

JUNE '81.

FORM C.

STATE OF NEW JERSEY CERTIFICATE OF DEATH

SEE PENALTY FOR NON-REPORT.

1. Full name of deceased..... *John Tuers*
(If an infant not named, so state, and give sex.)
2. Age *Sixty-two*..... years *nine* months *11* days..... Color *White*
3. Single, married, widow or widower. {Cross out all but the right one.} Occupation *Farmer*
4. Birthplace *Franklin Essex County N.J.*.....
(State or county. If of foreign birth, give how long in United States.)
5. Last place of residence *Washington Twp, Bergen Co.*.....
(If a city, give name; if not, give county and township.)
6. How long resident in this State *during life*
7. Place of death *Washington Twp, Bergen Co.*.....
(If in a city, give name, and street and number; if in township, give name and county; if in an institution, so state.)
8. Father's name *Garret Tuers*..... Country of birth *United States*
9. Mother's name *Melie Tuers*..... Country of birth *United States*
10. I hereby certify that I attended *John Tuers*
during the last illness, and that *he* died on the *24* day of *August*, 188*2*; and
that the cause of death was *Catarrhal Pneumonia*

Requested, but Optional.

- a. Primary disease *Catarrhal Pneum.*
- b. Secondary disease, (how long) *Leucal*
- c. Remarks *Debility for several months*

Length of sickness *eight days*

W. H. K. M. D.
Medical Attendant.

Residence *Clatsop, N.J.*

Date *August 24 1882*

Name and residence of Undertaker *Henry Smith & Son Hillsdale, N.J.*

Place of Burial *Old Hook Cemetery Bergen County, N.J.*