

#441

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

271 V. S. **STATE DEPARTMENT OF HEALTH** **BUREAU OF VITAL STATISTICS**

1 PLACE OF DEATH 124

County Burlington State NEW JERSEY Registered No. \_\_\_\_\_

Township Florence or 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 Weasel

3 Residence. No. Front & Pine St. 2 Ward \_\_\_\_\_

(Usual place of abode.)

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

7 If married, widowed or divorced HUSBAND of (or) WIFE or (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 work mother

(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 Linn

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

15 SIGNATURE OF INFORMANT Chesler A. Commons (Address) Florence N.J.

16 Filed Apr 10, 1924 R. C. Carly REGISTRAR.

**MEDICAL CERTIFICATE OF DEATH**

17 DATE OF DEATH (Month, day and year) April 8<sup>th</sup> 1924

18 I HEREBY CERTIFY That I personally attended deceased from April 8<sup>th</sup>, 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 & Exposure

(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) Walter B. Rogers Croner (Address) Bucktown N.J.

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

Date of Burial April 11, 1924 21 Undertaker Wm. H. Slack & Sons

Address Burlington N.J. New Jersey License Number 402