

STATE OF NEW JERSEY.

CERTIFICATE OF DEATH

126

SOME PENALTY FOR NON-REPORT.

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

2. Age *55* years *0* months Color *White*

3. ~~Single~~ married, ~~widow~~ ~~widower~~. { Cross out all but the right one. } Occupation.....

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

5. Last place of residence..... *26 Shuylt St* (If a city, give name; if not, give county and township.)

6. How long resident in this State.....

7. Place of death..... *26 Shuylt St*
(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..... Country of birth.....

9. Mother's name..... Country of birth.....

I hereby certify that I attended *deceased*
during the last illness, and that *he* died on the *29* day of *November*, 188*0*; and
that the cause of death was *Consumption*

Requested, but Optional.

a. Primary disease.....

b. Secondary disease, (how long).....

c. Remarks.....

Length of sickness..... *3 mths*

Dr. H. W. ...
Medical Attendant.

Residence..... *33 Park St*

Date..... *Nov 30 1880*

Name and residence of Undertaker..... *George Mc Clary 408 Main St*

Place of Burial..... *Holy Sepulchre*