

1 PLACE OF DEATH
(If a nonresident also fill in both 10a, 10b)

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY
BUREAU OF VITAL STATISTICS.

County Essex

1917
CERTIFICATE AND RECORD OF DEATH.

Township _____

Registered No. _____

Village _____

(No. 600 Atlantic Ave on 1 Ward) (If death occurred in a hospital or institution give the name thereof and street and number.)

City Ocean City
1 FULL NAME OF DECEASED S. Wesley Lake

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 2 MARRIAGE OR MARRIED W 3 OCCUPATION Retired Minister

4 DATE OF BIRTH July 7 1842 (Month) (Year)

5 AGE 74 (Years) (Months) (Days)

6 RESIDENCE Essex (County) Essex (Township) Essex (City or Village) Essex (Post Office)

7 PLACE OF BIRTH Essex (County) Essex (Township) Essex (City or Village) Essex (Post Office)

8 MARITAL NAME OF DECEASED Sarah Blake

9 OCCUPATION OF DECEASED Publican

10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Signature S. W. Lake
(Address) Ocean City

11 TIME 7/12 1917 John Adams
(Signature of Minister should also be here) (Subscribed)

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 11 1917 (Month) (Year)

11 HISTORY CERTIFY THAT I attended deceased from June 17th 1917, to July 11th 1917, and that I last saw him alive on July 11th 1917, and that death occurred, on the date above stated, of Chronic renal toxemia

The PRIMARY CAUSE OF DEATH was as follows:
Chronic renal toxemia

Secondary Arteriosclerosis
Hereditary

Time of death July 11th 1917 Ocean City, N.J.

12 LENGTH OF ILLNESS 17 (Days) (Weeks) (Months) (Years)

13 PLACE OF BURIAL OR CREMATION Salem Ave Pleasant (City or Township) Ocean City (County) N.J. (State)

Certificate of Death