

STATE DEPARTMENT OF HEALTH OF NEW JERSEY.

18972

Union, 联邦。

Elizabeth, N.J.

Alexian Bros. Hospital, Eliz.

Francis "Frank" Leo Bruggy
DOD--April 1, 1959

DOB--May 4, 1891 Age 67
Elizabeth N.J.

Elizabeth, NJ
Detective Prosecutors Office
Union Co Courthouse

UNION 88.000

Miss Mary McCue, 319 Murray

Elizabeth, N.J.

Generalized septuemia

Lung

Carcinoma of Lung with
melatous

PLACE OF DEATH COUNTY		LAURENCE		3. GENERAL INFORMATION a. STATE <input checked="" type="checkbox"/> N.J.		(Where deceased lived, if institution, residence before admission)	
b. CITY <input checked="" type="checkbox"/>	c. Street and no. name	d. LENGTH OF STAY in this place	e. CITY <input checked="" type="checkbox"/>	f. Street and no. name	g. CITY <input checked="" type="checkbox"/>	h. CITY <input checked="" type="checkbox"/>	
SOMERSET	LAURENCE BAPTIST	3 DAY	SOMERSET	WINTFIELD BAPTIST HOME	SOMERSET	SOMERSET	
THE HOSPITAL			THE TOWNSHIP		THE TOWNSHIP		
4. PLACE OF DEATH IF NOT in hospital or institution, give name address or HOSPITAL OR FLORIDA STATE HOME		5. DATE OF DEATH		6. STREET ADDRESS		7. INSTITUTION	
INSTITUTION		MARCH 15, 1948		WINTFIELD BAPTIST HOME		N. Broad, Elizabeth	
b. Street		c. Street		d. Street		e. Street	
8. NAME OF DECEASED (First & Middle)		B. RIGG		9. DATE OF DEATH		APRIL 5, 1948	
JANET ELIZABETH RIGG				MAY 9, 1948		67	
10. Sex <input checked="" type="checkbox"/> Female		11. MARITAL STATUS <input checked="" type="checkbox"/> Married		12. AGE AT DEATH In months		13. DEATH BY Cause Disease	
F		M		67		Disease	
14. Was this person under care of a doctor during time of developing illness, even if not relieved?		15. Name of Doctor or Hospital		16. Date of Birth		17. Age at death in months	
YES		DR. J. C. HALL		MAY 9, 1891		67	
18. PATIENT'S NAME		19. MOTHER'S MIDDLE NAME		20. MOTHER'S MAIDEN NAME		21. COUNTRY OF BIRTH	
JOHN CECIL RIGG		MARY		MARY WALL		U.S.A.	
22. Was Deceased Ever in U.S. Army Hospital? (If yes, give date of entry)		23. Deceased's Social Security No.		24. INVESTIGATOR		Address 319 Murray St. NEW YORK CITY MISS MARY ALICE ELLEN	
YES		160-10000-2		MISS MARY ALICE ELLEN		44-411-30000	
25. CAUSE OF DEATH (Under each see cause per line for Part I, II, and III)		26. DEATH CERTIFICATE NO.		27. INVESTIGATOR		28. INVESTIGATOR Under no. Death 44-411-30000	
Part I. Death was caused by: <i>Respiratory Disease</i>		Signature		Signature		Signature	
Conditions, if any, which gave rise to death: <i>liver cirrhosis</i>		Date To (b) <i>January 1948</i>		Date To (c) <i>January 1948</i>		Date To (d) <i>January 1948</i>	
Part II. Death was caused by: <i>Cirrhosis of Liver with metastases</i>							
Part III. Death was caused by: <i>Emphysema</i>							
29. DEATH CERTIFICATE NUMBER		30. DEATH CERTIFICATE NUMBER		31. DEATH CERTIFICATE NUMBER		32. DEATH CERTIFICATE NUMBER	
or the best of my knowledge.							
Mr. TIME OF INJURY a. m. p. m.		Hour Month Day Year		Mr. TIME OF DEATH a. m. p. m.		Mr. TIME OF DEATH a. m. p. m.	
33. DEATH OCCURRED		34. PLACE OF DEATH OR, e.g., in or about house, farm, factory, street, office building, etc.		35. CITY, TOWN, or LOCATION		36. DATE OF DEATH	
WHERE & TIME		N.J. BAPTIST		ELIZABETH		APRIL 5, 1948	
37. I attended the deceased from Death occurred at <i>G.J.B. H. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
38. SIGNATURE		39. DEATH CERTIFICATE NUMBER		40. DEATH CERTIFICATE NUMBER		41. DEATH CERTIFICATE NUMBER	
<i>John C. Hall</i>		44-411-30000		44-411-30000		44-411-30000	
42. DEATH CERTIFICATE NUMBER		43. NAME OF CERTIFICATE OF DEATH		44. DEATH CERTIFICATE NUMBER		45. DEATH CERTIFICATE NUMBER	
44-411-30000		MAY 10, 1948		44-411-30000		44-411-30000	
46. DEATH CERTIFICATE NUMBER		47. DEATH CERTIFICATE NUMBER		48. DEATH CERTIFICATE NUMBER		49. DEATH CERTIFICATE NUMBER	
44-411-30000		44-411-30000		44-411-30000		44-411-30000	