



NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N. J.

AUGUST 2, 1968
(Date)

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT

F. Merton Baybolt

Roscoe Standley, M.D.

State Registrar of Vital Statistics

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

M5244

REGISTRAR'S NUMBER

NEW JERSEY STATE DEPARTMENT OF HEALTH

27993

SPACES BELOW FOR STATE USE ONLY

PLAC 0525

RESIDENCE 06104

VETERAN 0

EXCITING CAUSE

850

PLACE OF ACCIDENT

CROSS CLASS. 393

Form 3 V. S. Reg-18 Aug. 61

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).	
a. COUNTY <u>CANE MAW</u>		a. STATE <u>N.J.</u> b. COUNTY <u>COMMERCE</u>	
b. CITY <input type="checkbox"/> (Check box and give name) BOROUGH <input type="checkbox"/> TOWNSHIP <input checked="" type="checkbox"/> <u>LOWEN</u>		c. CITY <input type="checkbox"/> (Check box and give name) BOROUGH <input type="checkbox"/> TOWNSHIP <input checked="" type="checkbox"/> <u>COMMERCIAL</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>DELAWARE BAY - DOA</u>		e. STREET ADDRESS If rural, P. O. Address <u>1 Drive Port Morris</u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES ELWOOD McBRIDE</u>		4. DATE OF DEATH <u>5-27-63</u>	
5. SEX <u>M</u>	6. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>	7. DATE OF BIRTH <u>APRIL 12 1913</u>	8. AGE (In years last birthday) <u>50</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FISHERMAN</u>		9b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (State or foreign country) <u>CHANCE MILLS VA.</u>
12. FATHER'S NAME <u>JAMES McBRIDE</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		13. MOTHER'S MAIDEN NAME <u>TEAGLE</u>	
15. SOCIAL SECURITY No. <u>210-48-428</u>		16. INFORMANT <u>LUCIS MARY McBRIDE</u>	
17. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u> Conditions, if any, which gave rise to above cause (a), stating the exciting cause last. } DUE TO (b) <u>drowning</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> to the best of my knowledge.		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 17.) <u>X</u>	
19c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		19d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
19e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		19f. CITY, TOWN, OR LOCATION <u>X</u>	
20. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at _____ m. on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <u>Dr. Roscoe Standley</u>		21b. ADDRESS <u>226 Pacific St. Atlantic City N.J.</u>	21c. DATE SIGNED <u>5-25-63</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE <u>5-27-63</u>	22c. NAME OF CEMETERY OR CREMATORY <u>HARVEY HILL</u>	22d. LOCATION (City, town or county) (State) <u>HALEYVILLE NJ</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Lusk</u>		N.J. License No. <u>2489</u> ADDRESS <u>Dr. W. Lusk</u>	24. DATE RECD. BY LOCAL REG. <u>5/27/63</u>
25. REGISTRAR'S SIGNATURE <u>F. Merton Baybolt</u>			