

State of New Jersey—Bureau of Vital Statistics
CERTIFICATE AND RECORD OF DEATH.

County Burlington
Township _____
Village _____
City Burlington

SEP 1978
(No. 350 East Pearl St.; 1 Ward)

Registered No. _____
(If death occurred in a hospital or institution give its NAME instead of street and number)

FULL NAME OF DECEASED William K. Coon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR HAIR White MARRIAGE STATUS Married

DATE OF BIRTH March 21, 1855
(Month) (Day) (Year)

AGE 40 yrs. 00 mos. 00 ds.
If LESS than 1 day _____ hrs. _____ min. ?

OCCUPATION Mail Car. R. M. S.

BIRTHPLACE (State or Country) Penna

NAME OF FATHER William Coon

BIRTHPLACE OF FATHER Pennna

NAME OF MOTHER Sarah Taylor

BIRTHPLACE OF MOTHER England

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Coon
(Address) Burlington, N. J.

DATE Sept 2, 1915
REGISTRAR K. W. Warren

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 30, 1915
(Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 15th, 1915, to Aug 30th, 1915, that I last saw him alive on Aug 29th, 1915, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver.

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

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

(Signed) J. H. A. Cooney, M. D.
Sept 2nd, 1915 (Address) Burlington, N. J.

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

13 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 _____

14 PLACE OF BURIAL OR REMOVAL S.O.B. Cemetery, Burlington, N. J. DATE OF BURIAL Sept 2, 1915
15 UNDERTAKERS Wm. H. Slack & Sons ADDRESS Burlington