

ORIGINAL.

No H

STATE OF NEW JERSEY.

TRANSPORTATION OF DEAD HUMAN BODY. 3455

Certificate of Death.

1. Full name of deceased..... Catharina Reich
[If an infant not named, so state, and give sex.]
2. Age 21 years 11 months days hours. - 3. Color White Occupation.....
4. ~~Single, married, widow or widower.~~ 5. Birthplace New York
[Cross out all but the right one.] [State or country.]
6. Last place of residence..... Franklin Township Gloucester Co. N.J.
[If a city, give name & if not, give county and township.]
7. How long resident in this State..... 10 mo. 8. Place of death Franklin Township
Gloucester Co. New Jersey
[If in a city, give name and street and number.]
9. Father's name..... John Van Norden 10. Mother's name..... Patsy Van Norden
Country of father's birth..... U.S.A. Country of mother's birth..... U.S.A.

I hereby certify that I attended the deceased during the last illness, and that she died on
the..... Fifth day of..... Feb 1903,
at..... 3:30 A.M. P.M., and that the cause of death was..... Paralysis
[Hour of death.]

Length of sickness..... 4 mo. J. Van Nusen M.D.
Residence..... Farrist Grove

Place of burial..... Philadelphia County..... Mad State..... Penn

In cities, boroughs, towns and villages the registrar of vital statistics is an officer appointed by the board of health. In townships the registrar is the assessor. On the fifteenth day of each month every registrar shall file with the State Registrar of Vital Statistics a copy of the certificates of vital facts which may have been received during the preceding month.

This certificate, and the duplicate on the next page, should be signed by the physician in his own handwriting. Use black ink and write plainly.

Address:
New Jersey State Archives
P.O. Box 307
225 West State St.
Trenton, N.J. 08625

Joseph R. Klein
Executive Director
N. J. State Archives

Joseph R. Klein

I hereby certify that the foregoing is a true copy
of the original record on file in the New Jersey
State Archives, Department of State.