

Record Proof of Death of Soldier.

Act of June 27, 1890.

State of *New Jersey*, County of *Atlantic*, ss:
ON THIS _____ day of _____ A. D. one thousand eight hundred and ninety _____

personally appeared before me, _____ within and for the County and State
aforesaid *A. J. Glenn*, who, being duly sworn according to law, declares
that he resides in *Atlantic City* County of *Atlantic* State of
New Jersey; and that he is *Keeper of Vital*
Statistics of the *Board of Health*
(Pastor, Rector or Clerk, as the case may be.) (Church, Parish or Board of Health.)

located in *Atlantic City* in the last-named County, and custodian of the records
thereof; that the following is a true copy of an extract from the record of *Deaths* viz:

Alfred Smith died in Atlantic City
February 14th 1899 Recorded on Page 405
of the Register of the Board of Health

Affiant further declares that he has no interest in the prosecution of any claim in behalf of _____
Josephine Smith for *Pension*

A. J. Glenn
(Signature of Affiant)
Register of Vital Statistics