

**STATE OF NEW JERSEY
VITAL RECORDS ABSTRACT CERTIFICATION**

This document IS NOT a true certified copy and is issued for informational purposes only.

STATE DEPARTMENT OF HEALTH OF NEW JERSEY 048811				STATE FILE NO.			
1. PLACE OF DEATH a. COUNTY <u>Burlington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>New Jersey</u> b. COUNTY <u>Burlington</u>		c. CITY <input type="checkbox"/> BOROUGH <input type="checkbox"/> TOWNSHIP <input checked="" type="checkbox"/> <u>Medford</u>		c. CITY <input type="checkbox"/> BOROUGH <input type="checkbox"/> TOWNSHIP <input checked="" type="checkbox"/> <u>Medford</u>	
b. CITY <input type="checkbox"/> (Check box and give name)		c. LENGTH OF STAY (in this place) <u>1 year</u>		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Berlin Rd. Jumont, NJ</u>		d. STREET ADDRESS If rural, P. <u>Berlin Road, Jumont, NJ</u>	
a. (First)		b. (Middle)		c. (Last)		(Month) (Day) (Year)	
3. NAME OF DECEASED (Type or Print) <u>Olivia R. Todd</u>				4. DATE OF DEATH <u>12-7-55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>10-8-1869</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR	10. UNDER 24 Hrs.	10. UNDER 24 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE <u>Phila. Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Charles J. Moore</u>				14. MOTHER'S MAIDEN NAME <u>Fancy Ogle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) <u>no</u>				17. INFORMANT <u>James Dardeau - Jumont, NJ</u>			
<p>Redacted as per</p> <p>N.J.A.C. 8:2A-2.1</p>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, BOROUGH, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
<p>22. I hereby certify that I attended the deceased from <u>Sept 15</u>, 19<u>55</u>, to <u>Dec 7</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Dec 6</u>, 19<u>55</u>, and that death occurred at <u>9:59 a.m.</u>, from the causes and on the date stated above.</p>							
23a. SIGNATURE <u>Chora Munn</u> (Degree or title)				23b. ADDRESS <u>Marlton NJ</u>		23c. DATE SIGNED <u>12/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Cedar Hill Cem.</u>		24d. LOCATION (City, borough, or township) (State) <u>Phila. Pa.</u>	
DATE REC'D BY LOCAL REG. <u>12-7-55</u>		REGISTRAR'S SIGNATURE <u>Harry Brick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur H. Hoel</u>		N. J. License No. <u>441-811 Cooper</u> ADDRESS <u>Cooper, NJ</u>	