

NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Do not write in this block

STATE FILE NUMBER

05684

SPACES BELOW FOR STATE USE ONLY	1. NAME OF DECEASED (Type or Print) Carroll W. Brown (First) (Middle) (Last)						2. DATE OF DEATH 2-8-77	
PLACE	3. Sex M	4. Color or Race white	5. Age (in yrs. last birthday) 87	If under 1 Yr. Months Days Hours Min.		6. Date of Birth 2-20-1889	7. Was deceased ever in U.S. Armed Forces? (Yes, no or unknown) (If Yes, give war or dates) unknown	
	8. Birthplace (State or foreign country) New Jersey			9. Citizen of what country? USA		10. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>		11. Social Security No. 138-03-0577A
RESIDENCE	12. PLACE OF DEATH a. County Burlington						13. USUAL RESIDENCE (If institution: residence before admission) a. State New Jersey b. County Atlantic	
	b. City <input type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Twp. <input checked="" type="checkbox"/> Burlington					b. City <input checked="" type="checkbox"/> (Check box and give name) Boro <input type="checkbox"/> Twp. <input type="checkbox"/> Pleasantville		
	c. Name of Hospital or Institution (If not in hospital or institution give street address) Masonic Home and Charity Foundation						d. Street Address (If rural, P.O. Address) of Deceased 2 Atlantic Avenue	
	14. a. Usual Occupation (Give kind of work done during most of working life, even if retired) Builder					14. b. Kind of Business or Industry Construction		
	15. Father's Name George B. Brown			16. Mother's Maiden Name Ameilia Rose		17. Informant's Name and Address Charity, Jacksonville Rd. Burlington, NJ 08016		
CAUSE	18. PART I DEATH WAS CAUSED BY Enter only one cause per line for (a), (b) and (c) Immediate Cause (a) Pulmonary embolus							Approximate interval between onset of condition and death
	Conditions, if any, which gave rise to above cause "a)" stating the underlying cause last Due to (b) _____ Due to (c) _____							
Conditions contributing to death but not related to the immediate cause.	PART II OTHER SIGNIFICANT CONDITIONS					19a. Was autopsy performed? Yes <input type="checkbox"/> No <input type="checkbox"/>		19b. If yes, were findings considered in determining cause of death? Yes <input type="checkbox"/> No <input type="checkbox"/>
	20a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/>			20b. Date and Hour of Injury _____ M.		20c. How Injury Occurred (Enter nature of injury in Part I or II of Item 18). _____		
PLACE OF ACCIDENT	20d. Injury Occurred White at Work <input type="checkbox"/> Not White at Work <input type="checkbox"/>		20e. Place of injury (e.g. in or about home, farm, factory, street, office bldg. etc.) _____		20f. City, Town or Location _____		County _____ State _____	
	21. I (attended, examined) the deceased (from, on) 2/1/77 to 2/7/77 and last saw (him, her) alive on 2/1/77 Death occurred at 0800 ^{EST} m. on the date stated above; and to the best of my knowledge, from the causes stated.							
	22a. Certifier's Name (Type or Print before signing below) LW Bachwelder MD				22b. Mailing Address of Certifier Stiles Rd. Medford NJ			
	22c. Signature LW Bachwelder MD				(Check box) Attending Phys. <input checked="" type="checkbox"/> Med. Exam. <input type="checkbox"/>		22d. Date Signed 2/7/77	
CROSS CLASS	23a. Burial, Cremation, Removal (Specify) Burial		23b. Cemetery or Crematory Name Laurel Memorial Park			23c. Location Pomona NJ		
CENSUS TRACT	23d. Burial Date Feb. 10 1977		24a. Funeral Home Name Page Funeral Home			24b. Funeral Home Address 302 E Union St., Burlington, NJ 08016		
REG. 18 SEPT. 72	24c. Funeral Director Signature Raymond H. Page N.J. License No. 1834				25a. Registrar Issuing Permit - Signature Brenda A. Kuer		25b. Date Rec'd. by Local Registry 2/7/77	

Survivor's Reg. 76

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