

U. S. DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY
BUREAU OF VITAL STATISTICS.
CERTIFICATE AND RECORD OF DEATH.

1 PLACE OF DEATH
County Monmouth State NEW JERSEY Registered No. _____
Township _____ or Village _____
City Long Branch No. _____ St. _____ Ward _____
If death occurred in a hospital or institution, give its name instead of street and number.

2 FULL NAME David D. Cook
(a) Residence No. 495 West St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and state.)
Length of Residence in city or town where death occurred 52 yrs. mos. _____
(How long in U. S., if of foreign birth) yrs. mos. _____

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX M 4 Color or Race W 5 Single, Married, Widowed, or Divorced married
(write the word)

5a If married, widowed or divorced
HUSBAND of Mary B
(or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 8, 30, 55

7 AGE Years 62 Months + Days 9
If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cross Guard
(b) General nature of industry, business, or establishment in which employed or employer _____
(c) Name of employer _____

9 BIRTHPLACE (city or town) _____
(State or Country)

PARENTS

10 NAME OF FATHER Long Branch
11 Birthplace of Father (city or town) _____
(State or Country)

12 MAIDEN NAME OF MOTHER Mary Diet
13 Birthplace of Mother (city or town) _____
(State or Country)

14 Informant Mrs Edward Keil
(Address) 72 Atlantic Ave

15 Filed Jan 12, 1920 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/9/ 1920

17 I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1917 to Jan 1, 1920
that I last saw her alive on Jan 8, 1920
and that death occurred on the date stated above at 6:30 A.M.
THE CAUSE OF DEATH* was as follows:
Coronary of the Lungs
(duration) 2 yrs. mos. _____

CONTRIBUTORY (Secondary) _____
(duration) _____ yrs. mos. _____

18 Where was disease contracted _____
if not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? _____
Signed Walter S. Reed M.D.
(Address) No Long Branch, N.J.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal Greenwood Date of Burial Jan 12, 1920

20 Undertaker Ed Sutton Address _____

Copied at New Jersey State Archives, Trenton, June 9, 2014 by J Lutter.

Added by: Jody Lutter on 12 Jun 2014