

STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
 County Medford State NEW JERSEY Registered No. 2
 Township 3rd or Borough
 City North Aurburn No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME
 (Surname last) Joseph H. Walters If a veteran what war? _____
 (First name here)
 3 Residence. No. 212 Main St. _____ Ward _____
 (Usual place of abode; in institutions, homes, etc., former residence should be stated.) (If non-residence give city, town and State.)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S. if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M 5 COLOR OR RACE W 6 Single, Married, Widowed or Divorced (write the word) widowed

7 If married, widowed or divorced HUSBAND OF (or) WIFE OF Laura Stillwagon
 (Give full maiden name)

8 DATE OF BIRTH March 70 - 1859

9 AGE Years 77 Months 7 Days 19 If Less Than One Day Hrs. _____ Min. _____

OCCUPATION Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. Relief - Female
 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ben R. R. Co
 Date deceased last worked at this occupation month and year 1926 Total time (years) spent in this occupation 25

11 BIRTHPLACE (City or town) (State or country) Philadelphia Pa.

MOTHER FATHER 12 NAME William Walters

13 BIRTHPLACE (City or town) (State or country) W. Va.

14 MAIDEN NAME Annella Neolin

13a BIRTHPLACE (City or town) (State or country) W. Va.

15 SIGNATURE OF INFORMANT Mrs. L. W. Skellon
 (Address) 212 Main St - North Aurburn N.J.

20 PLACE OF BURIAL Christ Church, City
 Cremation or Removal Do Aurburn

DATE June 10, 1926

21 FUNERAL DIRECTOR W. Mason N. License No. 531
 (Address) Do Aurburn

16 RECEIVED June 10, 1926 W. H. Hagle
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH June 8 1926

18 I HEREBY CERTIFY, That I attended deceased from June 4, 1926 to June 10, 1926
 I last saw him alive on June 7, 1926, death is said to have occurred on the date stated above, at Home
 The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of onset _____

acute cardiac dilatation

Contributory causes of importance not related to principal cause: _____

chronic arteriosclerosis & prostatic hypertrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? No

If death was due to external causes (violence) fill in also the following Date of _____
 Accident, suicide, or homicide? _____ injury _____ 19 _____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Walters M. D.

(Address) So. Aurburn N.J.