3. Single, ~~married~~, widow or widower. {Cross out all but the right one.} Occupation...
4. Birthplace... *Florence, Burlington Co.* {State or county. If of foreign birth, give how long in United States.}
5. Last place of residence... *Florence, Burlington Co.* {If a city, give name; if not, give county and township.}
6. How long resident in this State... *all life*
7. Place of death... *Florence, Burlington Co.*
(If in a city, give name, and street and number; if in township, give name and county; if in an institution, so state.)
8. Father's name... *Morgan Weest* Country of birth... *N. Jersey*
9. Mother's name... *Lydia* Country of birth... *N. Jersey*
10. I hereby certify that I attended *Angeline Weest* at one time; during her last illness she was attended by a traveling quack, during the last illness, and that *she* died on the *14* day of *April*, 18*80*; and that the cause of death was *Anaemia*

Requested, but Optional.

- a. Primary disease.....
- b. Secondary disease, (how long).....
- c. Remarks.....

Length of sickness... *9 months*
E. C. Town M.D.
Medical Attendant.

Residence... *Florence*

Date... *April 14th 1880*

Name and residence of Undertaker.....

Place of Burial.....