W 31

Use Ink, and write plainly, especially names.

1. *Full name of deceased*.....
(If an infant not named, so state, and give sex.)
Mary Emma Wade

2. *Age* 42 *years*..... *months*..... *days*..... *hours.*

3. *Color* White..... *Occupation*.....

4. ~~*Single*~~, *married*, ~~*widow or widower*~~..... {Cross out all but the right one.}

5. *Birthplace* New York
(State or county. If of foreign birth, give how long in the United States.)

6. *Last place of residence* Brooklyn N.Y.
(If a city, give name; if not, give county and township.)

7. *How long resident in this State* 3 weeks

8. *Place of death* Clinton St.
(If in a city, give name, and street and number; if in township, give name
Morristown N.J.
and county; if in an institution, so state.)

9. *Father's name* Elijah Goodrich
Country of birth New Jersey

10. *Mother's name* Eliza Van Velzer
Country of birth Long Island

11. *I hereby certify that I attended the deceased during the last illness, and that* she *died on the* 6th *day of* March 1888; *and that the cause of death was* Hydro pericardium

Length of sickness 5 days {See over and add particulars.}

J. Hoffman M.D.
Medical Attendant.

Residence Morristown N.J.

Name of Undertaker Stable & Marsh

Residence of Undertaker Newton N.J.

Place of Burial Mendham N.J.