

480

NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

65852

LOCAL FILE NUMBER

1. NAME OF DECEASED (First) (Middle) (Last)
 2. Sex
 3. DATE OF DEATH

MARY WARDEN FEMALE DEC 2 1968

4. Color or Race
 5. Age (in years last birthday) (Males) (Females)
 6. Date of Birth

WHITE 63 DEC 16 1904

7. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give year or dates of serv.)
 No

8. Birthplace (State or foreign country)
 9. Country of birth country
 10. Marital Status (Never Married) (Widowed) (Divorced)

NEW JERSEY USA Widowed

11. Social Security No.

12. PLACE OF DEATH (If not in hospital or institution give street address)
 13. USUAL RESIDENCE (If institution, conditions before admission to State of N.J.) (Check box and give street)

a. County SCARSDALE
 b. City SCARSDALE
 c. Street SCARSDALE
 d. Hospital or Institution SCHERRET HOSPITAL
 e. City SCARSDALE
 f. Street Address (If rural, P.O. Address) 80 WEST CLIFF ST.

14. a. Usual Occupation (Give kind of work done during most of working life, even if retired)
 14. b. Kind of Business or Industry

TEACHER - RETIRED SMALL

15. Father's Name
 16. Mother's Maiden Name

BARTLEY B. CRUISE NELLIE FLOOD

17. Informant's Name and Address
 MR. WILLIAM WARDEN, 1150 W. 11th ST., SCARSDALE, N.Y.

18. PART I: BECAUSE THE CAUSE OF DEATH WAS
 (Specify Cause) (Specify Cause) (Specify Cause)

19. Immediate Cause (a) (b) (c)

20. Underlying Cause (a) (b) (c)

Hepatic Cirrhosis
 Chronic Alcoholism

PART II OTHER SIGNIFICANT CONDITIONS
 Fractured Hip

21a. Was autopsy performed? (Yes) (No)
 21b. If yes, were findings considered in determining cause of death? (Yes) (No)

22. Accidents, Suicide, Homicide
 23. Cause and Date of Injury
 24. How Injury Occurred (State nature of injury as Part I or II of Item 23)

25. Injury Occurred (a) (b) (c)
 26. Place of Injury (e.g. in or about home, farm, factory, street, office building, etc.)
 27. City, Town or Location
 28. County
 29. State

21. I (inserted, retained) the deceased (from, an) _____ to _____ and last saw (him, her) alive on _____
 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. Attending Physician (Name) (Address) (City) (State)
 22b. Address (City) (State)

LAWRENCE J. ... SCARSDALE

23a. Social, Cemetery, Burial (Specify)
 23b. Cemetery or Crematory Name
 23c. Location (City) (State)

W.S.K. LAKE NELSON MEMORIAL PARK PISCATAWAY, N.J.

24a. Burial Date (M) (Day) (Yr)
 24b. Funeral Home Name
 24c. Funeral Home Address

DEC 4 1968 CANTAL FUNERAL HOME 1150 W. 11th ST., SCARSDALE, N.Y.

25a. Funeral Home Signature (Name) (Address) (City) (State)

Donald H. ... 1150 W. 11th St., Scarsdale, N.Y.

New Jersey State Department of Health

Under my hand and Department seal I certify
that this is a true photostatic reproduction
from a microfilm image of the original record.

Charles A. Karkut Charles A. Karkut
State Registrar

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE
RAISED SEAL OF THE STATE HEALTH DEPARTMENT
IS AFFIXED HEREON.

MAR 29 1982