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No incomplete or mutilated certificate will be received.

State of New Jersey—Bureau of Vital Statistics.

CERTIFICATE AND RECORD OF DEATH.

Full Name of Deceased Wm J. Lake
[If an infant not named, so state, and give sex.]

Years.	Months.	Days.	Hours.
84			

Age ... **Color** white **Occupation** Carpenter

Single, Married, Widowed or Divorced. **Birthplace** US NY
[Cross out all but the right one.] [State or Country.]

Last Place of Residence Wharton N J *How long resident in this State* 8 yrs

Place of Death Wharton N J
[If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.]

Father's Name Cornelius Lake ... **Country of Birth** U.S.

Mother's Name Sarah Lake ... **Country of Birth** US.

I hereby certify that I attended the deceased during the last illness, and that he *died on the* 4 *day of* Oct. 1907, *and that the cause of death was* Arterio Scleros Cystits - Uraemia *Length of sickness* 2 mos

Name of Undertaker W Gillen

Residence of Undertaker Dover N. J.

Place of Burial Newton

H W Rice
[Medical Attendant.]

Wharton N J
[P. O. address.]

[redacted]