

# CERTIFICATE OF DEATH

SEE PENALTY FOR NON-REPORT.

Use Ink, and write plainly, especially names.

1. Full name of deceased.....  
(If an infant not named, so state, and give sex.)  
*John Carr*
2. Age. *2* years..... months..... days..... hours.
3. Color. *White*..... Occupation *Carpenter*
4. ~~Single, married, widow or widower~~..... { Cross out all but the right one.
5. Birthplace..... *United States*  
(State or country.)
6. Last place of residence. *126 Mickle Street*  
(If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.)  
*Camden N.J.*
7. How long resident in this state..... *12 years*
8. Place of death. *126 Mickle Street*  
(If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.)  
*Camden N.J.*
9. Father's name..... *Thomas Carr*  
 Country of birth..... *Ireland*
10. Mother's name..... *Ann Carr*  
 Country of birth..... *Ireland*
11. I hereby certify that I attended the deceased during the last illness, and that..... *he* died on the *27th* day of *November*..... 1902, and that the cause of death was *Acute Indigestion complicated with Impure Action of Heart*
- Length of sickness..... *1 year*..... { See over and add particulars.  
*Wm. G. G. Carr*  
 Medical Attendant.
- Residence..... *524 Broadway, Camden*
- Name of Undertaker..... *Geo. Blake*
- Residence of Undertaker..... *579 Broadway*
- Place of Burial..... *New Camden*