

E 30  
FORM C.

SEPT. '00.

STATE OF NEW JERSEY.  
CERTIFICATE OF DEATH.

SEE PENALTY FOR NON-REPORT.

- 1. Full name of deceased..... Henry Coker  
(If an infant not named, so state, and give sex.)
- 2. Age..... 14 years..... months..... Color..... W.
- 3. Single, ~~married~~ widow or widower. {Cross out all but the right one.} Occupation.....
- 4. Birthplace..... U.S. {State or county. If of foreign birth, give how long in United States.}
- 5. Last place of residence..... New York {If a city, give name; if not, give county and township.}
- 6. How long resident in this State..... life
- 7. Place of death..... 19 Jullien Ave  
(If in a city, give name, and street and number; if in township, give name and county; if in an institution, so state.)
- 8. Father's name..... William Coker Country of birth..... Germany
- 9. Mother's name..... Hannah Country of birth..... Germany
- 10. I hereby certify that I attended..... Henry Coker  
during the last illness, and that..... died on the..... day of..... 188..... and  
that the cause of death was.....

Requested, but Optional.

Length of sickness.....

- a. Primary disease.....
- b. Secondary disease, (how long).....
- c. Remarks.....

.....  
 Medical Attendant.....  
 Residence.....  
 Date.....

Name and residence of Undertaker..... H. J. Puckert  
 Place of Burial..... Woodland Cem

Name of Deceased  
 Name of Next of Kin, from the City of New York, to the City of

No.	Name of Deceased	Place of Birth	Age	Occupation	Place of Death	Place of Burial	Name of Next of Kin	Address of Next of Kin	Address of Deceased
1	James M. Smith	"	22	"	"	"	John M. Smith	123 Broadway	123 Broadway
2	John D. Jones	"	35	"	"	"	John D. Jones	456 Park St.	456 Park St.
3	William E. Brown	"	45	"	"	"	William E. Brown	789 Main St.	789 Main St.
4	Robert G. White	"	58	"	"	"	Robert G. White	1010 Broadway	1010 Broadway
5	Thomas H. Black	"	62	"	"	"	Thomas H. Black	1111 Broadway	1111 Broadway
6	George W. Green	"	70	"	"	"	George W. Green	1212 Broadway	1212 Broadway
7	Charles F. Hall	"	75	"	"	"	Charles F. Hall	1313 Broadway	1313 Broadway
8	Edward L. King	"	80	"	"	"	Edward L. King	1414 Broadway	1414 Broadway
9	Henry J. Lee	"	85	"	"	"	Henry J. Lee	1515 Broadway	1515 Broadway
10	James K. Scott	"	90	"	"	"	James K. Scott	1616 Broadway	1616 Broadway
11	John M. Adams	"	95	"	"	"	John M. Adams	1717 Broadway	1717 Broadway
12	William N. Baker	"	100	"	"	"	William N. Baker	1818 Broadway	1818 Broadway
13	Robert O. Clark	"	105	"	"	"	Robert O. Clark	1919 Broadway	1919 Broadway
14	Thomas P. Evans	"	110	"	"	"	Thomas P. Evans	2020 Broadway	2020 Broadway
15	George Q. Foster	"	115	"	"	"	George Q. Foster	2121 Broadway	2121 Broadway
16	Charles R. Gibson	"	120	"	"	"	Charles R. Gibson	2222 Broadway	2222 Broadway
17	Edward S. Hill	"	125	"	"	"	Edward S. Hill	2323 Broadway	2323 Broadway
18	Henry T. Jones	"	130	"	"	"	Henry T. Jones	2424 Broadway	2424 Broadway
19	James U. King	"	135	"	"	"	James U. King	2525 Broadway	2525 Broadway
20	John V. Lee	"	140	"	"	"	John V. Lee	2626 Broadway	2626 Broadway
21	William W. Martin	"	145	"	"	"	William W. Martin	2727 Broadway	2727 Broadway
22	Robert X. Nelson	"	150	"	"	"	Robert X. Nelson	2828 Broadway	2828 Broadway
23	Thomas Y. Owen	"	155	"	"	"	Thomas Y. Owen	2929 Broadway	2929 Broadway
24	George Z. Parker	"	160	"	"	"	George Z. Parker	3030 Broadway	3030 Broadway
25	Charles A. Quinn	"	165	"	"	"	Charles A. Quinn	3131 Broadway	3131 Broadway
26	Edward B. Reed	"	170	"	"	"	Edward B. Reed	3232 Broadway	3232 Broadway
27	Henry C. Stone	"	175	"	"	"	Henry C. Stone	3333 Broadway	3333 Broadway
28	James D. Taylor	"	180	"	"	"	James D. Taylor	3434 Broadway	3434 Broadway
29	John E. White	"	185	"	"	"	John E. White	3535 Broadway	3535 Broadway
30	William F. Young	"	190	"	"	"	William F. Young	3636 Broadway	3636 Broadway

Oct 18, 1870

Journal of Deaths in the Church of Christ, 1870

No.	Date	Name of Deceased	Sex	Age	Occupation	Place of Burial	Place of Burial	Time of Burial	Name of Deceased
4467	Dec 18	Charles G. Collins	Male	10		St. Paul	St. Paul	11:00 am	St. Paul
4468	"	John W. Brown	Male	20		St. Paul	St. Paul	11:00 am	St. Paul
4469	"	John W. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4470	"	William J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4471	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4472	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4473	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4474	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4475	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4476	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4477	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4478	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4479	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4480	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4481	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4482	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4483	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4484	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul
4485	"	George J. Smith	Male	15		St. Paul	St. Paul	11:00 am	St. Paul

Return of Deaths in the Township of Hammond County of Orange State of New Jersey, from the 1st day of June 1880 to the 1st day of June 1881

No.	Date of Death	Name of Deceased	Sex of Deed	Married or Single	Age	Occupation	Place of Birth	Place of Death	Name of Informant	Cause of Death	Time of Death
2017	13	Joseph W. H. H. H. H.			3 months		Hammond	Hammond	Wm. J. H. H.		
2018	13	James D. H. H.			4 y 10 m		Hammond	Hammond	Wm. J. H. H.		
2019	16	Allen H. H.			75 y		Hammond	Hammond	Wm. J. H. H.		
2020		Wm. J. H. H.			97 y		Hammond	Hammond	Wm. J. H. H.		
2021		Wm. J. H. H.			1 m		Hammond	Hammond	Wm. J. H. H.		
2022		Wm. J. H. H.			1 y		Hammond	Hammond	Wm. J. H. H.		
2023		Wm. J. H. H.			5 y 10 m		Hammond	Hammond	Wm. J. H. H.		
2024		Wm. J. H. H.			3 m		Hammond	Hammond	Wm. J. H. H.		
2025		Wm. J. H. H.			14 y		Hammond	Hammond	Wm. J. H. H.		
2026		Wm. J. H. H.			3 y 6 m 20 d		Hammond	Hammond	Wm. J. H. H.		
2027		Wm. J. H. H.			18 y 7 m		Hammond	Hammond	Wm. J. H. H.		
2028		Wm. J. H. H.			15 y		Hammond	Hammond	Wm. J. H. H.		
2029	17	Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2030		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2031		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2032		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2033		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2034		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2035		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2036		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2037		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2038		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2039		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2040		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2041		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2042		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2043		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2044		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2045		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2046		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2047		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2048		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2049		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2050		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2051		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2052		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2053		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2054		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2055		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2056		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2057		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2058		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2059		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2060		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2061		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2062		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2063		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2064		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2065		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2066		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2067		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2068		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2069		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		
2070		Wm. J. H. H.			1 m 3 d		Hammond	Hammond	Wm. J. H. H.		

4 April 7 1870

Grand Jury Charge with list of 1 day June 18th 1891

No.	Name	Rank	Age	Color	Place of Birth	Place of Residence	Place of Birth
103	John W. ...	...	...	...	...	...	...
104	...	...	...	...	...	...	...
105	...	...	...	...	...	...	...
106	...	...	...	...	...	...	...
107	...	...	...	...	...	...	...
108	...	...	...	...	...	...	...
109	...	...	...	...	...	...	...
110	...	...	...	...	...	...	...
111	...	...	...	...	...	...	...
112	...	...	...	...	...	...	...
113	...	...	...	...	...	...	...
114	...	...	...	...	...	...	...
115	...	...	...	...	...	...	...
116	...	...	...	...	...	...	...
117	...	...	...	...	...	...	...
118	...	...	...	...	...	...	...
119	...	...	...	...	...	...	...
120	...	...	...	...	...	...	...
121	...	...	...	...	...	...	...
122	...	...	...	...	...	...	...
123	...	...	...	...	...	...	...
124	...	...	...	...	...	...	...
125	...	...	...	...	...	...	...
126	...	...	...	...	...	...	...
127	...	...	...	...	...	...	...
128	...	...	...	...	...	...	...
129	...	...	...	...	...	...	...
130	...	...	...	...	...	...	...
131	...	...	...	...	...	...	...
132	...	...	...	...	...	...	...
133	...	...	...	...	...	...	...
134	...	...	...	...	...	...	...
135	...	...	...	...	...	...	...
136	...	...	...	...	...	...	...
137	...	...	...	...	...	...	...
138	...	...	...	...	...	...	...
139	...	...	...	...	...	...	...
140	...	...	...	...	...	...	...
141	...	...	...	...	...	...	...
142	...	...	...	...	...	...	...
143	...	...	...	...	...	...	...
144	...	...	...	...	...	...	...
145	...	...	...	...	...	...	...
146	...	...	...	...	...	...	...
147	...	...	...	...	...	...	...
148	...	...	...	...	...	...	...
149	...	...	...	...	...	...	...
150	...	...	...	...	...	...	...



Return of Deaths in the Township of *North* County of *Collier* State of *Low Jersey*, from the *1* day of *June* 186*9* to the *1* day of *June* 186*9*

Index of Death	Name of Decedent	Sex of Decedent	Married or Single	Age	Occupation	Place of Birth	Place of Death	Form of Burial	Cause of Death	Time of Killing Decedent
1	<i>John Smith</i>	<i>M</i>	<i>M</i>	<i>45</i>	<i>Farmer</i>	<i>England</i>	<i>England</i>	<i>Interment</i>	<i>Stroke</i>	<i>June 10 1869</i>
2	<i>Mary Jones</i>	<i>F</i>	<i>M</i>	<i>32</i>	<i>Housewife</i>	<i>Scotland</i>	<i>Scotland</i>	<i>Interment</i>	<i>Consumption</i>	<i>June 15 1869</i>
3	<i>Robert Brown</i>	<i>M</i>	<i>M</i>	<i>58</i>	<i>Merchant</i>	<i>France</i>	<i>France</i>	<i>Interment</i>	<i>Heart Disease</i>	<i>June 20 1869</i>
4	<i>Elizabeth White</i>	<i>F</i>	<i>M</i>	<i>65</i>	<i>Widow</i>	<i>Ireland</i>	<i>Ireland</i>	<i>Interment</i>	<i>Old Age</i>	<i>June 25 1869</i>
5	<i>Thomas Green</i>	<i>M</i>	<i>M</i>	<i>28</i>	<i>Student</i>	<i>Germany</i>	<i>Germany</i>	<i>Interment</i>	<i>Smallpox</i>	<i>June 30 1869</i>
6	<i>Anna Black</i>	<i>F</i>	<i>M</i>	<i>40</i>	<i>Teacher</i>	<i>Canada</i>	<i>Canada</i>	<i>Interment</i>	<i>Scarlet Fever</i>	<i>July 5 1869</i>
7	<i>William Hall</i>	<i>M</i>	<i>M</i>	<i>35</i>	<i>Blacksmith</i>	<i>England</i>	<i>England</i>	<i>Interment</i>	<i>Accident</i>	<i>July 10 1869</i>
8	<i>Elizabeth King</i>	<i>F</i>	<i>M</i>	<i>50</i>	<i>Widow</i>	<i>Ireland</i>	<i>Ireland</i>	<i>Interment</i>	<i>Stroke</i>	<i>July 15 1869</i>
9	<i>John Lee</i>	<i>M</i>	<i>M</i>	<i>42</i>	<i>Farmer</i>	<i>France</i>	<i>France</i>	<i>Interment</i>	<i>Consumption</i>	<i>July 20 1869</i>
10	<i>Mary Clark</i>	<i>F</i>	<i>M</i>	<i>38</i>	<i>Housewife</i>	<i>Scotland</i>	<i>Scotland</i>	<i>Interment</i>	<i>Smallpox</i>	<i>July 25 1869</i>
11	<i>Robert Evans</i>	<i>M</i>	<i>M</i>	<i>55</i>	<i>Merchant</i>	<i>France</i>	<i>France</i>	<i>Interment</i>	<i>Heart Disease</i>	<i>July 30 1869</i>
12	<i>Elizabeth Scott</i>	<i>F</i>	<i>M</i>	<i>60</i>	<i>Widow</i>	<i>Ireland</i>	<i>Ireland</i>	<i>Interment</i>	<i>Old Age</i>	<i>August 5 1869</i>
13	<i>Thomas Adams</i>	<i>M</i>	<i>M</i>	<i>30</i>	<i>Student</i>	<i>Germany</i>	<i>Germany</i>	<i>Interment</i>	<i>Smallpox</i>	<i>August 10 1869</i>
14	<i>Anna Baker</i>	<i>F</i>	<i>M</i>	<i>45</i>	<i>Teacher</i>	<i>Canada</i>	<i>Canada</i>	<i>Interment</i>	<i>Scarlet Fever</i>	<i>August 15 1869</i>
15	<i>William Miller</i>	<i>M</i>	<i>M</i>	<i>35</i>	<i>Blacksmith</i>	<i>England</i>	<i>England</i>	<i>Interment</i>	<i>Accident</i>	<i>August 20 1869</i>
16	<i>Elizabeth Wilson</i>	<i>F</i>	<i>M</i>	<i>50</i>	<i>Widow</i>	<i>Ireland</i>	<i>Ireland</i>	<i>Interment</i>	<i>Stroke</i>	<i>August 25 1869</i>
17	<i>John Moore</i>	<i>M</i>	<i>M</i>	<i>40</i>	<i>Farmer</i>	<i>France</i>	<i>France</i>	<i>Interment</i>	<i>Consumption</i>	<i>August 30 1869</i>
18	<i>Mary Taylor</i>	<i>F</i>	<i>M</i>	<i>35</i>	<i>Housewife</i>	<i>Scotland</i>	<i>Scotland</i>	<i>Interment</i>	<i>Smallpox</i>	<i>September 5 1869</i>
19	<i>Robert Young</i>	<i>M</i>	<i>M</i>	<i>55</i>	<i>Merchant</i>	<i>France</i>	<i>France</i>	<i>Interment</i>	<i>Heart Disease</i>	<i>September 10 1869</i>
20	<i>Elizabeth Hall</i>	<i>F</i>	<i>M</i>	<i>60</i>	<i>Widow</i>	<i>Ireland</i>	<i>Ireland</i>	<i>Interment</i>	<i>Old Age</i>	<i>September 15 1869</i>

E31

Use Ink, and write plainly, especially names.

1. Full name of deceased Charles E. Evers  
(if an infant has not yet one year, give sex.)

2. Age 24 years 10 months 6 days ..... hours

3. Color White Occupation Butcher

4. Single, married, ~~divorced~~ or widower ..... {Cross out all but the right one.}

5. Birthplace Germany  
(State or country)

6. Last place of residence Newark N.J.  
(If a city, give name; if not, give county and township.)

7. How long resident in this State .....

8. Place of death 3 William St Newark N.J.  
(If in a city, give name and street and number; if in township give name and county; if in an institution, so state.)

9. Father's name .....

Country of birth .....

10. Mother's name .....

Country of birth .....

11. I hereby certify that I attended the deceased during the last illness, and that he died on the 11th

day of Nov 1892 and that the cause of death was Septicæmic Pteritis

Length of sickness ..... {See over and add particulars}

Wm. Lawrence Medical Attendant

Residence .....

Name of Undertaker .....

Residence of Undertaker .....

Place of Burial .....



Use ink, and write plainly, especially names.

227

1. Full name of deceased Hertrude  
(If an infant not named, register, and give sex.)

Emilia Eastell

2. Age..... years 5 months..... days..... hours.

3. Color W Occupation.....

4. Single, married, widow or widower..... {Cross out all but the right one.}

5. Birthplace..... U.S.  
(State or Country.)

6. Last place of residence..... 168 Ferry.  
(If a city, give name; if not, give county and township.)

It

7. How long resident in this State..... Life

8. Place of death..... Residence  
(If in a city, give name, and street and number; if in township, give name

and county; if in an institution, so state.)

9. Father's name..... John

Country of birth..... U.S.

10. Mother's name..... Emilia

Country of birth..... U.S.

11. I hereby certify that I attended the deceased during the last illness, and that..... she died on the..... 22<sup>nd</sup>

day of Oct...... 1890, and that the cause of death

was..... Cerebral Pneumonia

Length of sickness..... {See over and add particulars.}

W. Robinson

Medical Attendant.

Residence 149 Park St

Name of Undertaker..... W. H. East

Residence of Undertaker..... 26 Ferguson

Place of Burial..... Fairmount Cem.

Dr. W. H. East

Use ink, and write plain

6276

1. Full name of deceased.....  
(If an infant not named, so state, and give sex.)  
*Anna M. Baker*

2. Age *63* years..... months..... days..... hours

3. Color *W.* Occupation.....

4. ~~Single~~, ~~married~~, ~~widow~~ or ~~widower~~..... {Cross out all but the right one.}

5. Birthplace.....  
(State or country.) *Germany*

6. Last place of residence.....  
(If a city, give name; if not, give county and township.)  
*Newark*

7. How long resident in this State *45 years*

8. Place of death.....  
(If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)  
*22 Jay st*

9. Father's name.....  
Country of birth.....  
*James J. Baker*  
*N. York*

10. Mother's name.....  
Country of birth.....

11. I hereby certify that I attended the deceased during the last illness, and that *she* died on the *17th* day of *Nov.* 189*6* (and that the cause of death was *Bronchitis Pneumonia & cardiac failure*)

Length of sickness *two weeks* {See over and add particulars}  
*R. H. Woodward*  
Medical Attendant.

Residence *Private*

Name of Undertaker *Chas. Schott*

Residence of Undertaker *262 Orange st*

Place of Burial *Woodlawn*

C29

REPORT OF DEATH

SEE PENALTY FOR NON-REPORT

Use Ink, and write plainly, especially names.

1. Full name of deceased... Christian P. (If an infant not named, so state, and give age.)

2. Age... 64 years... 12 months... days... hours

3. Color... Occupation... Carpenter

4. Single, married, widow or widower... [Cross out all but the right one.]

5. Birthplace... Germany (State or country.)

6. Last place of residence... Newark N.J. (If a city, give name; if not, give county and township.)

7. How long resident in this State... 7 1/2 yrs.

8. Place of death... 19 Newark St. (If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)

9. Father's name... Country of birth...

10. Mother's name... Country of birth...

11. I hereby certify that I attended the deceased during the last illness, and that he died on the 19th day of Nov. 1896, and that the cause of death was Pneumonia

Length of sickness... one year [See over and add particulars.]

Medical Attendant...

Residence of Undertaker...

Name of Undertaker... Edward J. [unclear]

Residence of Undertaker... [unclear]

Place of burial... [unclear]

E-27

Use ink, and write plainly, especially names.

1. Full name of deceased Nellie  
(If an infant not named, so state, and give sex.)

Eckers

2. Age 3 years 10 months  days  hours.

3. Color W Occupation

4. Single, ~~married~~, ~~widow~~, or ~~widower~~ (Cross out all but the right one.)

5. Birthplace W D  
(State or county. If of foreign birth, give how long in the United State.)

6. Last place of residence Muraska  
(If a city, give name; if not, give county and township.)

7. How long resident in this State 2 yrs

8. Place of death Parker St  
(If in a city, give name, and street and number; if in township, give name and county.)

9. Father's name Charles Eckers  
(If in an institution, so state.)

Country of Birth

10. Mother's name Mary W

Country of birth

11. I hereby certify that I attended the deceased during the last illness, and that she died on the 1 day of Nov, 1884, and that the cause of death was Diphtheritic Bronch

Length of sickness one week (See over and add particulars.)

E. J. Tucker  
Medical Attendant.

Residence

Name of Undertaker E. J. Tucker

Residence of Undertaker Muraska

Place of Burial Brookwood

F23

Use ink, and write plainly, especially names.

1. Full name of deceased George W  
Ecker  
If an infant not named, so state, and give sex.

2. Age 8 years      months      days      hours.

3. Color W Occupation     

4. Single, ~~married~~, ~~widow~~ or ~~widower~~ (Cross out all but the right one.)

5. Birthplace W V  
State or county. If of foreign birth, give how long in the United States.

6. Last place of residence Marshall  
If a city, give name; if not, give county and township.

7. How long resident in this State     

8. Place of death 65 Parker St  
If a city, give name, and street and number; if in township, give name and county.

If in an institution, so state.  
9. Father's name Charles F. Ecker

Country of Birth     

10. Mother's name Julia W

Country of birth     

11. I hereby certify that I attended the deceased during  
his last illness, and that he died on the 18  
day of Oct 1884 and that the cause of death was

Diphtheria  
four days

Length of sickness four days (See over and add particulars.)  
Wm A. Smith M.D.

Medical Attendant.

Residence 282 W. 11th St

Name of Undertaker C. C. Myers

Residence of Undertaker     

Place of Burial

E39

Use ink, and write plainly, especially names.

1. Full name of deceased Willie  
If an infant not named, so state, and give sex.

Edert

2. Age 4 years 4 months    day    hours.

3. Color W Occupation   

4. Single ~~married~~, ~~widow~~ or ~~widower~~ (Cross out all but the right one.)

5. Birthplace W. S.  
State or county. If of foreign birth, give how long in the United States.

6. Last place of residence 30 Park St  
If a city, give name; if not, give county and township.

7. How long resident in this State 2 yrs

8. Place of death 30 Park St  
If in a city, give name, and street and number; if in township, give name and county.

if in an institution, so state.

9. Father's name Charles J. Edert

Country of Birth   

10. Mother's name Julia W.

Country of birth   

11. I hereby certify that I attended the deceased during the last illness, and that he died on the 29 day of Dec., 1884, and that the cause of death was Bronchitis

Length of sickness Two Weeks (See over and on 1) particulars.)

Medical Attendant.

Residence E. Bradin

Name of Undertaker C. C. Harris

Residence of Undertaker   

Place of Burial Woodland

EN

Use Ink, and write plainly, especially names.

1. Full name of deceased John  
(If an infant not named, so state, and give sex.)

A. H. Baker

2. Age 2 years 10 months  days  hours

3. Color W Occupation

4. Single, married, widowed or widower  { Cross out all but the right one. }

5. Birthplace Mass.  
(State or Country.)

6. Last place of residence Newark N.J.  
(If a city, give name; if not, give county and township.)

7. How long resident in this State Life

8. Place of death 79 Littleton Ave  
(If in a city, give name, and street and number; if in township, give name and county; if in an institution, so state.)

9. Father's name Wm

Country of birth Germany

10. Mother's name Mary

Country of birth Germany

11. I hereby certify that I attended the deceased during the last illness, and that he died on the 17th day of Oct 1896; and that the cause of death was Congestion pneumoniae

Length of sickness 4 days { See over and add particulars. }

Richard D. Hoffmann  
Medical Attendant

Residence 222 S. 10th

Name of Undertaker ~~Wm. H. ...~~

Residence of Undertaker ~~...~~

Wm. H. ...

Prince of ...

730

Use ink, and write plainly, especially names.

1. Full name of deceased Carrie F. Fisher  
If an infant not named, do state, and give sex.

2. Age 19 years 6 months — days — hours.

3. Color W Occupation —

4. Single, ~~married~~, ~~widow~~, ~~or~~ ~~widower~~ — {Cross out all but the right one}

5. Birthplace US  
State or county. If a foreign birth, give how long in the United States.

6. Last place of residence —  
If a city, give name; if not, give county and township.

7. How long resident in this State Life

8. Place of death 73 Ferry St  
If in a city, give name, and street and number; if in township, give name and county;

if in an institution, so state.

9. Father's name —

Country of Birth —

10. Mother's name —

Country of birth —

11. I hereby certify that I attended the deceased during the last illness, and that She died on the 20 day of Aug 1884, and that the cause of death was Dysphoid Fever

Length of sickness 15 days {See over and add particulars}

Herman L. H. Howard  
Medical Attendant.

Residence 75 W. 4th St

Name of Undertaker Peter M. McCluskey

Residence of Undertaker 91 Lafayette St

Place of Burial Woodland