

1 PLACE OF DEATH

County *Atlantic*
Township
City *Atlantic* No. St. Ward

STATE DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

State *NEW JERSEY* Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number

2 FULL NAME

Charles W. R. Pez

3 Residence No.

31 E Illinois Ave St.

Ward

Absecon, N.J.

(Usual place of abode in institutions, homes, etc., other residence should be stated) If non-resident give city, town or State Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

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

7 If married, widowed or divorced

HUSBAND OF *Helen Middleton*
(or) WIFE OF
(Give full maiden name)

8 DATE OF BIRTH

Oct. 13 1888

9 AGE: Years Months Days If Less Than One Day Hrs. Min.

42

OCCUPATION
Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
Industry or business in which work was done, as milk milk saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)

gas heater salesman
Total time (years) spent in this occupation

11 BIRTHPLACE (city or town) (State or Country)

N.Y.

12 NAME

Anton Pez

13 BIRTHPLACE (city or town) (State or Country)

Germany

14 MAIDEN NAME

Huldah Herzfick

13a BIRTHPLACE (city or town) (State or Country)

Germany

15 SIGNATURE OF INFORMANT

John M. Beurlaff
31 Illinois Absecon N.J.

20 PLACE OF BURIAL

Resurrection Date *12/31 1930*

21 VISITING ADDRESS (Address) *W.D. Kissel & Son* *770 Resurrection N.J.*

16 RECEIVED

12/30 1931 Local Registrar

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH *12/29 1930*

18 I HEREBY CERTIFY, that I attended or viewed from 19... to... 19...

I last saw him alive on... 19... death as said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Accident. Victim of
Strained. Occupant of
Car, skidded in thoroughfare.
Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external causes (violence) fill in also the following Date of injury

Accident, suicide, or homicide? *Atlantic City N.J.*

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 *Car ran off bridge in thoroughfare*

Nature of injury *strained*

Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed *E. Leonard* M. D.

(Address) *742 Atlantic Ave*