

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

CERTIFICATE AND RECORD OF DEATH.

1 PLACE OF DEATH  
County Cumberland State NEW JERSEY Registered No. 298  
Township Franklin Township or Village \_\_\_\_\_ or  
City Vineland No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles H. Fisher  
(a) Residence. No. Pennycuik St. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

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

5a If married, widowed or divorced HUSBAND of None (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year) March 1906

7 AGE Years Months Days If LESS than 1 day, hrs. or min.  
60 10 23

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work operator  
(b) General nature of industry, business, or establishment in which employed or employer  
(c) Name of employer

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

10 NAME OF FATHER Edward Fisher

11 Birthplace of Father (city or town) Holland (State or Country)

12 MAIDEN NAME OF MOTHER Mary Holinger

13 Birthplace of Mother (city or town) n.j. (State or Country)

14 Informant Eva Wilhelm (Address) 218 Plum St Vineland

15 Filed Apr. 2, 1927 Ernest E. Howe REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 7 1927

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 1927, to March 7, 1927, that I last saw him alive on March 7, 1927, and that death occurred on the date stated above at 6:30 PM. THE CAUSE OF DEATH\* was as follows:

Accidental fracture of skull  
(brain injury) due to fall on  
steps while riding bicycle  
CONTRIBUTORY Tetany typhoid  
(Secondary) (duration) 27 yrs. mos. ds.

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

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? X-ray of skull  
Signed Edward H. Egbert M.D.  
(Address) Vineland N.J.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE 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 Port Norris Date of Burial Mar. 19 27

20 Undertaker Compton Bros Mauritian