MAY '80.

C-43

STATE OF NEW JERSEY.

CERTIFICATE OF DEATH.

SEE PENALTY FOR NON-REPORT.

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

2. Age 65 years ... months ... Color White

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

4. Birthplace England {State or county. If of foreign birth, give how long in United States.}

5. Last place of residence 3 & Millville N. J. W {If a city, give name and ward; if not, give county and township.}

6. How long resident in this State

7. Place of death 120 S. Third st Millville 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.)

8. Father's name Samuel Caulkins Country of birth England

9. Mother's name Elizabeth Caulkins Country of birth England

10. I hereby certify that I attended Samuel Caulkins during the last illness, and that he died on the 2 day of March, 1885; and that the cause of death was Pneumonia —

Requested, but Optional.

a. Primary disease

b. Secondary disease, (how long)

c. Remarks

Length of sickness 1 week

J D Westcott M D
Medical Attendant.

Residence Millville N J

Date March 2 1885

Name and residence of Undertaker D D Mradek Millville N J

Place of Burial Mt Pleasant Cemetery
Family Private Yard