

No. 2.—Every item of information should be accurately filled. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Hudson State of New Jersey—Bureau of Vital Statistics.
 CERTIFICATE AND RECORD OF DEATH.

Township _____ Registered No. 709
 Village _____
 City Jersey (No. 286, West St.; _____ Ward) (If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME OF DECEASED Agnes Caldwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Wh
 5 MARRIAGE STATUS Widow

6 DATE OF BIRTH May 15, 1879
 (Month) (Day) (Year)

7 AGE 82 9 12 mos. ds.
 8 LESS than 1 day, hrs. or min. ?

9 OCCUPATION
 (a) Trade, Profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) England

11 NAME OF FATHER John Hewitt

12 BIRTHPLACE OF FATHER (State or country) Eng

13 MAIDEN NAME OF MOTHER Cannot ascertain

14 BIRTHPLACE OF MOTHER (State or country) _____

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Green

(Address) abp

16 Filed Feb 28, 1912
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 27, 1912
 (Month) (Day) (Year)

17 I, HEREBY CERTIFY, That I attended deceased from Feb 21, 1912, to Feb 27, 1912, that I last saw her alive on Feb 26, 1912, and that death occurred, on the date stated above, at 39 a.m.

The CAUSE OF DEATH was as follows:

Cerebral (Senile)

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

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

(Signed) [Signature] M. D.
101 (Address) Jersey City, N. J.

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

19 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 _____

20 PLACE OF BURIAL OR REMOVAL Burien Cem

DATE OF BURIAL Feb 29, 1912

21 UNDERTAKER [Signature]
Jersey City ADDRESS