

Filed 4/10, 1924

REGISTRAR.

Address

Camden

New Jersey
License
Number

103

#441

271 V. S.

STATE DEPARTMENT OF HEALTH

1 PLACE OF DEATH

County BurlingtonState NEW JERSEY

Registered No.

Township Florenceor Borough Florence N.J.

City

No.

St.

Ward

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

2 FULL NAME Stacy Weast3 Residence. No. Front & Pine

(Usual place of abode.)

St.

Ward

Length of residence in city or town where death occurred 65 yrs. mos. days. (If non-resident give city, town and State.)

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)MaleWhiteMarried

7 If married, widowed or divorced

HUSBAND of

(or) WIFE of

(Give full maiden name)

Rachel J. English

8 DATE OF BIRTH

(month, day and year)

about 1858

9 AGE

Years

Months

Days

IF LESS than

1 day.....hrs.

or.....min.

about 66

10 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workmolten(b) General nature of industry,
business, or establishment in
which employed (or employer)Pipe Foundry

(c) Name of employer

Florence Pipe & Foundry Co

11 BIRTHPLACE (city or town)

(State or country)

New Jersey

12 NAME OF

FATHER

Morgan Weast

13 BIRTHPLACE OF

FATHER (city or town)

(State or country)

New Jersey

14 MAIDEN NAME

OF MOTHER

Henry Burr

13 (a) BIRTHPLACE OF

MOTHER (city or town)

(State or country)

New Jersey

15 SIGNATURE OF

INFORMANT

(Address)

Charles A. CommonsFlorence N.J.

16

Filed Apr 10, 1924R. C. Carly-

REGISTRAR.

BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH

(Month, day and year)

April 8th192418 I HEREBY CERTIFY That I Witnessed deceased fromApril 8th, 1924, to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred on date stated above, at 11:30 a.m.

The CAUSE OF DEATH was as follows:

Alcoholism & ExposureContributory
(Secondary)

(Duration).....yrs.....mos.....ds.

(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)

Clark B. Rogers Brown

(Address)

Burlington N.J.

20 PLACE OF BURIAL

Cremation or Removal

Camden State CemeteryFlorence N.J.

Date of Burial

21 Undertaker

April 11, 1924Wm. H. Slack & Sons

Address

Burlington N.J.New Jersey
License
Number406

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