

1 PLACE OF DEATH

STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

County Mercer State NEW JERSEY Registered No. _____

Town Wings or Borough _____

City Edwards Home No. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph H. Ashmead Bridgeton, Cumberland Co., N.J.

3 Residence. No. Edwards Home St. _____ Ward _____
(Usual place of abode; in institutions, homes, etc., former residence should be stated.) (If non-resident give city, town and State.)
Length of residence in city or town where death occurred: yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX Male 5 COLOR OR RACE W 6 Single, Married, Widowed, or Divorced (write the word) Married

17 DATE OF DEATH Dec 24 19 26

7 If married, widowed or divorced HUSBAND of Robert Barrett (or) WIFE OF (Give full maiden name) _____

18 I HEREBY CERTIFY That I attended deceased from Dec 1, 1926 to Dec 24, 1926

8 DATE OF BIRTH (month, day and year) Oct 25, 1862

I last saw him alive on Dec 24, 1926 and death occurred on date stated above, at 10:15 A.M.

9 AGE Years Months Days If Less Than Hrs. One Day Min. 64 7 29

The CAUSE OF DEATH was (see over) Crown Aneurysm

10 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) None 4 years (c) Name of employer _____

(Duration) 1 yrs. mos. da. Contributory (Secondary) Age (Duration) _____ yrs. mos. da.

11 BIRTHPLACE (city or town) (State or country) Germanyville

19 Where was disease contracted, if not at place of death? _____

12 NAME OF FATHER J. M. Ashmead

If an operation preceded death give date no

13 BIRTHPLACE OF FATHER (city or town) (State or country) Mo.

Was there an autopsy? no

14 MAIDEN NAME OF MOTHER Mary A. Henderson

What test confirmed diagnosis? Clinical

13 (a) BIRTHPLACE OF MOTHER (city or town) (State or country) Mo.

(Signed) Wm. H. Hays

5 SIGNATURE OF INFORMANT (Address) Edwards Home

(Address) Wings

19 _____ 1926 LOCAL REGISTRAR.

20 PLACE OF BURIAL (Cremation or Removal) Overlook Cemetery, Bridgeton, N.J.

Date of Burial Dec 27, 1926 21 Undertaker Robinson & Hise

Address Bridgeton, N.J. New Jersey License Number 332A

FILED AT POLICE STATION.