

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

571 V. 2.

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

1 PLACE OF DEATH
County Middlesex State NEW JERSEY Registered No. _____
Township Raritan or Village _____
City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Boris Gillis
(a) Residence. No. Lafayette & Welch Ave. Ward _____
(Usual place of abode.) (If non-resident, give city or town and State.)
Length of Residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write the word.) single

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

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1922

7 AGE Years 4 Months 8 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed or employer.
(c) Name of employer

9 BIRTHPLACE (city or town) Perth Amboy
(State or Country.) New Jersey

10 NAME OF FATHER Robert J. Gillis

11 Birthplace of Father (city or town) Woodbridge
(State or Country.) New Jersey

12 MAIDEN NAME OF MOTHER J. A. Hall

13 Birthplace of Mother (city or town) Perth Amboy
(State or Country.) N. J.

14 Informant Robert J. Gillis
(Address) Lafayette & Welch Ave.

15 Filed _____, 19____

REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 25, 1922

17 I HEREBY CERTIFY That I attended deceased from May 24, 1922 to May 25, 1922
that I last saw her alive on May 24, 1922
and that death occurred on the date stated above at 4 P.M.

THE CAUSE OF DEATH* was as follows

Cardiac paralysis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Insular disease
(duration) _____ yrs. _____ mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

Signed J. A. Hall, M. D.

(Address) Perth Amboy

State the DISEASE CAUSING DEATH, or in deaths 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 Perth Amboy Date of Burial 5/26 1922

20 Undertaker R. A. Hiram, Woodbridge Address N. J.