

L 37, 35 D 77

Use Ink, and write plainly, especially names.

1. Full name of deceased Peter J.
(If an infant not named, so state, and give sex.)

Nomally

2. Age 40 years 11 months 23 days - hours.

3. Color White Occupation Plumber

4. Single, ~~married~~, ~~widow~~ or ~~widower~~ (Cross out all but the right one.)

5. Birthplace U.S.
(State or country.)

6. Last place of residence 325 5th St
(If a city, give name; if not, give county and township)

Jessup City, U.S.

7. How long resident in this State life

8. Place of death 325 5th St
(If in a city, give name and street and number; if in township, give name

Jessup City, U.S.
and county; if in an institution, so state)

9. Father's name Patrick

Country of birth Ireland

10. Mother's name Margaret

Country of birth Ireland

11. I hereby certify that I attended the deceased during the last illness, and that he died on the 14th

day of October 1894; and that the cause of death

was Pneumonia Pulmonalis

Length of sickness one year (See over and add particulars.)

James Hoffmann
Medical Attendant.

Residence 260 1st St

Name of Undertaker W. H. 213 Newark Ave

Residence of Undertaker Jessup City, U.S.

Place of Burial St. Peter Cemetery