

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY
BUREAU OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.

250

1 PLACE OF DEATH
County Hudson
Township Cliffside
City No.

State NEW JERSEY Registered No. 250
or Village _____ or _____ Ward _____

2 FULL NAME John D. Day
(a) Residence No. 198 Palisade Ave
(Usual place of abode)
Length of Residence in city or town where death occurred yrs 9 mos.

Ward New York City
(If non-resident, give city or town and State.)
b. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced Widowed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25, 1925 1925

6a If married, widowed or divorced Widowed
HUSBAND of Agnes Day
(or) WIFE of _____

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1925, to Jan 25, 1925
that I last saw him alive on Jan 25, 1925
and that death occurred on the date stated above at N. J.

6 DATE OF BIRTH (month, day, and year) Apr 28, 1847

THE CAUSE OF DEATH* was as follows:

7 AGE - Years 77 Months 4 Days 2
If LESS than 1 day, hrs. or min.

Paralysis
stroke
(duration) 5 yrs. and 9 ds.

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

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Colchester
(State or Country.) Mass

18 Where was disease contracted if not at place of death? in bed in chair

10 NAME OF FATHER Isaac N. Day

Did an operation precede death? No Was there an autopsy? No

11 Birthplace of Father (city or town) Colchester
(State or Country.) Mass

What test confirmed diagnosis? clinical

12 MAIDEN NAME OF MOTHER Sarah Williams

Signed Edith L. ...
(Address) ...

13 Birthplace of Mother (city or town) W. ...
(State or Country.) Conn

*When the Disease Caused Death in a Hospital, (1) Name and Number of Hospital, (2) Name and Position of Attending Physician, or Surgeon, (3) Name and Position of Pathologist.

Informant Tamm Day
(Address) Cliffside Conn

19 Place of Burial, Cremation or _____
Tarrytown Conn
Catholic Church

20 Underlying Stroke

21 Underlying Stroke