

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

271 V. S.

**DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE AND RECORD OF DEATH.**

1 PLACE OF DEATH  
County Monmouth State NEW JERSEY Registered No. 1000  
Township Red Bank or Village RECEIVED AT BUREAU OF VITAL STATISTICS or  
City Red Bank No. 1000 St. Ward Ward  
(If death occurred in a hospital or institution, give its name instead of street and number.)  
2 FULL NAME Laura B. Waller  
(a) Residence No. 166 Broad St St. Ward Ward RED BANK North Embury N.J.  
(Usual place of abode)  
Length of Residence in city or town where death occurred yrs. 3 weeks How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS.**  
3 SEX Female 4 Color or Race White 5 Single, Married, Widowed, or Divorced married  
6 DATE OF BIRTH (month, day, and year) 7/2, 1868  
7 AGE Years 51 Months 11 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed or employer at home  
(c) Name of employer

9 BIRTHPLACE (city or town) Malabar  
(State or Country) New Jersey  
10 NAME OF FATHER Samuel Stillwagon  
11 Birthplace of Father (city or town) New Jersey  
(State or Country)  
12 MAIDEN NAME OF MOTHER Anna Stillwagon  
13 Birthplace of Mother (city or town) New Jersey  
(State or Country)

14 Informant Joseph Waller  
(Address) Main St South Embury  
15 Filed June 24, 1920 W.A. [Signature]  
REGISTRAR.

**MEDICAL CERTIFICATE OF DEATH**  
16 DATE OF DEATH (month, day, and year) June 24, 1920  
17 I HEREBY CERTIFY, That I attended deceased from June 19, 1920 to June 22, 1920, that I last saw her alive on June 19, 1920, and that death occurred on the date stated above at \_\_\_\_\_ M.  
THE CAUSE OF DEATH\* was as follows:  
Carcinoma of breast  
(duration) yrs. mos. ds.  
CONTRIBUTORY Arteriosclerosis of large  
(Secondary)  
(duration) yrs. mos. ds.  
18 Where was disease contracted if not at place of death?  
Did an operation precede death? No Date of \_\_\_\_\_  
Was there an autopsy? No  
What test confirmed diagnosis?  
Signed R. I. Brown M.D.  
(Address) Red Bank N.J.  
\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, Suicidal, or Homicidal. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Chief Church Cemetery - South Embury N.J. Date of Burial June 27, 1920  
20 Undertaker E. Mason & Son Address South Embury N.J.