

## STATE DEPARTMENT OF HEALTH OF NEW JERSEY

|   |  |   |  |   |  |  |  |   |  |
|---|--|---|--|---|--|--|--|---|--|
| 1. DATE OF DEATH<br>19 JULY 1955  |  | 2. CITY<br>NEWARK   |  | 3. LENGTH OF<br>STATE RESIDENCE<br>NEW JERSEY   |  | 4. CITY<br>NEW YORK  |  | 5. LENGTH OF<br>STATE RESIDENCE<br>NEW JERSEY |  |
| 6. TO WHOM DUE<br>DEATH<br>INSTITUTION<br>NAME<br>ADDRESS<br>CITY<br>(2 lines)                          |  | 7. MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED<br>MARRIED            |  | 8. DATE OF BIRTH<br>11 FEB 1897   |  | 9. AGE AT DEATH<br>88 YEARS 5 MONTHS 9 DAYS                |  | 10. DEATH CERTIFICATE<br>NUMBER<br>12         |  |
| 11. COLOR OR RACE<br>WHITE  |  | 12. KIND OF BUSINESS OR INDUSTRY<br>DUSTRIES                          |  | 13. BIRTHPLACE<br>New Jersey CITY   |  | 14. MOTHER'S MAIDEN NAME<br>MARY EVELYN COLE               |  | 15. MARRIAGE<br>CERTIFICATE<br>NUMBER<br>13   |  |
| 16. WAS DISCHARGED EVER IN U.S. ARMED FORCES<br>YES   |  | 17. SOCIAL SECURITY<br>NUMBER<br>None                                 |  | 18. MEDICAL CERTIFICATION<br>DISEASE OR CONDITION<br>DIRECTLY LEADING TO DEATH<br>Mental conditions, if any, cause (1) to<br>rise to the above cause (2) also<br>the underlying cause (3).<br>(4)<br>Diseases complicating<br>or affording predisposition to the disease<br>or condition causing death. |  | 19. ANTECEDENT CAUSES<br>DUE TO                            |  | 20. OTHER SIGNIFICANT CONDITIONS              |  |
| 21. DATE OF OPERATION   |  | 22. MAJOR FINDINGS OF OPERATION                                       |  |   |  |  |  |   |  |
| 23. ACCIDENT<br>SUICIDE<br>HOMICIDE   |  | 24. PLACE OF INJURY<br>Institution, Factory, Work place, etc.         |  | 25. (CITY, BOROUGH, OR TOWNSHIP) (COUNTY)   |  |  |  |   |  |
| 26. TIME<br>INJURY<br>OCCURRED<br>1955  |  | 27. INJURY OCCURRED<br>BREATH<br>NO<br>ANESTHETIC                     |  | 28. HOW DID INJURY OCCUR?   |  |  |  |   |  |
| 29. I hereby certify that I attended the deceased from<br>on 1955 and that death occurred at<br>on 1955 |  | 30. DATE<br>DECEASED<br>1955  |  | 31. ADDRESS<br>1000 Broad St.   |  | 32. DATE<br>DECEASED<br>1955                               |  | 33. ADDRESS<br>1000 Broad St.                 |  |
| 34. SUSTAIN CEMETERY<br>OR BURIAL<br>DATE<br>1955   |  | 35. DATE<br>1955  |  | 36. NAME OF CEMETERY OR BURIAL<br>PLACE<br>Holy Cross Cemetery  |  | 37. LOCATION (CITY, BOROUGH, OR TOWNSHIP)<br>New Arlington |  | 38. DATE<br>1955                              |  |
| 39. DATE<br>1955  |  | 40. SIGNATURE<br>of DECEASED<br>Relative<br>Family<br>Friend<br>Other |  | 41. FUNERAL DIRECTOR'S SIGNATURE<br>P. J. Lafferty  |  | 42. FUNERAL DIRECTOR'S SIGNATURE<br>P. J. Lafferty         |  | 43. DATE<br>1955                              |  |