

STATE FILE NO.

1. USUAL RESIDENCE (Where deceased lived, if institution, complete return) a. STATE <u>N.J.</u> b. COUNTY <u>Keyport</u>		2. CITY, BOROUGH, TOWNSHIP <u>Keyport</u>	
3. STREET ADDRESS (If rural, P. O. address) <u>360 Maple Place</u>		4. DATE OF DEATH <u>8 4 1950</u>	
5. NAME OF DECEASED (First or Last) <u>John</u>	6. COLON OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one) <u>Single</u>	8. DATE OF BIRTH <u>July 27 1879</u>
9. SEX <u>Male</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Band Director</u>	11. BIRTHPLACE <u>Hazleton Penn U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Daniel Burke</u>	14. MOTHER'S MAIDEN NAME <u>Alice</u>	17. INFORMANT <u>MARY BURKE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Check the appropriate box) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	18. CAUSE OF DEATH (Directly leading to death) <u>Bruceellosis with pulmonary edema. Post mortem diagnosis of pruritic eczema syndrome.</u>	
19. PRECEDENT CAUSES (All conditions, if any, existing prior to the above condition, which may have contributed to the death) <u>None</u>		19. OTHER SIGNIFICANT CONDITIONS (Conditions accompanying the death but not related to the disease or condition causing death) <u>None</u>	
20. DATE OF OPERATION	20. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. PLACE OF INJURY (See instructions below: Home, Street, etc.)	21. CITY, BOROUGH, OR TOWNSHIP	COUNTY (STATE)	
22. TIME OF INJURY	22. INJURY OCCURRED WHILE AT HOME <input type="checkbox"/> NOT WHILE AT HOME <input type="checkbox"/>	23. HOW DID INJURY OCCUR?	
24. I hereby certify that I am satisfied the deceased died from <u>6:5</u> to <u>8:5</u> , 19 <u>50</u> and that death occurred at <u>10:15 p.m.</u> , from the causes and on the date stated above.		25. DATE SIGNED	
25. SIGNATURE <u>L. W. D.</u>		26. ADDRESS <u>St. Francis Hospital 818 1/2</u>	
27. BURIAL CREMATION (Check appropriate box) <u>Burial</u>	28. DATE <u>Aug 8 1950</u>	29. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cem.</u>	30. LOCATION (City, borough, or township) (State) <u>Keyport, N.J.</u>
31. LOCAL REGISTRAR'S SIGNATURE <u>James B. May</u>		32. FUNERAL DIRECTOR (Name and address) <u>1482 Keyport, N.J.</u>	

1-1950