FORM 2446 NEW JERSEY DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS — Registered No.

CERTIFICATE OF DEATH

County Essex

Township Verona

City or Borough

Name of Hospital or Institution Essex Mills Sanitorium

(If not in hospital or institution, give street address or location)

Length of Stay in this Community 1 yrs. 2 mos. 29 days hrs.

FORMER OR USUAL RESIDENCE

State N.J. County Essex

City or Borough East Orange

(If outside city limits, give township)

Street No. 24 Lo Grand Pl

(If rural, give location)

Citizen of foreign country? If so, name country

Print or Type

FULL NAME (Write first name in full) RAYMOND F. TAFT

IF VETERAN, GIVE WAR

SOCIAL SECURITY NO.

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

If married, widowed or divorced HUSBAND OF (or WIFE OF) Estelle May Cleveland | Age, if living 64

DATE OF DEATH (Month) June (Day) 21 (Year) 1889

AGE	Years	Months	Days	If Less Than One Day	Hrs. / Min.
	60	9	8		

BIRTHPLACE (City or town) Ireland

USUAL OCCUPATION Telegraph Operator and Clerk

(Kind of work done during most of working life, even if retired)

NAME OF EMPLOYER Frank B. Taft

BIRTHPLACE (City or town) Rhode Island

MAIDEN NAME Clara Cobb

BIRTHPLACE (City or town) Ireland

INFORMATION GIVEN BY Undertaker Records

PLACE OF BURIAL, CREMATION OR REMOVAL Royal Blue Cemetery

DATE 3rd DAY JUNE 1889

UNDERTAKER Peyton Brown & Co.

ADDRESS 142 Market Street Newark

FILED 3rd DAY JUNE 1889

MEDICAL CERTIFICATION

DATE OF DEATH March 29 1889

I HEREBY CERTIFY, That I attended the deceased from 12-30-73 to 3-29-89 that I last saw him alive on 3-28 1889 and that death occurred on the date stated above, at 5 P.M.

Immediate cause of death Tuberculous Meningitis

Due to Pulmonary Tuberculosis

Due to

Other conditions

Major surgical operations

Autopsy?

If death were due to external causes, fill in the following: Accident, suicide or homicide (specify)

Date of occurrence

Where did injury occur? (City or town) (County) (State)

(Specify whether in home, in factory, in street, in industrial place or in public place)

How did injury occur?

Signature 142 Market St Newark N.J.

Address 24 Lo Grand Pl Verona N.J.

Date 3rd DAY JUNE 1889