

col 76 71

AUG 27 1900

STATE OF NEW JERSEY

P13

REPORT OF DEATH.

SEE PENALTY FOR NON-REPORT.

Use ink, and write plainly, especially names.

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

2. Age 24 years, . . . months, . . . days, . . . hours.

3. Color White . . . Occupation . . .

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

5. Birthplace United States
(State or country.)

6. Last place of residence #95 W 19 St
(If a city, give name of city, street and number; if an institution, give name and address.)

7. How long resident in this State Life

8. Place of death Residence

(If a city, give name, street and number; if an institution, give name and address; if an institution, so state.)
Bayonne, N.J.

9. Father's name Frank

Country of birth Germany

10. Mother's name Barbara

Country of birth Germany

11. I hereby certify that I attended the deceased during his last illness, and that he died on the 24

day of May, 1900, and that the cause of death was Pneumonia

Length of illness 2 1/2 Months (See back and add particulars.)

J. H. Baymeyer Medical Attendant

Residence 7118 St. of Bayonne, N.J.

Name of Undertaker J. H. Baymeyer

Residence of Undertaker 706 Ave. A

Place of burial H. C. Cemetery