

**State of New Jersey—Bureau of Vital Statistics.
CERTIFICATE AND RECORD OF DEATH.**

County Bergen
 Township Borough of Fort Lee
 or Village Fort Lee
 or City _____

Registered No. 220

(No. Anderson ave St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF DECEASED William Garoni

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

18 DATE OF DEATH Sept 9, 1914
 (Month) (Day) (Year)

6 DATE OF BIRTH July 28, 1877
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1914, to Sept. 9, 1914, that I last saw him alive on Sept. 9, 1914, and that death occurred, on the date stated above, at 8 P. m.

7 AGE 37 yrs. 1 mos. 12 ds. IF LESS than 1 day, _____ hrs. or _____ min. ?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, Profession, or particular kind of work Contractor: sewers
 (b) General nature of industry, business, or establishment in which employed (or employer) Laying of sewers

Chronic Pulmonary Tuberculosis

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

9 BIRTHPLACE (State or Country) Fort Lee, N. J., U.S.A.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Antone Garoni

(Signed) Clarence C. Connor, M. D.
Sept. 11, 1914 (Address) Central Ave, Fort Lee

11 BIRTHPLACE OF FATHER (State or Country) Italy

12 MAIDEN NAME OF MOTHER Margaret Suter

13 BIRTHPLACE OF MOTHER (State or Country) Switzerland

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

(Informant) Mrs William Garoni
 (Address) Fort Lee N. J.

19 PLACE OF BURIAL OR REMOVAL Grainview Bergen Co. N. J. DATE OF BURIAL Sept. 12, 1914

16 Sept 12 1914 Filed _____ REGISTRAR

20 UNDERTAKER McHally Bros ADDRESS Fort Lee N. J.