

STATE OF NEW JERSEY.

27732

REPORT OF DEATH.

SEE PENALTY FOR NON-REPORT.

Use Ink, and write plainly, especially names.

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

Daphne Keeler

Age 7 years, 10 months, days, hours.

Color Occupation

Single, married, widow, or divorced (Cross out all but the right one.)

Birthplace (State or country.)

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

How long resident in this State about 4 yrs

Place of death is a city, give name and street and number; if in township, give name

Paterson N.J.

county; if in an institution, so state)

Father's name

Blanes

country of birth

Germany

Mother's name

Germany

I hereby certify that I attended the deceased during the last illness, and that he died on the 6th

of Nov 1921; and that the cause of death

is

length of sickness about 2 weeks

See over and add particulars.

Medical Attendant

Residence

of Undertaker

of Undertaker

of burial