PLACE OF DEATH

STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

City Essex State NEW JERSEY Registered No.

or Borough

East Orange No. 6 C. Board of Health Bldg. St. Ward

(If death occurred in hospital or institution, give NAME instead of street and number)

FULL NAME William Mitchell Nash

Usual residence: No. Wrentham St. Massachusetts

(If transient or stranger, place where death occurred, and usual residence. If inmate of institution, former residence should be given. If non-resident, give city and State. If in U. S. service, so state.)

How long in U. S., if of foreign birth? yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR OR RACE white

6 Single, Married, Widowed or Divorced (write the word) married

If married, widowed or divorced HUSBAND OF (or) WIFE OF (Give full maiden name) Rose Currier Nash

DATE OF BIRTH (month, day and year) January 24 1865

AGE Years 64 Months 3 Days 5 If Less Than One Day Hrs. Min.

OCCUPATION OF DECEASED: (a) Kind of work Hospital Attendant

(b) General nature of industry, business, or establishment in which employed (or employer) Roudebush Hospital

(c) Name of employer Wentham Mass

BIRTHPLACE (City or town) Wrentham

(State or country) Mass

NAME OF FATHER Frederick Nash

BIRTHPLACE OF FATHER (City or town) Wrentham

(State or country) Mass

MAIDEN NAME OF MOTHER Jemima Mitchell

(a) BIRTHPLACE OF MOTHER (City or town) Wrentham

(State or country) Mass

SIGNATURE OF INFORMANT William C. Hassler

(Address) 6 C. Board of Health Bldg. East Orange N.J.

NOV 16 1929 19

LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH Nov. 15th 1929

18 I HEREBY CERTIFY That I attended deceased from Nov 15 1929 to Nov 15 1929

I last saw him alive on Nov 15 1929

and death occurred on date stated above, at 2:40 P.M.

The CAUSE OF DEATH was (see over)

Cerebral Hemorrhage

Contributory Arteriosclerosis

19 Where was disease contracted, (if not at place of death)

If an operation was performed, date of same

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) Chas. F. Thwing M.D.

(Address) East Orange N.J.

20 PLACE OF BURIAL, Cremation or Removal Fairmount

Date of Burial Nov 20th 1929 21 Undertaker O. M. Franklin

Address East Orange

New Jersey License Number 1402