

PLACE OF DEATH

RECORD OF DEATH

Registrar's No. _____

County Camden
 Township _____
 City or Borough So Port Morris
 Name of Hospital
 or Institution _____
 (If not in hospital or institution write street number or location)
 Length of stay
 in this Community _____ yrs. _____ mos. _____ days _____ hrs.

FORMER OR USUAL RESIDENCE

State NJ County Atlantic
 City or Borough Atlantic City
 (If outside city or borough limits, name township.)
 Street No. 1712 Mediterranean ave
 (If rural give location)
 If foreign born, how long in U. S. A? _____ years

Kindly Print or Type

FULL NAME

(Surname last)
(First name here)R. Raymond Coursey

If veteran, name war No Social Security No. 45-14-3335

SEX M COLOR OR RACE Col Single, Married, Widowed or Divorced (write the word) Married

If married, widowed or divorced

HUSBAND OF
(Give full maiden name)
(or) WIFE OF

Age, if living

BIRTH DATE OF DECEASED
(Month, day and year)Aug 9-1896

AGE	Years	Months	Days	If Less Than	
				One Day	Min.

BIRTHPLACE (City or town)
(State or country)MDUsual occupation LaborerIndustry or business CyberFATHER NAME James CourseyBIRTHPLACE (City or town)
(State or country)MOTHER MAIDEN NAME Mary BennettBIRTHPLACE (City or town)
(State or country)SIGNATURE OF INFORMANT Ravonia CourseyPLACE OF BURIAL Bridge Md
Cremation or RemovalDATE May 2, 1958 at St Peter's ChurchFUNERAL DIRECTOR Nelson Loring
(Address) Port Morris N. J. License No. _____RECEIVED May 2, 1958 H. R. White
Local Registrar.

MEDICAL CERTIFICATION

DATE OF DEATH 4-29 1958

I HEREBY CERTIFY, That I attended the deceased from

19____ to VIEWED 4/29 1958

that I last saw him alive on _____, 19____ and that death occurred on the date stated above, at _____ m.

Immediate cause of death Suppuration

Duration

2 wksDue to Heroina Shove five

Due to _____

Other conditions
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings:
Of operations _____

Underline the cause to which death should be charged statistically.

Of autopsy _____

If death were due to external causes, fill in the following:

Accident, suicide, or homicide (specify) AccidentDate of occurrence 4-29-58 1 AMWhere did injury occur? Post
(City or town) (County) (State)Did injury occur in or about home, on farm, in industrial place, in public place? Post So Port Morris
(Specify type of place)While at work? Yes Means of Injury _____Signature Julius A. Johnson Coursey
(M.D. or other)Address Bridgeth NJ 41291 05
Date signed