

SEPT. '80.

FORM C.

STATE OF NEW JERSEY  
CERTIFICATE OF DEATH

SEE PENALTY FOR NON-REPORT.

1. Full name of deceased..... *Mathias Boekem*.....  
(If an infant not named, so state, and give sex.)
2. Age..... *73*..... years..... *2*..... months..... *4*..... days Color..... *white*
3. Single, married, widow or widower. {Cross out all but the right one.} Occupation..... *Miner*
4. Birthplace..... *Germany*..... {State or county. If of foreign birth, give how long in United States.}
5. Last place of residence..... *No. 67 Newark St. Hoboken N.J.* {In a city, give name; if not, give county and township.}
6. How long resident in this State..... *33 years*
7. Place of death..... *No. 67 Newark St. Hoboken N.J.* {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..... *Philipp Boekem*..... Country of birth..... *Germany*
9. Mother's name..... *Elizabeth*..... Country of birth..... *Germany*
10. I hereby certify that I attended..... *Mathias Boekem*..... during the last illness, and that he died on the *25th* day of *Sept*, 1881; and that the cause of death was.....

Requested, but Optional.

- a. Primary disease..... *Pneumonia*
- b. Secondary disease, (how long)..... *Congestion*
- c. Remarks..... *of the lungs*

Length of sickness..... *6 days*

..... *Hans Meier*..... Medical Attendant

Residence.....

Date.....



Name and residence of Undertaker..... *F. Volk, 383, Parkside Ave.*

Place of Burial..... *Coffins, H. Hills, Long Island*

Use ink, and write plainly.

895

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

2. Age 75 years months days hours.

3. Color W Occupation

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

5. Birthplace G.E.R.M.A.N.Y.  
(State or county. If of foreign birth, give how long in the United States.)

6. Last place of residence 137 Bloomfield  
(If a city, give name; if not, give county and township.)

7. How long resident in this State 1 year

8. Place of death Bethel  
(If in a city, give name, and street and number; if in township, give name

and county; if in an institution, so state.)

9. Father's name John

Country of birth Germany

10. Mother's name Anna

Country of birth Germany

11. I hereby certify that I attended the deceased during the  
last illness, and that she died on the 15 Jan

day of Jan 1886; and that the cause of death  
was

Pneumonia

Length of sickness 10 days See over and add }  
particulars.

Residence Bethel Medical Attendant

Name of Undertaker W. H. Parson

Residence of Undertaker Bethel

Place of Burial C. P. Hill Cent