

Use ink, and write plainly, especially name

7723

1. Full name of deceased.....
(If an infant not named, so state, and give sex.)
Charles Morris

2. Age..... years..... months..... days..... hours.....
3. Color White Occupation Cyclistman

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

5. Birthplace United States, N.D.
State or county. If of foreign birth, give how long in the United States.)

6. Last place of residence.....
(If city, give name; if not, give county and township.)
Milville

7. How long resident in this State... always

8. Place of death... Maurice River
If in a city, give name, and street and number; if in township, give name and county;
Cove.

9. Father's name... John Morris
Country of Birth... U.S.

10. Mother's name.....
Country of birth.....

11. I hereby certify that I attended the deceased during the last illness, and that... he died on the 26 day of Nov 1882; and that the cause of death was accidental drowning

Length of sickness..... (See over and add particulars.)
J.H. Fishian M.D.
Coroner ~~Medical Attendant~~

Residence... Port Morris N.D.

Name of Undertaker... J. J. Veckelson

Residence of Undertaker... Port Morris N.D.

Place of Burial... Walleyville N.D.

NJ State Archives - Trenton