

7 1726

STATE OF NEW JERSEY

B64

REPORT OF DEATH

SEE PENALTY FOR NON-REPORT.

Use Ink, and write plainly, especially names.

1. Full name of deceased *John George Brunjes*
 (If an infant not named, so state, and give sex *male*)

2. Age *17* years *12* months *12* days *12* hours

3. Color *White* Occupation *Truck driver*

4. Single, ~~married~~, widow or widower *Single* (Cross out all but the right one.)

5. Birthplace *69 Hancock Ave. C.*
 (State or country.)

6. Last place of residence *67 Hamburg Ave.*
 (If a city, give name; if not, give county and township)

7. How long resident in this State *Life*

8. Place of death *69 Hancock Ave.*
 (If in a city, give name and street and number; if in township, give name and county; if in an institution, so state.)

9. Father's name *Martin Brunjes*
 Country of birth *Germany*

10. Mother's name *Johanna Brunjes*
 Country of birth *Germany*

11. I hereby certify that I attended the deceased during the last illness, and that *he* died on the *18th* day of *July* 189*9*, and that the cause of death was *Gastro-Enteritis*

Length of sickness *1 month about* (See over and add particulars.)

J. Fisher Medical Attendant

Residence *229 Central Ave.*

Name of Undertaker *F. Walk*

Residence of Undertaker *Lawrence*

Place of burial *Walsh Field*

11