

NEW JERSEY STATE DEPARTMENT OF HEALTH

SPACES BELOW FOR STATE USE ONLY

REGID

VETERAN

REGIME CAUSE

PLACE OF ACCIDENT

CLASS

1. PLACE OF DEATH a. COUNTY <b>Burlington</b>		b. CITY <input type="checkbox"/> (Check box and give name) b. CITY <input checked="" type="checkbox"/> <b>Evesham</b>		c. LENGTH OF STAY (in this place) <b>6 Mo.</b>		2. COUNTY <b>NY</b> (When known by name)		3. CITY <b>Millington</b> (Check box and give name)		4. STREET ADDRESS <b>28 Eldridge Avenue</b>	
3. NAME OF DECEASED (Type or Print) <b>Robert A. Peterson</b>		5. SEX <b>M</b>		6. COLOR OF HAIR <b>W</b>		7. HEIGHT <b>5' 7"</b>		8. AGE (in years last birthday) <b>78</b>		9. DATE OF DEATH <b>11-27-62</b>	
10. Local Occupation (Give kind of work done during most of working life, even if retired) <b>Tool &amp; Die Maker</b>		11. Race or Degree of Kinship <b>White</b>		12. Place of Birth <b>Philadelphia, PA</b>		13. Country or Place of Birth <b>U.S.A.</b>		14. MOTHER'S NAME <b>Julia Homsyard</b>		15. Social Security No. <b>193-26-1396</b>	
16. FATHER'S NAME <b>George Peterson</b>		17. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give year or range of years) <b>No</b>		18. Social Security No. <b>193-26-1396</b>		19. Occupation (Last or longest) <b>Ret. C. P. Gilman Mfg. Co.</b>		20. Cause of Death (Check only one cause per line for (a), (b), and (c).) Part I. Death Was Caused By: Immediate Cause (a) <b>Chronic - Inter - Metastatic</b> <b>Leukemia</b> Conditions, if any, which gave rise to above cause (b) <b>Smoking, Chronic Hypertension</b> causing the death (c) <b>Chronic Hypertension</b> and other fact. <b>Smoking</b>		21. I attended the deceased from <b>11/29/62</b> to <b>11/29/62</b> and to the best of my knowledge, from the death occurred at <b>11/29/62</b> on the date stated above, and to the best of my knowledge, from the death occurred at <b>11/29/62</b> on the date stated above, and to the best of my knowledge, from the death occurred at <b>11/29/62</b> on the date stated above.	
22. Signature <b>C. J. Munn</b>		23. Name of Physician <b>Dr. J. H. ...</b>		24. Name of Hospital <b>Millington ...</b>		25. Name of City <b>Millington ...</b>		26. Name of State <b>NY</b>		27. Name of County <b>Millington ...</b>	
28. Name of Physician <b>Dr. J. H. ...</b>		29. Name of Hospital <b>Millington ...</b>		30. Name of City <b>Millington ...</b>		31. Name of State <b>NY</b>		32. Name of County <b>Millington ...</b>		33. Name of City <b>Millington ...</b>	

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MEDICAL CERTIFICATION