No incomplete or mutilated certificate will be received.

State of New Jersey—Bureau of Vital Statistics.

CERTIFICATE AND RECORD OF DEATH.

Full Name of Deceased. H. H. Wade

[If an infant not named, so state, and give sex.]

Years.	Months.	Days.	Hours.
68	—	—	—

Age. Color white Occupation Retired

Single, Married, Widowed or Divorced. Birthplace New York city

[Cross out all but the right one.] [State or country.]

Last Place of Residence. Richmond Hill L.I. How long resident in this State. 30 years

Place of Death. Neptune Township, Monmouth County. Asbury Grounds Ocean Grove N.J.

[If in a city, give name, street and number; if in township, give name and county; if in an institution, so state.]

Father's Name. James H. Wade Country of Birth. U.S.A.

Mother's Name. Eliza A. Wade Country of Birth. U.S.A.

I hereby certify that I attended the deceased during the last illness, and that he died on the 28th day of July 1908, and that the cause of death was Heart Disease

Length of sickness

Name of Undertaker. Fred E. Tilton

Residence of Undertaker. 605 Main St.

Place of Burial. Richmond Hill Long Island New York.

[Medical Attendant.] H. Meadowcroft M.D.

[P. O. address.] Bradley Beach N.J.