

Forty-Eighth Annual Report

OF THE

Department of Health

OF THE

STATE OF NEW JERSEY

1925



TRENTON, N. J.

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1925

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HENRY B. COSTILL, M. D., Director.
The offices of the Department are in the State House,
Trenton, N. J.

TRENTON, N. J., June 30th, 1925.

To His Excellency George S. Silaer, Governor of New Jersey:

Sir: I am transmitting herewith the Forty-eighth Annual Report of the Department of Health of the State of New Jersey for the year ending June 30th, 1925, in accordance with Chapter 288 of the Laws of 1915.

Very respectfully,

H. B. COSTILL, *Director.*

Report of the Director.

A detailed statement of each bureau is included in this report, therefore it is necessary to call attention only to such sections as need emphasizing. There are certain sanitary conditions with which the department is unable to cope as it is at present constituted, and as these conditions constitute a grave menace to the health of New Jersey, demanding immediate correction, it is necessary that they be brought to the attention of the public. The geographic location of our State gives it prominence as a recreation center. Persons not only from most of the other States, but from foreign countries as well, are attracted to New Jersey by reason of its peculiar recreational advantages. These visitors we are glad to welcome and we point to our natural advantages with pardonable pride, but we must accept the responsibilities which this great number of guests thrust upon us and make adequate provision for the protection of their health while they are here, and, as well, protect our own citizens from health hazards resulting from communicable diseases introduced into this State and spread through unprotected summer resorts.

Our shore resorts are fairly well conducted and supervised, although the beaches are injured by garbage pollution from outside sources. But the sanitary safeguards at our lake resorts are

far from satisfactory, as is shown later in this report. Numerous cases of typhoid fever have occurred already at these places, but a widespread outbreak of this disease, which is by no means unlikely, would give to the State a reputation which would take a long while to overcome.

Roadside refreshment stands are a recent development, but their number is legion and they dispense anything from a glass of water to a full course dinner. The task of protecting the traveling public from filth-borne diseases likely to be spread through these agencies is a huge one. We know that adequate protection cannot be afforded by the rural health boards in whose jurisdiction the great majority of such places are located; and, with its limited staff, the State Department of Health has not been able to undertake the work. We suggest later a solution to the problem. The State Police kindly offered to assist in this work and for the past two years their inspections have been all that has been attempted. The work that they have done reflects great credit upon their department.

Our State has had, during the past two years, more than its share of smallpox, and the large number of wholly preventable deaths that have occurred from this revolting disease constitute a grave reflection upon us. This sad experience points to the need for more efficient health agencies, particularly in rural districts, and additional State Department of Health officials to aid local efforts. A more effective law requiring the vaccination of all school children, to replace the existing unsatisfactory law, is needed to supplement local health administration.

Rabies among dogs continues to spread largely unchecked throughout the State, and more and more people are being bitten by rabid dogs. In many communities the cost of furnishing the unfortunate victims with Pasteur treatment constitutes a serious drain upon the funds available for all health work. We know that compulsory preventive vaccination of dogs against rabies would check this disease, and that this desirable result can be achieved generally only by the passage of appropriate legislation providing for the vaccination, muzzling or confining of dogs to give the people protection from this disease.

During the past twenty years tuberculosis has steadily decreased, perhaps largely as the result of a well-directed educational campaign associated with other rational control measures. During the same time cancer has increased continually, until now the death rate from cancer exceeds that of tuberculosis. Education which did so much to check tuberculosis could do as much in reducing the mortality from cancer. Is it not within the province of the State Department of Health to join with the medical profession in an effort to educate the public to know the curability of early cancer and the danger of neglect?

FOODS NEED CLOSER SUPERVISION.

In the development of a healthy, vigorous citizenry, nothing is more important than the provision of a clean, safe food supply. That "the child is father to the man" makes it doubly important to have the child's food beyond suspicion. It is to the importance of this protective function of the Department of Health that attention should be directed. The food most in need of close supervision is milk.

The production of milk in sufficient quantity to supply the needs of a rapidly increasing population makes it necessary to extend the area from which the milk is secured. At present much of our supply comes from outside the State and is shipped hundreds of miles. In our own State there are more than 10,000 dairies producing milk, most of which is sold to consumers at some distance. Pasteurization of milk produced far from the consumer is necessary. All milk consumed raw should be produced by tuberculin tested cows, but, as is pointed out later, these cannot be substitutes for careful and frequent dairy inspections. We lack sufficient inspectors to safeguard the State's milk supply; more are urgently and immediately needed. In addition there is needed a State law to unify milk standards. Many communities have adopted milk control ordinances providing for the sale only of certified, pasteurized and raw milk produced solely by tuberculin tested herds; the ordinances based upon the provisions of a proposed State law. However, in many other communities no safe standards have been adopted; whereas, in still others, complicated ordinances providing for various grades of each

class of milk confuse and mystify the consumer and permit of questionable practices by unscrupulous dealers.

To be most effective, the tuberculin testing of cattle, the certification of herds, and other measures for protecting the public from bovine tuberculosis require a close co-operation between the Departments of Agriculture and Health.

SAFEGUARDING SHELLFISH.

The shellfish industry, which in our State is valued at more than ten million dollars, is supervised by the Bureau of Chemistry of the Department of Health. A plan, to permit the removal of shellfish from polluted waters to be planted in approved areas, conserved to the State a large quantity of sea food which otherwise would have been lost or sold surreptitiously in a dangerously polluted condition. By effecting changes in the manner in which soft clams from Highlands were collected, prepared and shipped, the Department was able to save for this sea food a market which was seemingly threatened. The floating of oysters to remove mud and sand subjects the oysters to possible infection, if the water in which they are floated is polluted with sewage. The chlorinization of such waters would offer the same protection that pasteurization does to milk, and the Bureau of Chemistry proposes to make studies to determine the practicability of this procedure on a commercial scale. To safeguard against such pollution, a complete system of sanitary toilets was advised by this Department and installed by the shippers of Maurice River.

Last winter a typhoid fever outbreak, supposedly caused by the consumption of oysters not grown in this State, resulted in an additional, but not the least important, activity of the Bureau, which was the co-operation with the federal Public Health Service in preparing satisfactory standards for the growing, floating, shucking and shipping of oysters—regulations which could be adopted by all States engaged in the industry. This work required numerous conferences and much study, but it will place this important industry in a better position and furnish adequate protection to the consumers of this food.

Recently, without advance notice, the State Department of Public Instruction urged that drinking water for all schools (except those supplied with public water supplies already under supervision) be examined chemically and bacteriologically before the opening of schools in the fall, requesting this Department to make the examinations. Appreciating the wisdom of the move and understanding the propriety of asking this Department to do the work, we found ourselves unable to do it with the present chemical staff and equipment. An agreement was reached whereby the Department of Health would examine as many specimens as possible as quickly as the additional work permitted, and that the time for the completion of the examinations be extended by the Department of Public Instruction. It was agreed that the latter Department would co-operate in seeking additional funds so that this important work could be made a routine service of the Bureau.

FUNDS FOR ENGINEERING BUREAU ARE URGENTLY NEEDED.

The first sentence of the following report of the Bureau of Engineering fixes attention upon the point, which cannot be too strongly emphasized, that the Department has not only a legal but a moral responsibility to the people of the State. The rapid growth of population in recent years, and more particularly the augmented growth of the urban population, with the multiplication of municipalities, each with its own potable water supply and sewage disposal plant, has not only greatly increased the duties but as well the responsibilities of this Bureau.

The ever-increasing demand for potable water by the people of a State already thickly populated makes the problem of furnishing this supply a serious one and requires the protecting of all watersheds and water supplies. The proper disposal of sewage in a thickly settled territory without polluting the inland waters, creating nuisances and endangering the health of the State is a problem demanding the most careful study and consideration, for the cost of providing adequate water purification and sewage disposal plants creates great municipal burdens.

The problems to be solved by the Bureau of Engineering are not small ones, and they require for effective solution men

equipped not only with technical education but with long years of practical experience in this particular field of engineering. The demand for such men is so great that it is difficult to secure those who are competent, especially at the salaries allowable, which are much lower than qualified men are paid by commercial concerns. As a consequence, this Bureau cannot be equipped to discharge the duties imposed upon it by State laws. It is important that this condition be relieved immediately, so that the Bureau of Engineering can function and discharge its legal and moral obligations to the people of our State.

BETTER LABORATORY ACCOMMODATIONS ARE NEEDED.

The constant yearly increase in the number of examinations performed in the laboratories of the Bureau of Bacteriology is one of the outstanding features of this report. The increasing demand upon the State Department of Health is one of the evidences of the progress of the medical world in its efforts to discover the causes and to combat the development and spread of communicable diseases. And the State is to be congratulated that it has thus far maintained laboratories which can contribute such valuable aid in this important field of preventive medicine.

It is with regret that we must report that the laboratories have reached the end of their resources and, because of lack of space, will be unable to meet the further demands which surely will be made upon the Bureau of Bacteriology. What is more, it cannot now render the fullest service of which it is capable. It is the duty of this department to render complete service to the physicians of the State who are depending upon laboratory findings to aid in the correct diagnosis of communicable diseases.

One of the functions of a State bacteriological laboratory should be to confirm the research upon the great diagnostic advances constantly occurring in the field of preventive medicine. During the last few years rabies among dogs has shown an alarming increase, and dogs' heads are received in increasing numbers from all parts of the State. On them examinations are made to determine the existence of the disease, and to do this taxes the facilities of the laboratories to the utmost. The laboratories should be equipped, moreover, to make studies upon the

value of proposed prophylactic treatments for rabies, for this is laboratory work. This is but one of the lines of endeavor which should be followed by this bureau, work which is prevented only by the inability to provide adequate accommodations—and incidentally, such accommodations should not be directly under the roof of the State House, where during the summer the heat makes it difficult to keep laboratory animals alive.

CHILD HEALTH SUPERVISION SHOULD BE EXTENDED.

No more striking illustration of the value of the continuous child hygiene program could be found than that furnished by the continued lowering of infant morbidity and mortality rates. It is frequently stated that the average length of human life has been increased eight years in the last generation, but this increased *average* has been accomplished by the greater saving of infant lives rather than by increasing the years of the aged. That this good work go on, demands the continuance of the educational and supervisory activities of the Bureau of Child Hygiene.

And while we are achieving such satisfactory results in our efforts to conserve and develop the physical side of the child, we must not forget that the same child has a mental organism that is just as important as his physical organism and requires careful watching that he develop a healthy mind in a healthy body. One fact psychologists have taught us is that a large proportion of mental defects develop in childhood and may be prevented by proper hygiene and guidance. There is urgently needed in the Bureau of Child Hygiene a psychologist to study the child mind, for better results could be obtained in both the physical and mental development of the child could he be supervised continuously, both mentally and physically, throughout the pre-school and school periods of child life. For this service the Department of Health is best equipped, and within its jurisdiction the work logically falls.

TUBERCULOSIS CONTROL.

The Bureau of Tuberculosis, established less than a year ago, has already demonstrated the wisdom of adding this field to the department's work. In sister States, such as New York, Penn-

sylvania and Massachusetts, this branch of health service is carried on by the Department of Health; better results could be obtained at lessened cost were anti-tuberculosis work in New Jersey not divided among several agencies. If this State were to adopt the methods of other States, division of effort and responsibility would be avoided.

The remarkable lowering of the mortality from tuberculosis in the last generation has been obtained largely by education. Although the incidence of this disease has been lowered, it still plays an important part, directly and through complications, in retarding the progress of the race. Pathologists tell us that 90 per cent of all autopsies show evidence of tuberculous infection.

In co-operation with the Bureau of Child Hygiene, the same nurses could be used to follow-up cases from the tuberculosis clinics and to carry on the continuous child hygiene program. The possibilities in the prevention of tuberculosis by this bureau of the State Department of Health are great; additional funds are needed to broaden its scope until all anti-tuberculosis activities carried on in the State might be included within its direction.

PREVENTING VENERAL DISEASES.

A study of the causes which have lead to the disintegration of earlier civilization reveals clearly the fact that among the many excesses and transgressions incident to wealth and power, that of immorality, with its attendant intrigue and disease, stands out most prominent. If our race is to retain its stamina, it must free itself from the undermining influence of the social diseases and the evils which result from immoral conduct. The remarkable results accomplished by the Bureau of Venereal Disease Control, which has been in existence only since "the war," show clearly what can be done by education as a combative measure to a developing evil.

One of the chief reasons for these very satisfactory results is the interest, co-operation, and support given this work by His Excellency the Governor and the prosecutors of the pleas of the various counties, and we take this occasion to express our appreciation and gratitude for the assistance rendered, and con-

fidentially bespeak its continuance. The accompanying report tells more forcibly than words of mine of the real work of this bureau.

THE VALUE OF ACCURATE RECORDS.

The history of any people is largely written in official records, the value of which depends entirely upon the accuracy and fullness with which they are made and the carefulness with which they are kept. We can state without fear of question that in the Bureau of Vital Statistics, New Jersey possesses a bureau whose work is not surpassed and seldom equaled. Our State, being largely an industrial one, has many foreign-born with unfamiliar names frequently misspelled and often changed. This condition entails much careful search and correspondence to secure accurate records. The cross-filing system of indexing, adopted and worked out by the chief of this bureau, is responsible for the commendable results obtained. The constant increase in the demand for copies of official records for legal purposes clearly demonstrates the wisdom of our State in maintaining this work in its present high grade of usefulness.

In the study of the incidence of disease, very important indeed are these records. The statistical report shows clearly the constant decrease of tuberculosis, typhoid fever, infant mortality, etc., but just as clearly the increase of mortality from cancer, heart and kidney diseases, and diseases of the blood vessels. We should not fail to emphasize the need for the same kind of a campaign of education in regard to the curability of cancer (when early recognized) as we have carried out for tuberculosis, and to warn that diseases of the heart, kidney, and blood vessels largely are due to American habits of excess in eating, drinking, and work, all constantly under high pressure. The results of this condition are only too apparent in an unusual and unnecessary increase in mortality, insanity and crime. These are but natural results and just as plainly legible to those who observe as was the handwriting on the wall to the prophet of old who interpreted for the Babylonians the words, "Mene, Mene, Tekel, Upharsin."

TRAINING COURSES FOR HEALTH OFFICIALS.

There has long been felt the need for educational facilities for health officials, and the need becomes more acute with the increase in population, changing what were a few years ago small towns and villages into populous municipalities in which the simple sanitary facilities, formerly fairly effective, no longer furnish adequate health protection. The old custom of depending upon the borough or township clerk, or the village blacksmith, to carry on the duties of the executive officer of the Board of Health no longer will do. The Department of Health constantly has urged the appointment of trained men, but where to find them, within reach of the usual modest ability to pay, was a problem. To help solve it, the Department established a course of simple technical training in co-operation with the summer school of the State University, the lectures being given by the staff of the State Department of Health and such outside speakers as were available.

CONCLUSION.

Our State is spending millions yearly in the care of defectives, both mental and physical, of all ages from infancy to senility. The cause of many of these derelicts is physical and entirely avoidable. Would it not be the part of wisdom and financial saving to give more attention to the cause and prevention of disease, rather than to continue to erect elaborate and costly buildings to house these unfortunates after they become incurable, on the old theory that "An ounce of prevention is worth a pound of cure."

Report of the Bureau of Administration.

CHARLES J. MERRELL, CHIEF.

This Department reorganized on July 7th, 1925, by electing Clyde Potts, C. E., of Morristown, as President, and Mr. David D. Chandler, of Newark, as Vice-President. Mr. Potts was reappointed last winter as a member of the Department by Governor Silzer for a term of four years. J. Lynn Mahaffey, M. D., of Camden, was appointed for a term of four years in the place of Thomas B. Lee, M. D., of Camden.

The members of the staff greatly regret the retirement of Dr. Lee, who served as a member of the Department for eight years, and as President for the last two years.

Dr. J. C. Price, who had been in ill health for some time, submitted his resignation as Director of Health to the Department on September 9th, 1924. This resignation was accepted with sincere regret, and Charles J. Merrell, Assistant Director of Health, was appointed as Acting Director pending the selection of a new Director of Health.

Henry B. Costill, M. D., of Trenton, Past President of the State Medical Society, Medical Aid to the Governor with rank of Major, having supervision of Medical Advisory and Draft Boards of the State during the recent war, was appointed by the Department as Director of Health and assumed the duties of the office on October 1st, 1924.

Funds were appropriated by the Legislature of 1924 for the use of the Department in instituting definite tuberculosis work, and on October 1st, 1924, Dr. Henry B. Dunham, of Newark, was appointed to take charge of this work, and further report in reference to the same will be found on subsequent pages of this book.

On April 7th, 1925, Andrew J. McGookin, of the Newark Department of Health, Raymond S. Patterson, Wallace T. Eakins

and A. I. Goehrig, of the State Department of Health, and James J. Hagan, Health Officer of Jersey City, were appointed by the Department as members of the Board of Examiners of Health Officers and Sanitary Inspectors for the year ending March 1st, 1926. Messrs. McGookin, Patterson and Eakins were reappointed, while Mr. Hagan was named in place of Mr. Obert, of Asbury Park, and Mr. Goehrig in place of Mr. Scofield, of the State Department. The Board reorganized by the election of Mr. McGookin as President and Mr. Patterson as Secretary.

It was decided to continue to hold examinations on the last Friday of April, July, October and January as heretofore. It was also decided during the past year to issue two classes of licenses for meat inspectors hereafter: one for veterinarians, and one for lay meat inspectors. The one granted after appropriate examinations to lay meat inspectors to read: "Not licensed to make post mortem examinations."

One hundred and thirty-four applicants were examined at the regular examinations of the Board during the year, and licenses were issued to those averaging seventy percent or more as follows: Health Officers, 15; Sanitary Inspectors, of the First Class, 27; Plumbing Inspectors, 12; Meat Inspectors, 2; Food and Drug Inspectors, 4. Joint examinations were also held with the Civil Service Commission in October, 1924, and January, 1925, and twelve additional licenses were issued to inspectors following these examinations. In addition to the above the Bureau of Engineering of the Department conducted examinations for Sewage and Water Plant Operators on the days of the regular examinations, and licenses were issued to twenty-three persons to serve as Sewage Plant Operators and eleven to serve as Water Plant Operators.

In order that those who desire to secure licenses as Health Officers or Inspectors may have opportunity to obtain some assistance in preparation for such examinations, a course of lectures on Public Health Administration has been arranged by the Department in conjunction with Rutgers College, and will be given the coming summer at New Brunswick. The lectures will be given mainly by representatives of the State Department of Health.

Plans for an extension to the Essex Mountain Tuberculosis Sanatorium at Verona, said extension consisting of male dormitories and alterations to the dining hall were approved by the Department.

Plans for proposed additions to the Camden County Alms House at Asyla were likewise approved.

An application was received by the Department from the Greenlawn Association of Long Branch for reversal of the decision of the governing authorities and Board of Health of West Long Branch in refusing to grant permission for an extension to the cemetery of this Association in said borough, and a public hearing concerning this application was given by the Department to interested persons on October 7, 1924, in the State House, Trenton. T. Raymond Bagley, Esq., of Long Branch, represented the association, and Senator Stevens, of Monmouth County, appeared for the Borough of West Long Branch. The question was raised during the hearing as to whether consent had ever been granted for the use of this land for cemetery purposes. It developed that no record could be found of consent having been given, but that the land has been exempt from taxation for many years, evidently showing it was intended for cemetery purposes. Following the hearing the case was referred to the Attorney-General for an opinion. The Attorney-General advised that in view of the facts presented to him it appeared that this land had been deeded in 1882 to Mary H. Chasey, who used the land for cemetery purposes, and that the tract in question formerly located in Eatontown Township and now in the incorporated Borough of West Long Branch, known as the Greenlawn Cemetery, had been exempt from taxes by reason of its use for cemetery purposes since 1880. He therefore stated that in his opinion the State Department of Health had no jurisdiction in the matter, and notice to this effect with copy of the opinion was forwarded to those interested.

The following Bills of interest to the Department were introduced at the 1925 session of the Legislature:

Senate Bill No. 123—Prohibits the removal of shellfish from polluted condemned areas. Senate Bill No. 124—Prohibits the placing of excremental or other polluting matter into the waters

in which shellfish are growing, or on the banks of such streams or bodies of water. These bills both became laws, Chapter No. 31 and Chapter No. 32.

Senate Bill No. 131—Increases from \$1.00 to \$2.00 fee for marriage license issued by assessors, registrars, etc., and imposes penalty of \$50.00 upon person making false answers to the inquiries by licensing officer. Gives State Department of Health supervisory power over officers issuing marriage licenses. This bill failed to become a law.

Senate Bill No. 141—Permits municipalities to enter into joint contract with public or private corporations for sewage disposal. This bill became a law, Chapter No. 148.

Senate Bill No. 162—Prohibits pollution of inland waters of the State in conformance with the joint policy of the Departments of Health of New Jersey and Pennsylvania. This bill unfortunately failed to become a law. Such a law is greatly needed in order to empower the Department to take the necessary action to protect the fresh waters of this State.

Senate Bill No. 201—Amends Pure Food Law by raising the standard for manufacturing ice cream. This bill, which failed to become a law, was introduced for the purpose of raising the standard for ice cream, and procuring for the public a more nutritious product.

Senate Bill No. 270—Requiring physicians to report smallpox and other cases within twelve hours. This Bill failed to become a law, and there appeared no justification for introduction of the bill as the law already requires the physicians to report cases of smallpox and other diseases within twelve hours. The bill in question was probably introduced on account of fear of an outbreak of smallpox in one of the municipalities of the State, and dissatisfaction in reference to the handling of the cases by physicians and the local board of health.

Assembly Bill No. 116—Requiring sale of pasteurized milk or milk from tuberculin tested cows only. This bill failed to become a law, but many local boards of health are making such requirements in ordinances in reference to milk sold within the municipalities over which they have jurisdiction, and the bill was introduced in an effort to make requirements State-wide.

Assembly Bill No. 293—Regulates the manufacture of carbonated or yeasted beverages, soda water, etc., and controls bottling establishments. There is already a law on the statute books authorizing the State Department of Health to exercise control over plants for the bottling of soft drinks, and to issue licenses to the operators of said plants. The bill in question, which was introduced by certain interested bottlers for the purpose of making the requirements more satisfactory and stringent, failed to become a law.

Assembly Bill No. 312—Providing that the name and address of the manufacturer or distributor of condensed milk must appear on the can in which the product is sold. This bill became a law, Chapter No. 245.

Assembly Bill No. 332—Authorizes Union County municipalities on the Rahway River to combine in the construction of a trunk line sewer. This bill became a law, Chapter 56, and is a necessary step in the plan designed to provide for the construction of a trunk sewer in Rahway Valley which will carry sewage from towns in this district to tidewater, and eliminate pollution of the stream.

Assembly Bill No. 338—Authorizing the State Department of Health to regulate or prohibit bathing in streams from which water is obtained for potable purposes. This bill, together with Assembly Bill No. 389, also prohibiting bathing in waters used for potable purposes, failed to become a law.

Assembly Bill No. 380—Prohibits the licensing of dogs unless they are first inoculated against rabies. A bill similar to this has been introduced at previous sessions of the Legislature, and has heretofore failed to become a law. Rabies is rapidly increasing throughout the State, and some effective measure to promptly limit its spread is urgently needed. The inoculation of dogs with anti-rabic vaccine is the best known method to prevent the disease, and not only protects human beings who may be bitten by dogs becoming rabid, but also protects the animals as well.

Assembly Bill No. 459—Provides for the care of children having incipient tuberculosis, and for their treatment in hospitals. This bill became a law, Chapter 76.

Report of the Bureau of Local Health Administration.

D. C. BOWEN, CHIEF.

The annual report of the Bureau of Local Health Administration for the year 1922 enumerates the duties with which the Bureau is charged; among them being (a) to co-operate with local health officials in the control of epidemic diseases, and (b) to assist them in solving their problems growing out of the enforcement of the public health laws and the regulations in the State Sanitary Code. As pointed out in subsequent reports, the work which the Bureau is called upon to perform in the discharge of these two duties alone has increased to such proportions that it is no longer possible, with our limited personnel, to respond to all requests that are received from local health officials for such assistance. Consequently, there remains very little time to devote to systematic investigations into the prevalence of epidemics throughout the State as a whole, and to studies of sanitary conditions that contribute to their spread, although such investigations and studies are included among the duties with which this Bureau is charged.

LOCAL SANITARY DISTRICTS.

Six new municipalities were incorporated during the past year, making a total of 539 sanitary districts with which this Bureau will now have to deal. During the past nine years forty-four new municipalities have been incorporated. This tendency for small communities to incorporate as new boroughs adds very materially to the work of this Bureau. As a rule health boards in small municipalities lack the experience as well as the funds to carry on public health work, with the result that little or nothing is done until an emergency arises. Then the State Department

of Health is called upon to aid in the correction of insanitary conditions that could and should have been prevented by timely action on the part of the local board of health. If the inhabitants of small municipalities and rural districts in this State are to enjoy a degree of public health protection comparable to that afforded those who reside in our larger urban centers, some radical change must be made in the present laws so as to provide larger health districts.

EPIDEMICS AND OUTBREAKS OF COMMUNICABLE DISEASES INVESTIGATED.

The unusual prevalence of smallpox in the State during the past year added very materially to the work of this Bureau. Local boards of health in fifty-two municipalities and townships were given assistance in the control of smallpox outbreaks. In 117 cases of eruptive fevers in which representatives of this Bureau were called upon to aid in making differential diagnoses, 61 proved to be smallpox and 56 chickenpox. The type of smallpox that has prevailed in the southern part of the State during the past year, including Camden, Gloucester, Salem, Burlington and Atlantic counties, has been unusually virulent. Of the 206 cases reported in these five counties, 62, or 30 per cent., proved fatal. In the central and northern part of the State, the disease has been less prevalent and much milder in type, no deaths having occurred.

During the months of November, December and January, an unusual prevalence of typhoid fever was reported in Bergen, Hudson, Essex, Union and Passaic counties. At about the same time, a like condition was reported in New York City, Chicago, Washington, D. C., and in a number of other cities. This simultaneous rise in the typhoid rate in widely separated sections of the country attracted unusual attention and resulted in a number of independent epidemiological investigations, which led to the conclusion that infected oysters from West Sayville, Long Island, were the vectors of infection. Investigations made by a representative of this Bureau of 74 cases of typhoid fever in ten municipalities in the five counties named above showed that the excess over the seasonable typhoid rate in these municipalities

was due to cases in persons who had eaten raw oysters from this source.

Other typhoid fever outbreaks investigated included 22 cases in Rosenhayn, Deerfield Township, Cumberland County; 9 cases in Fort Lee Boro, Bergen County, and 6 cases in Florence Township, Burlington County. The cases in Rosenhayn were due to contact with and improper disposal of the fecal discharges from an original case. Had the local board of health taken prompt and proper action to prevent the spread of infection from the original case, this localized epidemic would have been prevented. The nine cases in Fort Lee Boro were confined to two families living in the same house. The original case was not diagnosed until other members of these two families became infected. The vector of infection for the cases in Florence Township was milk, presumably infected by contaminated water for washing milk bottles and utensils.

Localized outbreaks and epidemics of scarlet fever were investigated in seventeen municipalities. The most extensive of these included 53 cases occurring in Netcong and adjacent small towns. It was conclusively shown that the vector of infection was raw milk distributed by a local dealer. One of the outstanding features of this epidemic was the occurrence of 39.6 per cent. of the cases in persons sixteen years of age and over who were shown to have drunk raw milk from the infected supply at about the time the disease was contracted. Over 16 per cent. of the cases were in persons over 30 years of age.

During the past year the Dick test was performed on the inmates of two State institutions, 1,044 persons being tested and scarletinal toxin administered to the 179 found to be susceptible to scarlet fever. Last year this work was done in one other State institution, and was repeated this year. The results in these three institutions will be carefully studied with a view of accumulating data from which reliable deductions can be made as to the practical value of this procedure for lowering the morbidity and mortality rates from a disease which heretofore has been most difficult to control.

Requests from local health officials for assistance in the control of outbreaks of diphtheria were received from but three

municipalities, and in no single instance was an epidemic of any considerable magnitude reported during the past year. The yearly morbidity and mortality rates from this disease have been lower than in any year for which there are reliable records. Whether or not toxin-antitoxin has been used extensively enough throughout the State during the past few years to have had any appreciable effect in bringing about this result is problematical, as the data on which a reliable conclusion can be based is not available.

Owing to pressing demands for other work, it has not been possible to respond to all requests that have been received from local officials for assistance in performing the Schick test in public schools. Lectures have been given, however, and a moving picture film demonstrating the Schick test and active immunization against diphtheria has been shown by representatives of this Bureau in a number of municipalities where local health and school officials were preparing to do this work.

SANITARY SURVEYS AND INVESTIGATIONS.

During the year ninety-two sanitary surveys and investigations were made, other than those having to do with outbreaks and epidemics of communicable diseases, each being the subject of a special report filed under an appropriate heading. In the main, these surveys and investigations were made at the request of and in co-operation with local health officials to correct insanitary conditions with which they were unable to cope, or in which they were at a loss to know just how to proceed. Others were made at the request of citizens who had failed to get local boards of health to take cognizance of their complaints, and still others were initiated and conducted independently by this Bureau.

Included in the latter group was a survey to ascertain the sources of water supply used at the hotels, boarding houses, refreshment stands, and similar places catering to the public on the shores of Lake Hopatcong. For several years past, at the close of the summer vacation period, there have been reported to the State Department of Health a number of cases of typhoid fever alleged to have been contracted at Lake Hopatcong and other summer resorts. However, these cases were seldom reported

until after the camps, hotels, or boarding houses, at which the disease was presumably contracted, had been closed for the season, thus making it difficult or quite impossible in many cases to trace the source of infection. Lake Hopatcong being one of the largest lake resorts in the State, it was deemed advisable to single it out for such a survey before the close of the summer season of 1924. In none of the five municipalities bordering on this lake is there a public water supply or a system of sewers. The large summer population of this resort, occupying hundreds of bungalows, camps and well appointed hotels of large size, is dependent on private wells or springs or the lake itself for drinking water, and on cesspools dug in the rocky soil for the disposal of human excrement. Fifty-eight places where meals or refreshments were served to the public, and three bungalow colonies supplied with running water were included in this investigation. Half of these public eating places and all three bungalow colonies were using untreated lake water as their chief source of supply, supplemented in most cases by a limited supply from a well or spring for drinking water. The convenient, abundant and ever present supply in kitchen, bath, and lavatory, however, was raw lake water. This water in summer is polluted by throngs of people who use the lake for bathing, boating and other forms of recreation. The excreta of thousands are deposited in cesspools and privies on the steep banks of its watershed. In addition to the seepage from these receptacles, which eventually reaches the lake, immediate, gross pollution was found at one point where a cesspool serving a large hotel, was overflowing directly into the lake. It is obvious that the practice of supplying this lake water at convenient taps where it may be drawn for drinking by thoughtless, careless or ignorant persons, is dangerous.

There are in this State more than one hundred lakes, many of which are being used to a greater or less extent for recreational purposes. The banks of many streams in the rural sections of the State are likewise extensively used as sites for bungalows and summer camps. As a rule, these places have little or no official sanitary supervision, the lack of which accounts for many cases of preventable disease that develop each year during or shortly after the summer vacation period. That such supervision is not

likely to be furnished by local health boards that now exist in rural districts is quite evident from past experience. That it cannot be furnished by the State Department of Health through this Bureau with its present limited personnel, is equally apparent.

There is another sanitary problem closely related to the small unsupervised summer resort in its type of health hazard, that is not receiving the attention which its importance demands. I refer to that created by the existence of the thousands of small roadside refreshment stands. During the past few years, such places which depend for support upon the patronage of those who travel in automobiles, have increased rapidly in number. They abound along the main highways in every part of the State and are not infrequently found on less traveled roads. In many cases, if not as a rule, the business is conducted in small, cheaply constructed buildings not equipped with running water for cleansing purposes or with facilities to protect foods from contamination pending their sale. Of greater sanitary importance, however, is the quality of drinking water supplied to the patrons of such places, and that used for cleansing eating and drinking utensils. In many cases water is procured from a well, spring or stream unprotected against fecal contamination from a nearby privy or other source of foulness. The minimum sanitary supervision over these places should include a thorough physical examination of the well, spring or stream from which the water supply is obtained, and where there is evidence of contamination, samples should be taken for analyses. The toilets should be inspected to see that they are constructed and maintained in a manner not likely to make them factors in the transmission of typhoid fever and other intestinal disorders.

While it is true that food vending places as well as summer camps should be supervised by local boards of health having jurisdiction over the localities in which they are located, this is seldom done owing to the fact that, as a rule, such places are located in sparsely settled districts under township government where health boards as now constituted are not equipped, nor are they likely to be equipped, to handle such important sanitary problems. Therefore, unless some more effectual system of supervision is devised, each succeeding year will bring its quota of

cases of preventable diseases contracted at such places. It would seem that the most logical solution of this problem would be for the State Department of Health to take over the major part of this work, if it is to be effectually done. But the task is one of such magnitude, and the time in which the work must be performed—during the summer vacation period—is so short, that it cannot be handled by this Bureau without additional funds to provide the necessary personnel and equipment. The best we can do at present is to inspect as many camps as possible, where this service has been asked for by the officers in charge, and to investigate camps and roadside food vending establishments at which cases of typhoid fever or other communicable diseases were presumably contracted.

MORBIDITY AND MORTALITY REPORTS FOR THE CALENDAR YEAR 1924.

The number of reports of cases of communicable diseases received and tabulated by the Bureau of Local Health Administration during the calendar year 1924 was 66,054. Included in this total are reports of the diseases which are reported by local boards of health and also reports of cases of venereal diseases which physicians are required by law to make directly to the State Department of Health. The total number of reports received was 6,482 less than the number received during 1923.

Diphtheria—The year 1924 set a new low record for New Jersey in morbidity and mortality from diphtheria. The number of cases reported was 4,382 and the number of deaths recorded was 338. The case rate per 100,000 population was 127.28, while in 1923 the rate was 180.26; the death rate was 9.81 against 14.08 in 1923. The fatality rate, or the per cent fatality for 1924, was 7.71, whereas in 1923 it was 7.81.

Since 1921 there has been each year a substantial reduction in both the number of cases of diphtheria reported and in the case rate. There has likewise been an annual decrease during this period in the death rate from diphtheria, although this decrease has not been as marked as the decline in the case rate. The fatality rate has, however, remained fairly constant. These

figures suggest that the immunization of susceptible persons with toxin-antitoxin, which is a growing practice in this State, may have already affected morbidity statistics; the figures also make it appear that the limit in the reduction of diphtheria mortality through the use of antitoxin has been reached.

Measles—This disease was much less prevalent in 1924 than in 1923, 15,787 cases being reported against 27,789. One hundred and eighty-three deaths were recorded, giving a fatality rate of 1.15 per cent.

Poliomyelitis—The number of reported cases of poliomyelitis, 86, was the lowest number reported in any year since 1920. Seventeen deaths from the disease were recorded. The case rate per 100,000 population was 2.49, the death rate 0.49 and the fatality rate was 19.76 per cent.

Scarlet Fever—There was an increase in the number of cases of scarlet fever reported in 1924 over the 1923 figure. The deaths recorded from this disease in 1924, were, however, fewer than the number recorded in 1923. The number of cases reported was 6,461, against 5,903 in 1923; the number of deaths 64 against 94. The case rate per 100,000 population for 1924 was 187.67, the death rate 1.85 and the fatality rate 0.99 per cent. This is the lowest fatality rate ever recorded in New Jersey for scarlet fever.

Smallpox—The year 1924 was marked by the appearance of the virulent type of smallpox in New Jersey for the first time in nine years and the occurrence of 15 deaths from this disease. No deaths from smallpox had previously been recorded since 1915. The number of cases reported in 1924 was 340, less than one-third of which were of the virulent type of the disease. Thirty cases were reported in 1923, all of the mild or so-called non-virulent type.

Histories of the 340 cases of smallpox reported in 1924 show that 287 or 84.4 per cent. of the cases occurred in persons who had never been successfully vaccinated; 50 or 14.7 per cent. among persons who had been successfully vaccinated more than seven years prior to their attack, and only 3 or 0.9 per cent. of the cases were in persons who had been successfully vaccinated within seven years prior to their attack. Of the 15 persons who died from

smallpox, 12 had never been successfully vaccinated, and three had been vaccinated more than seven years before their attack of smallpox.

Tuberculosis—Each year since 1917, except in 1922, there has been a decrease in the tuberculosis case rate. In 1924 the case rate per 100,000 population was 143.43, this being the lowest rate accorded in New Jersey. In 1923 the case rate was 166.11. The death rate in 1924 dropped to a new low figure of 87.05. The fatality rate for 1924 was 60.69 per cent. indicating that many cases of tuberculosis were not reported to the health authorities.

Typhoid Fever—The number of cases of typhoid fever reported in 1924 was 644, an increase of 24 cases over the number reported in 1923. If it had not been for an unusual prevalence of this disease during November and December a new low record for the State would have been set. The case rate per 100,000 population was 18.70. The death rate, however, fell to 2.58, establishing a new low record. The fatality rate for the year was 13.81, an improvement over the previous year's rate, but still indicating that case reports of typhoid fever are not complete.

Whooping Cough—In 1924 whooping cough reached its highest incidence since 1921. The number of cases reported was 7,937, the number of deaths recorded, 267. The fatality rate was 3.36 per cent.

Standard morbidity and mortality tables showing the number of cases and deaths from reportable communicable diseases by months, by age groups and sex, and also tables showing the morbidity rates per 1,000 population, and indicated fatality rates for such diseases by counties and for the State as a whole, are appended to this report.

REPORTED CASES OF CHICKENPOX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES											
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	266	43	41	40	39	23	13	4	5	12	13	25
1 year,	350	72	59	33	56	36	35	14	5	2	14	20
2 years,	329	109	65	75	49	49	33	21	8	7	23	39
3 years,	532	77	90	67	66	48	36	19	8	6	21	33
4 years,	683	140	82	81	71	57	50	22	9	4	26	46
Under 5 years,	2361	441	337	298	281	204	167	84	34	24	86	151
5 to 9 years,	5183	788	825	629	483	424	389	85	26	63	360	493
10 to 14 years,	733	128	134	86	91	61	50	8	3	13	36	56
15 to 19 years,	138	25	23	21	14	15	10	6	1	1	6	6
20 to 24 years,	65	15	8	8	10	3	4	2	1	0	1	5
25 to 34 years,	91	19	17	6	10	4	6	9	1	0	0	14
35 to 44 years,	26	2	7	2	3	2	3	1	0	0	0	5
45 to 54 years,	6	0	3	0	1	0	0	0	0	1	0	0
55 to 64 years,	2	1	1	0	0	0	0	0	0	0	0	0
65 years and over,	3	0	1	0	0	2	0	0	0	0	0	0
Age not stated,	3	1	0	0	1	1	0	0	0	0	1	1
Total,	8613	1418	1356	1048	903	716	630	195	66	102	499	720

REPORTED CASES AND DEATHS FROM CHICKENPOX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	143	1	122	2	1	266	3	
1 year,	194	0	185	1	1	380	1	
2 years,	329	1	235	1	0	529	2	
3 years,	267	0	263	1	0	532	1	
4 years,	327	0	356	0	0	683	0	
Under 5 years,	1213	2	1146	5	2	2361	7	
5 to 9 years,	2670	2	2313	0	0	5183	2	
10 to 14 years,	372	0	361	0	0	733	0	
15 to 19 years,	74	0	64	0	0	138	0	
20 to 24 years,	33	0	27	0	0	65	0	
25 to 34 years,	57	0	34	1	0	91	1	
35 to 44 years,	18	0	8	0	0	26	0	
45 to 54 years,	5	0	1	0	0	6	0	
55 to 64 years,	0	0	2	0	0	2	0	
65 years and over,	2	0	1	0	0	3	0	
Age not stated,	2	0	2	0	1	5	0	
Total,	4451	4	4159	6	3	8613	10	

REPORTED CASES OF DIPHTHERIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES											
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	83	3	7	11	13	4	5	2	2	1	10	9
1 year,	247	26	27	29	26	22	14	9	11	8	24	21
2 years,	355	57	36	32	46	35	31	20	14	13	19	22
3 years,	443	57	52	48	35	30	20	29	21	29	40	31
4 years,	420	55	32	41	35	31	28	29	19	27	45	40
Under 5 years,	1548	198	154	161	155	122	98	89	67	78	138	123
5 to 9 years,	1726	229	168	137	131	122	118	80	77	97	148	164
10 to 14 years,	453	76	32	37	39	32	25	32	16	21	30	37
15 to 19 years,	173	22	22	18	10	12	21	13	16	8	9	11
20 to 24 years,	128	12	10	14	17	15	8	6	7	12	9	7
25 to 34 years,	211	37	21	22	30	16	7	6	9	10	22	10
35 to 44 years,	37	16	10	13	4	6	3	5	3	0	6	10
45 to 54 years,	29	6	2	5	4	3	9	2	1	0	2	3
55 to 64 years,	6	2	0	0	0	1	0	0	1	0	1	1
65 years and over,	5	0	0	0	0	1	1	0	1	0	0	2
Age not stated,	17	5	4	1	0	3	0	2	0	0	0	1
Total,	4882	603	423	448	390	332	282	237	191	227	365	364

REPORTED CASES AND DEATHS FROM DIPHTHERIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	50	11	33	9	0	83	20	
1 year,	138	41	109	17	0	247	58	
2 years,	202	19	152	22	1	355	41	
3 years,	232	28	210	22	1	443	52	
4 years,	212	18	207	26	1	420	44	
Under 5 years,	834	118	711	97	3	1548	215	
5 to 9 years,	840	47	884	48	2	1726	96	
10 to 14 years,	211	7	242	6	0	453	13	
15 to 19 years,	68	1	104	3	0	172	4	
20 to 24 years,	44	0	84	1	0	128	1	
25 to 34 years,	58	0	153	4	0	211	4	
35 to 44 years,	24	0	63	2	0	87	2	
45 to 54 years,	11	1	18	2	0	29	0	
55 to 64 years,	2	1	4	0	0	6	1	
65 years and over,	3	0	2	0	0	5	0	
Age not stated,	8	0	8	0	1	17	0	
Total,	2103	175	2273	163	6	4382	338	

REPORTED CASES OF DYSENTERY IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES											
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	2	0	0	0	0	0	0	0	1	0	0	0
1 year,	2	0	0	0	0	0	0	0	1	1	0	0
2 years,	0	0	0	0	0	0	0	0	0	0	0	0
3 years,	1	0	0	0	0	0	0	0	0	0	0	0
4 years,	0	0	0	0	0	0	0	0	0	1	0	0
Under 5 years,	5	0	0	0	0	0	0	0	1	1	3	0
5 to 9 years,	0	0	0	0	0	0	0	0	0	0	0	0
10 to 14 years,	0	0	0	0	0	0	0	0	0	0	0	0
15 to 19 years,	0	0	0	0	0	0	0	0	0	0	0	0
20 to 24 years,	0	0	0	0	0	0	0	0	0	0	0	0
25 to 34 years,	0	0	0	0	0	0	0	0	0	0	0	0
35 to 44 years,	0	0	0	0	0	0	0	0	0	0	0	0
45 to 54 years,	0	0	0	0	0	0	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0	0	0	0	0	0	0
65 years and over,	1	0	0	0	1	0	0	0	0	0	0	0
Age not stated,	8	0	0	0	0	0	0	0	0	0	0	0
Total,	6	0	0	0	1	0	1	1	3	0	0	0

REPORTED CASES AND DEATHS FROM DYSENTERY IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	1	1	1	1	2	3
1 year,	0	1	1	2	1	2
2 years,	0	0	0	0	0	0
3 years,	1	1	0	0	1	1
4 years,	0	0	0	0	0	0
Under 5 years,	3	3	2	3	5	6
5 to 9 years,	0	0	0	1	0	1
10 to 14 years,	0	0	0	0	0	0
15 to 19 years,	0	0	0	0	0	0
20 to 24 years,	0	0	0	0	0	0
25 to 34 years,	0	0	0	0	0	0
35 to 44 years,	0	2	0	0	0	2
45 to 54 years,	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0
65 years and over,	1	3	0	2	1	5
Age not stated,	0	0	0	0	0	0
Total,	4	8	2	7	6	15

REPORTED CASES OF GERMAN MEASLES IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year.	64	3	4	8	10	10	9	4	3	6	2	1	4
1 year.	100	2	4	8	19	24	18	9	6	1	2	2	5
2 years.	103	5	4	10	14	27	21	11	3	3	0	2	5
3 years.	127	2	6	8	28	35	9	4	2	2	1	6	0
4 years.	160	7	9	14	23	47	39	8	1	1	4	3	4
Under 5 years.	536	19	27	46	92	136	122	41	17	13	10	9	24
5 to 9 years.	1310	50	39	133	445	533	392	45	2	4	9	8	15
10 to 14 years.	757	14	23	73	182	231	151	13	1	1	4	3	6
15 to 19 years.	133	4	5	12	45	44	19	2	0	0	1	0	1
20 to 24 years.	80	3	8	11	24	18	10	4	0	1	0	1	0
25 to 34 years.	57	1	6	4	10	18	15	1	0	1	1	0	0
35 to 44 years.	22	0	0	0	6	10	6	0	0	0	0	0	0
45 to 54 years.	6	0	1	0	2	2	1	0	0	0	0	0	0
55 to 64 years.	3	0	0	1	0	1	1	0	0	0	0	0	0
65 years and over.	1	0	0	1	0	0	0	0	0	0	0	0	0
Age not stated.	6	0	0	1	1	2	1	0	0	0	0	0	0
Total.	3431	91	174	307	807	1084	719	107	20	20	25	21	46

REPORTED CASES AND DEATHS FROM GERMAN MEASLES IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year.	30	0	34	1	0	64	1
1 year.	48	0	52	0	0	100	0
2 years.	43	0	62	0	0	105	0
3 years.	64	0	62	0	1	127	0
4 years.	73	0	86	0	1	160	0
Under 5 years.	253	0	296	1	2	556	1
5 to 9 years.	870	0	939	0	1	1810	0
10 to 14 years.	356	0	401	0	0	757	0
15 to 19 years.	57	0	75	0	1	133	0
20 to 24 years.	25	0	55	0	0	80	0
25 to 34 years.	15	0	42	0	0	57	0
35 to 44 years.	9	0	13	0	0	22	0
45 to 54 years.	2	0	4	0	0	6	0
55 to 64 years.	3	0	0	0	0	3	0
65 years and over.	0	0	1	0	0	1	0
Age not stated.	1	0	5	0	0	6	0
Total.	1596	0	1831	1	4	3431	1

REPORTED CASES OF INFLUENZA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year.	18	3	1	4	2	0	0	0	0	0	0	0	3
1 year.	17	4	3	3	1	1	0	0	0	0	0	1	4
2 years.	21	9	6	1	1	0	0	0	0	0	0	2	2
3 years.	16	7	4	2	0	1	0	0	0	0	0	1	1
4 years.	9	4	0	2	0	1	0	0	0	0	0	0	1
Under 5 years.	81	32	14	12	4	3	0	0	0	0	0	5	11
5 to 9 years.	53	17	10	7	4	2	2	1	0	0	0	2	2
10 to 14 years.	23	5	2	6	2	1	2	1	0	0	1	2	1
15 to 19 years.	33	8	4	8	2	1	2	2	0	0	3	1	3
20 to 24 years.	53	4	13	7	7	4	1	0	0	0	2	6	9
25 to 34 years.	153	26	20	24	13	8	4	1	3	1	5	11	23
35 to 44 years.	100	9	17	19	11	5	5	2	0	2	3	12	15
45 to 54 years.	19	13	17	17	0	0	0	0	1	4	7	8	8
55 to 64 years.	53	9	9	13	5	3	2	0	0	1	1	4	6
65 years and over.	52	5	13	12	7	0	0	0	0	1	2	5	7
Age not stated.	4	0	0	3	0	0	0	0	0	0	0	1	0
Total.	658	128	128	123	62	29	21	7	3	11	21	56	94

REPORTED CASES AND DEATHS FROM INFLUENZA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year.	8	15	16	22	0	18	38
1 year.	10	8	7	9	0	17	17
2 years.	13	4	8	3	0	21	7
3 years.	5	5	8	2	0	16	7
4 years.	5	1	4	3	0	9	4
Under 5 years.	44	34	37	39	0	81	73
5 to 9 years.	29	1	24	4	0	53	5
10 to 14 years.	14	4	9	3	0	23	7
15 to 19 years.	20	4	15	6	0	35	10
20 to 24 years.	25	4	30	2	0	55	6
25 to 34 years.	73	10	80	6	0	153	16
35 to 44 years.	55	23	45	20	0	100	43
45 to 54 years.	44	23	35	13	0	79	36
55 to 64 years.	26	22	27	23	0	53	45
65 years and over.	18	47	34	61	0	52	108
Age not stated.	0	0	3	0	1	4	0
Total.	348	172	339	182	1	688	354

REPORTED CASES OF MALARIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year.	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year.	1	0	0	0	0	0	0	0	0	1	0	0	0
2 years.	2	0	0	0	0	1	1	0	0	1	0	0	0
3 years.	0	0	0	0	0	0	0	0	0	0	0	0	0
4 years.	1	0	0	0	0	1	0	0	0	0	0	0	0
Under 5 years.	4	0	0	0	0	0	2	1	0	1	0	0	0
5 to 9 years.	3	0	0	0	0	1	2	0	0	0	0	0	0
10 to 14 years.	5	0	0	1	0	0	2	1	1	0	0	0	0
15 to 19 years.	5	0	0	1	0	1	2	0	0	1	0	0	0
20 to 24 years.	4	0	0	1	0	1	2	0	0	1	0	0	0
25 to 34 years.	14	0	0	0	0	4	2	1	2	4	1	0	0
35 to 44 years.	8	0	0	1	0	4	1	1	1	1	0	0	0
45 to 54 years.	2	0	0	0	0	0	0	0	0	1	1	0	0
55 to 64 years.	0	0	0	0	0	0	0	0	0	1	0	0	0
65 years and over.	2	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated.	0	0	0	0	0	0	0	0	0	1	0	0	0
Total.	47	0	0	2	2	7	13	8	5	7	3	0	0

REPORTED CASES AND DEATHS FROM MALARIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year.	0	0	0	0	0	0
1 year.	1	0	0	0	1	0
2 years.	2	0	0	0	2	0
3 years.	0	0	0	0	0	0
4 years.	0	0	1	0	1	0
Under 5 years.	3	0	1	0	4	0
5 to 9 years.	1	1	2	0	3	1
10 to 14 years.	2	0	3	0	5	0
15 to 19 years.	3	1	2	0	5	1
20 to 24 years.	3	0	1	0	4	0
25 to 34 years.	5	0	9	0	14	0
35 to 44 years.	6	0	2	0	8	0
45 to 54 years.	0	0	0	0	0	0
55 to 64 years.	0	0	0	1	0	1
65 years and over.	1	2	1	0	2	2
Age not stated.	0	0	0	0	0	0
Total.	24	4	23	2	47	6

REPORTED CASES OF MEASLES IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	406	38	44	66	78	73	42	20	7	6	5	7	20
1 year,	987	88	113	153	211	171	114	57	13	10	13	11	31
2 years,	1180	116	140	207	219	217	123	63	15	3	4	19	29
3 years,	1408	130	161	221	231	239	161	75	14	9	13	13	41
4 years,	1564	153	163	234	340	312	204	74	9	4	17	18	29
Under 5 years,	5523	547	628	881	1109	1062	644	280	60	37	52	68	150
5 to 9 years,	8423	709	1194	1339	2019	1834	971	288	29	21	45	60	156
10 to 14 years,	1194	101	108	233	232	228	149	51	6	0	2	4	20
15 to 19 years,	239	21	27	37	62	45	28	8	2	0	2	2	5
20 to 24 years,	150	13	20	19	35	40	19	6	3	0	0	0	4
25 to 34 years,	133	17	9	16	34	25	19	5	1	0	1	0	3
35 to 44 years,	43	3	7	4	8	11	6	3	0	0	0	1	0
45 to 54 years,	12	2	1	1	3	3	1	1	0	0	0	0	0
55 to 64 years,	4	0	0	0	1	2	1	0	0	0	0	0	0
65 years and over,	5	1	1	1	0	0	1	1	0	0	0	0	0
Age not stated,	48	12	6	9	2	8	2	0	0	0	0	0	0
Total,	15787	1426	1999	2740	3572	2815	1847	654	101	58	103	134	338

REPORTED CASES AND DEATHS FROM MEASLES IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	191	83	215	22	0	406	55
1 year,	521	52	466	30	0	987	82
2 years,	590	8	570	3	0	1160	11
3 years,	728	3	631	4	1	1408	12
4 years,	812	2	750	2	2	1564	4
Under 5 years,	2840	103	2682	61	3	5525	164
5 to 9 years,	4163	9	4256	5	4	8423	17
10 to 14 years,	641	1	633	1	0	1194	2
15 to 19 years,	109	0	130	0	0	239	0
20 to 24 years,	74	0	85	0	0	159	0
25 to 34 years,	38	0	95	0	0	133	0
35 to 44 years,	12	0	31	0	0	43	0
45 to 54 years,	6	0	6	0	0	12	0
55 to 64 years,	2	0	2	0	0	4	0
65 years and over,	1	0	4	0	0	5	0
Age not stated,	17	0	20	0	11	48	0
Total,	7805	113	7964	70	18	15787	183

REPORTED CASES OF EPIDEMIC CEREBROSPINAL MENINGITIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	18	3	2	4	1	3	0	2	0	1	1	1	0
1 year,	6	2	1	0	0	1	0	0	0	0	0	1	0
2 years,	12	0	0	3	1	1	4	0	1	1	0	1	0
3 years,	6	0	0	0	1	2	0	0	1	1	0	0	1
4 years,	7	1	0	0	1	1	1	1	1	0	1	1	0
Under 5 years,	49	6	3	7	3	8	5	3	3	3	2	4	2
5 to 9 years,	28	1	2	3	4	5	3	2	2	3	0	2	1
10 to 14 years,	8	1	0	1	3	0	0	0	0	0	0	1	2
15 to 19 years,	3	1	0	1	0	0	0	0	0	0	0	0	1
20 to 24 years,	6	3	3	0	0	0	0	0	0	1	0	1	0
25 to 34 years,	8	0	1	1	0	2	0	2	0	0	1	0	1
35 to 44 years,	6	0	1	0	1	1	0	1	0	0	1	1	0
45 to 54 years,	1	0	0	0	0	0	0	0	0	0	0	0	0
55 to 64 years,	4	1	1	0	1	0	0	0	0	0	0	0	1
65 years and over,	1	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	1	0	0	0	0	0	0	0	0	1	0	0	0
Total,	115	11	11	13	12	16	9	8	5	8	4	9	9

REPORTED CASES AND DEATHS FROM CEREBROSPINAL MENINGITIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	12	4	6	4	0	18	8
1 year,	4	2	2	1	0	6	3
2 years,	6	2	6	1	0	12	2
3 years,	3	2	3	0	0	6	2
4 years,	3	0	4	2	0	7	2
Under 5 years,	28	10	21	5	0	49	15
5 to 9 years,	19	1	9	0	0	28	1
10 to 14 years,	6	0	2	1	0	8	1
15 to 19 years,	3	1	0	0	0	3	1
20 to 24 years,	3	1	3	2	0	6	3
25 to 34 years,	4	1	4	0	0	8	1
35 to 44 years,	5	1	1	0	0	6	1
45 to 54 years,	1	0	0	1	0	1	1
55 to 64 years,	2	0	2	0	0	4	0
65 years and over,	0	0	1	0	0	1	0
Age not stated,	0	0	0	0	1	1	0
Total,	69	15	43	9	1	115	24

REPORTED CASES OF PARATYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year,	0	0	0	0	0	0	0	0	0	0	0	0	0
2 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
3 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
4 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
Under 5 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9 years,	2	0	0	1	1	0	0	0	0	0	0	0	0
10 to 14 years,	1	0	0	0	0	1	0	0	0	0	0	0	0
15 to 19 years,	1	0	0	0	0	0	0	0	0	0	0	1	0
20 to 24 years,	2	0	0	1	0	0	0	0	0	0	0	1	2
25 to 34 years,	7	0	0	3	0	0	1	0	0	0	0	1	2
35 to 44 years,	1	0	0	1	0	0	0	0	0	0	0	0	0
45 to 54 years,	2	0	0	1	0	0	0	0	0	0	1	0	0
55 to 64 years,	0	0	0	0	0	0	0	0	0	0	0	1	0
65 years and over,	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	17	0	0	7	1	1	1	0	0	0	1	3	3

REPORTED CASES AND DEATHS FROM PARATYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	0	0	0	0	0	0
1 year,	0	0	0	0	0	0
2 years,	0	0	0	0	0	0
3 years,	0	0	0	0	0	0
4 years,	0	0	0	0	0	0
Under 5 years,	0	0	0	0	0	0
5 to 9 years,	2	0	1	0	3	0
10 to 14 years,	0	0	1	0	1	0
15 to 19 years,	0	0	1	0	1	0
20 to 24 years,	1	0	1	0	2	0
25 to 34 years,	5	1	2	1	7	2
35 to 44 years,	1	0	1	0	2	0
45 to 54 years,	2	0	0	0	2	0
55 to 64 years,	1	0	0	0	1	0
65 years and over,	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0
Total,	12	2	5	1	17	3

REPORTED CASES OF PNEUMONIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES.												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	705	146	101	87	75	44	23	15	14	22	23	55	95
1 year,	643	116	86	76	60	47	41	18	16	21	29	44	80
2 years,	422	79	50	55	55	37	24	11	7	8	17	19	60
3 years,	298	50	37	29	46	29	9	8	4	8	17	22	34
4 years,	211	30	22	33	23	15	9	5	4	7	7	20	36
Under 5 years,	2274	421	298	280	259	172	106	57	45	66	98	160	314
5 to 9 years,	806	72	102	117	117	80	68	15	10	23	39	59	104
10 to 14 years,	244	23	21	42	23	22	16	8	6	7	19	19	32
15 to 19 years,	214	28	27	20	35	20	8	6	9	12	7	19	25
20 to 24 years,	256	24	38	37	28	25	16	12	8	5	15	20	28
25 to 34 years,	485	60	53	58	71	49	34	12	12	18	25	42	53
35 to 44 years,	554	68	89	67	74	47	33	17	10	15	25	43	66
45 to 54 years,	419	50	64	65	48	21	13	4	8	20	39	51	51
55 to 64 years,	339	40	53	44	35	25	23	7	10	12	19	28	41
65 years and over,	454	53	55	58	63	31	16	17	9	16	31	44	58
Age not stated,	15	2	3	2	2	2	0	1	0	0	3	0	0
Total,	6060	850	803	788	755	509	341	164	124	180	298	478	772

REPORTED CASES AND DEATHS FROM PNEUMONIA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	417	488	287	333	4	705	821
1 year,	344	194	298	146	1	643	340
2 years,	257	74	164	48	1	422	122
3 years,	154	34	138	34	1	293	85
4 years,	124	17	87	18	0	211	58
Under 5 years,	1296	807	974	579	4	2274	1386
5 to 9 years,	442	44	364	34	0	806	78
10 to 14 years,	144	19	100	19	0	244	38
15 to 19 years,	145	16	88	26	1	234	53
20 to 24 years,	175	47	81	24	0	256	71
25 to 34 years,	306	152	179	76	0	485	228
35 to 44 years,	369	237	185	93	0	554	332
45 to 54 years,	284	253	125	102	0	419	353
55 to 64 years,	203	237	136	145	0	339	382
65 years and over,	189	300	265	440	0	454	746
Age not stated,	7	0	5	0	3	15	0
Total,	3570	2123	2482	1546	8	6060	3869

REPORTED CASES OF POLIOMYELITIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES.												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	5	1	0	0	1	0	0	0	1	2	0	0	0
1 year,	11	0	0	2	0	1	0	0	0	2	5	2	1
2 years,	11	1	0	0	0	0	0	0	2	5	2	1	0
3 years,	14	1	0	0	2	0	3	5	0	2	0	2	1
4 years,	9	0	1	0	1	0	0	2	2	1	2	0	0
Under 5 years,	50	3	1	2	2	3	0	3	10	12	8	5	1
5 to 9 years,	25	2	2	0	0	1	0	1	4	6	7	2	0
10 to 14 years,	4	0	0	0	1	1	0	0	1	1	0	0	0
15 to 19 years,	5	0	0	1	0	1	0	0	1	1	0	0	1
20 to 24 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 34 years,	2	0	0	0	0	0	0	0	0	1	1	0	0
35 to 44 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 54 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
65 years and over,	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	86	5	3	3	3	6	0	4	16	21	16	7	2

REPORTED CASES AND DEATHS FROM POLIOMYELITIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	4	0	1	0	5	0
1 year,	8	1	3	0	11	1
2 years,	5	2	6	2	11	4
3 years,	12	1	2	0	14	1
4 years,	4	1	5	0	9	1
Under 5 years,	33	5	17	2	50	7
5 to 9 years,	12	2	13	1	25	3
10 to 14 years,	3	2	1	1	4	3
15 to 19 years,	4	1	1	1	5	2
20 to 24 years,	0	1	0	1	0	2
25 to 34 years,	0	0	0	0	0	0
35 to 44 years,	0	0	0	0	0	0
45 to 54 years,	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0
65 years and over,	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0
Total,	53	11	33	6	86	17

REPORTED CASES AND DEATHS FROM SCARLET FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES.												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	34	4	6	5	3	0	4	2	1	1	1	4	3
1 year,	86	9	9	23	4	6	10	1	3	3	2	5	11
2 years,	231	39	35	42	27	28	11	8	10	9	15	23	34
3 years,	372	49	40	44	35	34	21	17	8	6	21	25	51
4 years,	468	52	52	56	51	55	29	18	7	13	36	33	66
Under 5 years,	1241	133	162	170	121	123	75	46	29	32	73	90	165
5 to 9 years,	291	340	347	321	308	316	249	79	45	71	131	244	390
10 to 14 years,	1389	153	158	173	175	152	130	41	21	84	67	131	157
15 to 19 years,	362	45	46	63	49	50	16	10	3	5	14	22	39
20 to 24 years,	188	22	21	32	23	19	14	5	5	2	9	14	20
25 to 34 years,	271	28	36	45	40	28	16	6	3	5	10	18	36
35 to 44 years,	81	6	6	15	18	5	13	2	1	1	2	2	10
45 to 54 years,	18	0	2	4	6	0	0	0	0	0	0	2	10
55 to 64 years,	5	1	0	0	0	3	1	0	0	0	0	0	2
65 years and over,	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	15	3	2	3	0	2	0	0	0	1	1	1	2
Total,	6461	751	777	826	742	698	516	190	107	151	359	524	820

REPORTED CASES AND DEATHS FROM SCARLET FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	18	2	16	0	0	34	2
1 year,	48	0	38	1	0	86	1
2 years,	149	4	132	4	0	281	8
3 years,	191	5	180	4	1	372	9
4 years,	226	2	242	5	0	468	7
Under 5 years,	632	13	608	14	1	1241	27
5 to 9 years,	1396	10	1493	9	2	2891	19
10 to 14 years,	661	0	727	5	1	1389	5
15 to 19 years,	0	0	152	2	1	152	3
20 to 24 years,	66	0	121	3	0	187	3
25 to 34 years,	108	1	163	4	0	271	5
35 to 44 years,	38	2	43	2	0	81	4
45 to 54 years,	0	0	18	0	0	18	0
55 to 64 years,	0	0	5	0	0	5	0
65 years and over,	0	0	0	0	0	0	0
Age not stated,	5	0	7	0	3	15	0
Total,	8091	26	8362	38	7	6461	64

REPORTED CASES OF SMALLPOX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	8	3	1	0	0	0	1	1	1	0	0	0	0
1 year,	9	2	0	2	1	1	0	1	0	1	0	1	0
2 years,	8	3	0	0	0	0	1	2	1	1	0	0	0
3 years,	10	2	1	1	1	0	2	2	0	0	0	1	0
4 years,	16	4	1	2	1	0	2	3	1	0	0	1	1
Under 5 years,	51	14	3	5	3	0	7	9	3	3	0	3	1
5 to 9 years,	43	26	2	1	4	0	5	2	1	1	0	0	1
10 to 14 years,	30	14	2	1	5	1	3	1	0	1	0	2	0
15 to 19 years,	42	19	0	6	5	0	12	2	3	2	0	2	1
20 to 24 years,	47	11	3	10	5	0	5	1	3	3	1	5	0
25 to 34 years,	40	14	1	4	5	0	10	0	2	2	0	0	2
35 to 44 years,	39	8	4	7	2	1	9	1	1	1	1	1	3
45 to 54 years,	25	3	2	4	3	0	4	1	4	1	1	1	1
55 to 64 years,	18	3	0	0	3	0	0	0	1	0	1	0	2
65 years and over,	5	0	0	0	1	0	3	0	0	0	0	0	1
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	340	102	17	41	38	2	60	18	17	15	3	15	12

REPORTED CASES AND DEATHS FROM SMALLPOX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	5	3	3	0	8	3
1 year,	2	0	7	1	9	1
2 years,	5	0	3	0	8	0
3 years,	4	0	6	0	10	0
4 years,	10	0	6	0	16	0
Under 5 years,	26	3	25	1	51	4
5 to 9 years,	22	0	21	0	43	0
10 to 14 years,	12	0	18	0	30	0
15 to 19 years,	23	0	19	0	42	0
20 to 24 years,	27	4	20	0	47	4
25 to 34 years,	19	1	21	0	40	1
35 to 44 years,	21	1	18	1	39	2
45 to 54 years,	15	2	10	1	25	3
55 to 64 years,	11	0	7	0	18	0
65 years and over,	1	0	4	0	5	0
Age not stated,	0	0	0	0	0	0
Total,	177	11	163	4	340	15

REPORTED CASES OF TUBERCULOSIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	41	1	6	4	4	5	2	3	5	3	3	2	2
1 year,	31	3	1	5	3	4	4	5	2	1	0	1	1
2 years,	32	3	1	4	4	3	4	2	5	3	1	1	1
3 years,	22	2	3	1	4	4	4	2	1	2	2	0	0
4 years,	21	2	0	4	2	2	3	3	0	2	1	0	2
Under 5 years,	147	11	11	18	14	18	14	17	11	12	7	7	7
5 to 9 years,	147	16	13	16	14	21	15	11	12	12	5	13	3
10 to 14 years,	210	21	14	24	17	18	27	12	14	18	15	18	12
15 to 19 years,	467	49	28	46	50	43	33	41	39	32	46	29	31
20 to 24 years,	713	56	59	61	69	54	55	65	68	63	51	58	60
25 to 34 years,	1302	118	111	102	100	117	136	130	104	83	100	94	102
35 to 44 years,	591	63	61	79	74	77	86	83	83	81	65	81	81
45 to 54 years,	596	55	56	58	52	40	45	43	59	38	59	38	53
55 to 64 years,	300	21	27	26	32	29	26	30	18	19	17	29	26
65 years and over,	147	13	14	7	14	21	16	10	7	12	11	13	9
Age not stated,	11	1	1	2	0	0	0	3	0	1	0	2	1
Total,	4938	424	415	439	436	453	443	451	415	336	399	368	379

REPORTED CASES AND DEATHS FROM TUBERCULOSIS IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.	Total	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.
Under 1 year,	24	28	17	30	0	41	58
1 year,	16	29	15	17	0	31	46
2 years,	20	12	8	9	0	28	21
3 years,	13	7	9	15	0	22	22
4 years,	12	3	9	6	0	21	9
Under 5 years,	85	79	62	76	0	147	155
5 to 9 years,	92	24	62	17	0	154	41
10 to 14 years,	105	20	103	33	0	210	53
15 to 19 years,	181	76	286	164	0	467	240
20 to 24 years,	324	154	388	212	1	713	366
25 to 34 years,	637	332	645	375	0	1302	707
35 to 44 years,	553	371	338	210	0	891	581
45 to 54 years,	423	341	173	190	0	596	471
55 to 64 years,	210	181	90	68	0	300	249
65 years and over,	94	82	53	52	0	147	134
Age not stated,	0	5	0	6	0	11	0
Total,	2729	1660	2208	1387	1	4938	2967

REPORTED CASES OF TYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	1	0	0	0	0	0	0	0	0	0	0	1	0
1 year,	3	0	0	0	0	0	0	0	1	0	0	1	0
2 years,	5	0	1	1	0	0	1	1	1	0	0	0	0
3 years,	8	0	0	0	1	0	0	0	2	2	0	2	1
4 years,	6	0	0	0	0	0	0	1	0	2	0	1	2
Under 5 years,	23	0	1	1	1	0	1	3	3	4	1	4	4
5 to 9 years,	63	9	2	2	3	4	8	3	7	5	11	6	6
10 to 14 years,	108	5	4	4	4	6	10	4	21	17	18	10	8
15 to 19 years,	76	9	3	2	2	3	14	8	13	7	7	6	6
20 to 24 years,	79	1	7	4	5	1	6	4	12	9	8	7	15
25 to 34 years,	122	3	5	3	7	7	6	14	8	12	11	12	34
35 to 44 years,	96	4	4	5	1	4	4	4	9	7	15	7	32
45 to 54 years,	59	1	1	0	0	1	7	5	5	9	10	19	19
55 to 64 years,	13	0	0	0	1	1	1	0	0	2	1	2	3
65 years and over,	1	0	0	0	0	0	1	0	1	0	0	0	0
Age not stated,	6	0	0	0	0	0	0	3	2	1	0	0	0
Total,	644	32	29	22	25	25	39	49	77	72	81	70	124

REPORTED CASES AND DEATHS FROM TYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	0	0	1	0	1	0
1 year,	1	1	2	1	3	2
2 years,	2	0	3	2	5	2
3 years,	3	0	5	0	8	0
4 years,	5	0	1	1	6	1
Under 5 years,	11	1	12	4	23	5
5 to 9 years,	37	1	26	4	63	5
10 to 14 years,	69	2	37	6	106	8
15 to 19 years,	40	4	36	4	76	8
20 to 24 years,	111	11	68	5	179	11
25 to 34 years,	60	10	62	4	122	14
35 to 44 years,	63	13	33	4	96	17
45 to 54 years,	35	14	24	4	59	18
55 to 64 years,	8	0	5	1	13	1
65 years and over,	4	0	1	1	5	0
Age not stated,	4	0	2	0	6	0
Total,	365	52	279	37	644	89

REPORTED CASES OF WHOOPING COUGH IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	705	41	18	34	53	49	57	74	83	88	67	61	80
1 year,	735	51	28	38	48	48	68	90	92	81	50	51	95
2 years,	1060	73	60	81	69	74	86	132	146	103	86	76	124
4 years,	993	50	36	64	74	69	81	133	110	97	61	59	132
Under 5 years,	4483	271	183	236	300	318	371	526	568	435	316	370	541
5 to 9 years,	3070	222	179	214	243	226	239	315	222	202	260	312	446
10 to 14 years,	238	20	15	19	30	18	15	24	17	27	14	11	26
15 to 19 years,	31	0	0	3	1	1	2	8	1	6	2	3	5
20 to 24 years,	22	2	3	2	1	0	1	1	1	1	3	3	4
25 to 34 years,	39	3	4	3	2	4	1	5	2	5	3	3	1
35 to 44 years,	25	4	1	2	1	1	1	4	2	1	2	1	3
45 to 54 years,	5	1	0	1	0	1	0	1	1	0	1	0	0
55 to 64 years,	8	0	0	0	1	0	1	2	1	1	1	0	1
65 years and over,	1	0	0	0	0	0	0	1	0	0	0	0	0
Age not stated,	18	3	1	3	2	3	2	3	0	0	1	0	0
Total,	7937	523	386	483	581	572	636	890	813	729	691	704	1026

REPORTED CASES AND DEATHS FROM ANTHRAX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	0	0	0	0	0	0
1 year,	0	0	0	0	0	0
2 years,	0	0	0	0	0	0
3 years,	0	0	0	0	0	0
4 years,	0	0	0	0	0	0
Under 5 years,	0	0	0	0	0	0
5 to 9 years,	0	0	0	0	0	0
10 to 14 years,	0	0	0	0	0	0
15 to 19 years,	1	0	0	0	0	1
20 to 24 years,	0	0	0	0	0	0
25 to 34 years,	1	0	0	0	0	1
35 to 44 years,	0	0	0	0	0	0
45 to 54 years,	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0
65 years and over,	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0
Total,	3	0	0	0	3	0

REPORTED CASES AND DEATHS FROM WHOOPING COUGH IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Sex Not Stated.		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Cases.	Deaths.	
Under 1 year,	351	77	352	73	2	705	150	
1 year,	358	80	377	47	0	735	77	
2 years,	475	12	510	9	2	987	21	
3 years,	511	4	548	5	1	1060	9	
4 years,	470	3	523	1	3	996	6	
Under 5 years,	2165	126	2310	136	8	4483	261	
5 to 9 years,	1470	3	1593	3	4	3070	6	
10 to 14 years,	105	0	132	0	1	238	0	
15 to 19 years,	14	0	17	0	0	31	0	
20 to 24 years,	4	0	18	0	0	22	0	
25 to 34 years,	11	0	25	0	0	36	0	
35 to 44 years,	9	0	16	0	0	25	0	
45 to 54 years,	3	0	2	0	0	5	0	
55 to 64 years,	1	0	7	0	0	8	0	
65 years and over,	0	0	1	0	0	1	0	
Age not stated,	11	0	3	0	4	18	0	
Total,	8793	129	4127	138	17	7937	267	

REPORTED CASES OF CHANCROID IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 2 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
2 to 9 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
10 to 14 years,	1	0	0	0	0	0	0	1	0	0	0	0	0
15 to 19 years,	13	3	0	2	1	1	0	0	2	1	2	0	1
20 to 24 years,	25	2	3	1	0	2	2	3	3	5	2	1	1
25 to 34 years,	19	0	6	0	0	3	0	2	1	2	2	2	1
35 to 39 years,	4	1	0	1	0	0	0	0	0	0	0	0	0
40 to 49 years,	4	1	0	0	1	0	1	0	0	0	0	0	1
50 to 59 years,	2	0	1	0	0	0	0	0	0	0	0	0	1
60 years and over,	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	2	0	0	0	0	0	0	0	0	2	0	0	0
Total,	70	7	10	4	2	6	3	6	6	10	8	4	4

REPORTED CASES OF ANTHRAX IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 1 year,	0	0	0	0	0	0	0	0	0	0	0	0	0
1 year,	0	0	0	0	0	0	0	0	0	0	0	0	0
2 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
3 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
4 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
Under 5 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
10 to 14 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
15 to 19 years,	1	0	0	0	0	0	0	0	0	0	0	1	0
20 to 24 years,	1	0	0	1	0	0	0	0	0	0	0	0	0
25 to 34 years,	1	0	0	0	0	0	0	0	0	0	0	0	1
35 to 44 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 54 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 64 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
65 years and over,	0	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	3	0	0	1	0	0	0	0	0	0	0	1	1

REPORTED CASES OF GONORRHEA IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 2 years,	53	4	4	7	5	7	5	3	2	9	5	1	1
2 to 9 years,	71	5	6	3	6	13	6	8	3	6	6	7	2
10 to 14 years,	30	3	2	2	0	2	0	2	4	5	5	3	2
15 to 19 years,	337	34	28	18	26	29	34	23	28	29	40	29	19
20 to 24 years,	954	70	56	82	91	96	87	89	115	90	88	95	55
25 to 34 years,	848	71	64	52	70	60	69	68	101	77	85	76	55
35 to 39 years,	139	16	9	11	14	14	8	15	15	11	10	11	5
40 to 49 years,	111	5	10	11	10	8	10	12	9	9	14	7	6
50 to 59 years,	26	2	2	1	4	0	2	3	1	5	3	3	0
60 years and over,	9	0	0	2	1	1	2	1	0	1	1	0	0
Age not stated,	14	4	4	1	1	0	1	0	0	3	0	0	0
Total,	2622	214	185	190	228	200	224	224	278	245	237	232	145

REPORTED CASES OF SYPHILIS IN NEW JERSEY

For the Calendar Year 1914 by Age Groups and Months.

AGE GROUPS.	NUMBER OF CASES												
	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Under 2 years,	37	6	3	3	3	0	5	2	2	2	2	8	0
2 to 9 years,	69	5	6	9	9	4	10	6	3	2	5	7	3
10 to 14 years,	71	6	6	8	5	9	8	8	4	2	8	3	3
15 to 19 years,	308	31	31	35	25	17	25	30	27	22	24	21	20
20 to 24 years,	713	66	53	62	62	51	67	68	48	32	71	71	61
25 to 34 years,	1,056	113	98	87	84	80	76	88	79	78	96	94	83
35 to 39 years,	373	28	44	29	21	32	19	35	33	36	40	22	34
40 to 49 years,	325	37	46	48	48	28	37	44	43	50	46	44	36
50 to 59 years,	374	27	23	29	22	17	18	17	21	31	22	29	23
60 years and over,	147	14	23	19	15	13	5	10	8	12	11	3	12
Age not stated,	11	3	4	0	1	0	2	0	1	0	0	0	0
Total,	3,582	330	337	329	285	254	250	313	270	291	319	309	275

REPORTED CASES AND DEATHS FROM VENEREAL DISEASES IN NEW JERSEY

For the Calendar Year 1924 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 2 years,	46	22	54	24	90	46
2 to 9 years,	39	3	91	1	140	4
10 to 14 years,	45	0	107	2	152	2
15 to 19 years,	377	0	281	1	658	1
20 to 24 years,	1,246	2	476	8	1,722	10
25 to 34 years,	1,419	14	504	13	1,923	27
35 years and over,	1175	112	487	89	1,662	161
Age not stated,	19	0	8	0	27	0
Total,	4,866	153	1,908	88	6,274	241

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR CHICKENPOX AND DIPHTEHRIA.

COUNTIES.	CHICKENPOX.				DIPHTEHRIA.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	242	2.70	0	0	81	0.90	13	16.04
Bergen,	584	2.38	0	0	229	0.97	19	7.94
Burlington,	228	2.56	0	0	133	1.49	10	7.51
Camden,	536	2.51	1	0.18	420	1.97	36	8.57
Cape May,	49	2.53	0	0	13	0.67	0	0
Cumberland,	119	1.85	0	0	31	0.48	2	6.45
Essex,	3420	4.77	1	0.02	769	1.07	57	7.41
Gloucester,	188	3.53	0	0	81	1.52	13	16.04
Hudson,	644	0.85	3	0.46	989	1.47	68	6.87
Hunterdon,	40	1.22	0	0	40	1.22	4	10.00
Mercer,	298	1.69	1	0.33	325	1.84	17	5.23
Middlesex,	112	0.69	1	0.89	146	0.79	13	12.32
Monmouth,	230	2.64	1	0.34	63	0.57	3	4.76
Morris,	278	3.21	0	0	58	0.67	8	13.79
Ocean,	12	0.53	0	0	9	0.39	1	11.11
Passaic,	708	2.53	1	0.14	448	1.60	27	6.01
Salem,	63	1.88	0	0	18	0.46	2	12.50
Somerset,	77	1.47	0	0	42	0.80	7	16.66
Sussex,	8	0.33	0	0	19	0.79	1	5.26
Union,	707	3.10	1	0.14	413	1.81	28	6.77
Warren,	8	0.17	0	0	48	1.00	4	8.60
State,	8613	2.50	10	0.11	4332	1.27	338	7.71

REPORTED CASES AND DEATHS BY COUNTIES FOR 1924 FROM DYSENTERY, LEPROSY, OPHTHALMIA NEONATORUM AND PARATYPHOID.

COUNTIES.	DYSENTERY.		LEPROSY.		OPHTHALMIA NEONATORUM.		PARATYPHOID.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Atlantic,	0	0	0	0	0	0	0	0
Bergen,	0	0	0	0	1	0	0	0
Burlington,	0	2	0	0	1	0	0	0
Camden,	0	0	0	0	1	0	6	0
Cape May,	0	0	0	0	0	0	0	0
Cumberland,	0	0	0	0	0	0	0	0
Essex,	5	6	0	0	29	0	10	1
Gloucester,	0	0	0	0	0	0	0	0
Hudson,	1	3	0	0	3	0	0	1
Hunterdon,	0	0	0	0	0	0	0	0
Mercer,	0	2	0	0	3	0	0	0
Middlesex,	0	1	0	0	0	0	0	0
Monmouth,	0	0	0	0	0	0	0	0
Morris,	0	0	0	0	1	0	0	0
Ocean,	0	0	0	0	1	0	0	0
Passaic,	0	0	0	0	5	0	0	1
Salem,	0	0	0	0	0	0	0	0
Somerset,	0	0	0	0	0	0	0	0
Sussex,	0	0	0	0	0	0	0	0
Union,	0	1	0	0	1	0	1	0
Warren,	0	0	0	0	0	0	0	0
State,	6	15	1	0	46	0	17	3

REPORTED CASES AND DEATHS, AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR INFLUENZA AND PNEUMONIA.

COUNTIES.	INFLUENZA.			PNEUMONIA.		
	Cases.	Deaths.	Per Cent. Fatality.	Cases.	Deaths.	Per Cent. Fatality.
Atlantic,	8	10	*	60	108	*
Bergen,	34	33	97.05	314	242	77.07
Burlington,	35	14	40.00	63	74	*
Camden,	6	23	*	314	252	89.80
Cape May,	7	3	42.85	6	23	*
Cumberland,	12	14	11.58	36	49	*
Essex,	397	46	11.58	3376	663	19.63
Gloucester,	1	11	*	91	55	60.43
Hudson,	77	58	75.32	473	862	*
Hunterdon,	1	9	*	8	33	*
Mercer,	30	23	76.66	206	207	*
Middlesex,	10	17	*	141	186	*
Monmouth,	16	16	100.00	112	101	90.17
Morris,	13	4	30.76	197	115	58.37
Ocean,	1	1	100.00	4	26	*
Passaic,	31	35	*	290	238	82.06
Salem,	1	5	*	4	37	*
Somerset,	1	9	*	43	70	*
Sussex,	1	1	100.00	31	37	45.67
Union,	6	19	*	241	221	91.70
Warren,	0	3	*	0	58	*
State,	688	354	51.45	6060	3669	60.54

* More deaths than cases reported.

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR MALARIA AND EPIDEMIC CEREBROSPINAL MENINGITIS.

COUNTIES.	MALARIA.				EPIDEMIC CEREBRO-SPINAL MENINGITIS.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	0	0	0	0	1	0.01	1	100.00
Bergen,	4	0.01	1	25.00	15	0.08	3	20.00
Burlington,	0	0	1	0	2	0.02	0	0
Camden,	0	0	0	0	1	0.004	1	100.00
Cape May,	0	0	0	0	0	0	0	0
Cumberland,	0	0	1	*	3	0.04	0	0
Essex,	18	0.02	1	6.25	37	0.05	6	16.21
Gloucester,	0	0	1	*	0	0	0	0
Hudson,	7	0.01	0	0	19	0.028	4	21.05
Hunterdon,	0	0	0	0	0	0	0	0
Mercer,	9	0.05	0	0	1	0.005	0	0
Middlesex,	2	0.01	0	0	2	0.01	1	50.00
Monmouth,	1	0.008	0	0	6	0.05	2	33.33
Morris,	3	0.03	0	0	2	0.02	0	0
Ocean,	0	0	0	0	0	0	0	0
Passaic,	3	0.01	1	33.33	10	0.03	2	20.00
Salem,	0	0	0	0	0	0	0	0
Somerset,	1	0.01	0	0	0	0	0	0
Sussex,	0	0	0	0	0	0	0	0
Union,	1	0.004	0	0	16	0.07	4	25.00
Warren,	0	0	0	0	0	0	0	0
State,	47	0.01	6	12.76	115	0.03	24	20.86

*More deaths than cases reported.

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR MEASLES AND GERMAN MEASLES.

COUNTIES.	MEASLES.				GERMAN MEASLES.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	92	1.02	0	0	7	0.07	0	0
Bergen,	1262	5.16	5	0.39	207	0.84	0	0
Burlington,	168	1.89	5	2.97	16	0.18	0	0
Camden,	133	0.71	4	2.61	38	0.17	0	0
Cape May,	22	1.13	0	0	0	0	0	0
Cumberland,	22	0.34	0	0	1	0.01	0	0
Essex,	3216	7.27	23	0.44	2978	4.15	0	0
Gloucester,	71	1.32	1	1.40	3	0.05	0	0
Hudson,	3520	5.23	61	1.73	4	0.005	0	0
Hunterdon,	81	2.48	1	1.23	7	0.21	0	0
Mercer,	946	5.28	15	1.58	12	0.06	1	8.33
Middlesex,	540	2.92	30	5.55	7	0.03	0	0
Monmouth,	724	6.60	2	0.27	32	0.28	0	0
Morris,	176	2.03	1	0.56	42	0.48	0	0
Ocean,	8	0.35	1	12.50	5	0.22	0	0
Passaic,	1245	4.45	9	0.72	19	0.06	0	0
Salem,	5	0.14	0	0	2	0.05	0	0
Somerset,	163	3.12	4	2.45	4	0.07	0	0
Sussex,	11	0.45	0	0	8	0.12	0	0
Union,	1171	5.13	17	1.45	43	0.18	0	0
Warren,	191	4.15	4	2.09	1	0.02	0	0
State,	15,737	4.58	183	1.15	3431	0.99	1	0.02

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR ACUTE ANTERIOR POLIOMYELITIS AND SCARLET FEVER.

COUNTIES.	POLIOMYELITIS.				SCARLET FEVER.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	5	0.05	0	0	139	1.55	2	1.43
Bergen,	2	0.01	1	50.00	749	2.45	5	0.65
Burlington,	2	0.02	0	0	75	0.84	0	0
Camden,	4	0.01	0	0	375	1.78	2	0.53
Cape May,	0	0	0	0	22	1.13	0	0
Cumberland,	1	0.01	0	0	38	0.59	0	0
Essex,	22	0.03	1	4.54	1904	2.23	13	0.81
Gloucester,	0	0	0	0	74	1.38	0	0
Hudson,	11	0.01	5	45.45	1194	1.77	16	1.34
Hunterdon,	0	0	0	0	96	2.94	3	3.12
Mercer,	11	0.06	3	27.27	255	1.45	3	1.17
Middlesex,	6	0.03	3	50.00	196	1.06	1	0.51
Monmouth,	1	0.01	1	100.00	208	1.59	2	1.44
Morris,	3	0.03	1	33.33	100	1.15	2	2.00
Ocean,	0	0	0	0	28	1.24	0	0
Passaic,	1	0.003	1	100.00	495	1.77	10	2.02
Salem,	0	0	0	0	79	2.29	0	0
Somerset,	1	0.01	0	0	171	3.27	1	0.58
Sussex,	1	0.04	0	0	87	3.61	0	0
Union,	10	0.04	1	10.00	581	2.54	3	0.51
Warren,	1	0.02	0	0	44	0.95	0	0
State,	86	0.02	17	19.76	6461	1.87	64	0.99

REPORTED CASES AND DEATHS BY COUNTIES FOR 1924 FROM RABIES, TRACHOMA AND TRICHINOSIS.

COUNTIES.	RABIES.		TRACHOMA.		TRICHINOSIS.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Atlantic,	0	0	0	0	0	0
Bergen,	0	1	2	0	0	0
Burlington,	0	0	1	0	0	0
Camden,	0	0	0	0	0	0
Cape May,	0	0	0	0	0	0
Cumberland,	0	0	0	0	0	0
Essex,	1	1	16	0	7	0
Gloucester,	0	0	0	0	0	0
Hudson,	0	0	2	0	3	0
Hunterdon,	0	0	0	0	0	0
Mercer,	0	0	4	0	0	0
Middlesex,	0	0	1	0	0	0
Monmouth,	0	0	1	0	0	0
Morris,	0	1	0	0	0	0
Ocean,	0	0	0	0	0	0
Passaic,	0	0	8	0	0	0
Salem,	0	0	0	0	0	0
Somerset,	0	0	0	0	0	0
Sussex,	0	0	1	0	0	0
Union,	1	1	1	0	0	0
Warren,	0	0	0	0	0	0
State,	4	4	37	0	10	0

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR SMALLPOX AND TUBERCULOSIS.

COUNTIES.	SMALLPOX.				TUBERCULOSIS.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	37	0.41	0	0	137	1.53	91	66.42
Bergen,	5	0.02	0	0	286	1.04	195	78.17
Burlington,	7	0.07	2	28.57	31	0.31	70	86.41
Camden,	131	0.61	12	9.16	233	1.32	203	73.49
Cape May,	0	0	0	0	17	0.37	12	70.58
Cumberland,	0	0	0	0	73	1.13	65	89.04
Essex,	11	0.01	0	0	141	1.96	631	44.72
Gloucester,	4	0.07	1	25.00	55	1.03	80	54.54
Hudson,	1	0.001	0	0	610	1.31	610	89.16
Hunterdon,	0	0	0	0	22	0.67	21	96.45
Mercer,	54	0.30	0	0	302	1.71	189	62.58
Middlesex,	1	0.005	0	0	224	1.21	140	62.50
Monmouth,	1	0.009	0	0	193	1.76	110	56.99
Morris,	1	0.01	0	0	161	1.89	90	55.90
Ocean,	0	0	0	0	14	0.62	13	*
Passaic,	0	0	0	0	387	1.38	195	50.38
Salem,	1	0.02	0	0	48	1.39	30	62.50
Somerset,	0	0	0	0	67	1.28	35	52.05
Sussex,	7	0.29	0	0	23	1.16	16	67.14
Union,	79	0.34	0	0	281	1.23	190	67.61
Warren,	0	0	0	0	16	0.34	31	*
State,	340	0.09	15	4.41	4938	1.43	2997	60.69

*More deaths than cases reported.

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR TYPHOID FEVER AND WHOOPING COUGH.

COUNTIES.	TYPHOID FEVER.				WHOOPING COUGH.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	14	0.15	0	0	169	1.83	9	5.32
Bergen,	51	0.20	7	13.72	633	2.59	12	1.89
Burlington,	39	0.43	5	12.82	144	1.62	6	4.16
Camden,	31	0.23	9	17.64	260	1.22	13	5.00
Cape May,	13	0.67	1	7.69	61	3.15	0	0
Cumberland,	33	0.51	2	6.06	70	1.09	3	4.28
Essex,	115	0.16	18	15.65	3995	5.43	44	1.12
Gloucester,	10	0.18	2	20.00	199	3.73	3	4.92
Hudson,	68	0.10	12	17.64	292	0.48	55	18.83
Hunterdon,	6	0.18	3	50.00	7	0.21	4	57.14
Mercer,	24	0.13	4	16.66	362	2.05	28	7.73
Middlesex,	34	0.18	5	14.70	80	0.43	15	18.75
Monmouth,	23	0.22	4	16.00	293	2.67	11	3.75
Morris,	24	0.27	0	0	168	1.94	7	4.18
Ocean,	7	0.31	1	14.28	14	0.62	0	0
Passaic,	42	0.15	5	11.90	606	2.17	17	2.80
Salem,	10	0.29	1	10.00	80	2.32	9	11.25
Somerset,	21	0.40	5	23.80	21	0.40	3	14.28
Sussex,	6	0.24	0	0	67	2.73	9	4.47
Union,	45	0.19	5	11.11	516	2.26	20	3.87
Warren,	6	0.13	0	0	0	0	0	0
State,	644	0.18	89	13.81	7987	0.23	267	3.36

CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1924, FOR GONORRHEA, SYPHILIS, AND CHANCROID.

COUNTIES.	GONORRHEA.				SYPHILIS.				CHANCROID.	
	Cases.	Cases Per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases Per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases Per 1000 Pop.
Atlantic,	134	1.49	0	0	212	2.36	13	6.13	4	0.04
Bergen,	89	0.28	3	4.34	86	0.35	12	13.95	2	0.008
Burlington,	33	0.39	0	0	24	0.27	4	16.86	3	0.03
Camden,	180	0.84	1	0.55	236	1.10	7	2.96	8	0.03
Cape May,	6	0.31	0	0	3	0.15	0	0	0	0
Cumberland,	72	1.12	0	0	42	0.65	2	4.76	2	0.03
Essex,	1075	1.50	0	0	1168	1.62	48	4.11	23	0.03
Gloucester,	31	0.53	1	3.22	29	0.54	2	6.89	1	0.01
Hudson,	236	0.35	0	0	472	0.70	42	8.59	6	0.008
Hunterdon,	10	0.30	0	0	48	1.47	1	2.08	0	0
Mercer,	294	1.33	0	0	425	2.41	43	10.11	2	0.01
Middlesex,	54	0.29	0	0	86	0.46	11	12.79	2	0.01
Monmouth,	65	0.59	1	1.53	280	2.55	4	1.42	0	0
Morris,	79	0.91	0	0	37	0.42	6	16.21	5	0.05
Ocean,	7	0.31	0	0	6	0.26	1	16.66	0	0
Passaic,	222	0.79	1	0.45	172	0.61	11	6.39	1	0.003
Salem,	14	0.40	0	0	30	0.87	3	10.00	0	0
Somerset,	17	0.32	0	0	23	0.44	2	8.69	0	0
Sussex,	13	0.54	0	0	9	0.37	0	0	0	0
Union,	68	0.29	2	2.94	196	0.85	14	7.14	6	0.02
Warren,	1	0.02	0	0	0	0	2	*	0	0
State,	2622	0.76	13	0.49	3582	1.04	228	6.36	70	0.02

*More deaths than cases reported.

Report of the Bureau of Engineering.

H. P. CROFT, C. E., CHIEF.

The legal and moral duties of the Bureau of Engineering are as follows:

To investigate the sites for proposed sewage and industrial waste treatment plants and the streams which will receive the effluents from the plants; to review the plans and specifications for proposed sewerage systems, sewage and industrial waste treatment plants; to supervise the operation of the plants after construction, and to inspect the plants during construction; to make recommendations for improvements of sewage and industrial waste treatment plants in both operation and construction, and to investigate the various methods of sewage and industrial waste treatment; to distribute and examine monthly operating sheets, examine applicants for operators of sewage treatment plants and recommend the issuing of licenses.

To investigate proposed sources of public water supplies; to review plans and specifications for proposed water supplies and purification systems, and alterations and additions to existing water treatment plants; to supervise the operation of water treatment plants and investigate complaints relating to the sanitary quality of all water supplies; to make sanitary surveys from time to time of sheds from which waters are derived for potable purposes; to investigate applications for the location of industrial plants, which discharge an effluent, upon potable watersheds, and recommend the issuing of permits for such location of industrial plants; to distribute and examine monthly operating sheets of water treatment plants, examine applicants for operators of water treatment plants, and recommend the issuing of licenses.

To investigate complaints which affect or may affect the public health relative to the pollution of the waters of the State over which the Department has jurisdiction; to examine plans for

mausoleums; to investigate the alleged violation of certain sections of the State Sanitary Code; to prepare certificates for the use of water in interstate traffic; to operate with the Bureau of Chemistry in sanitary surveys of the waters used for the propagation of shellfish; to aid in the preservation of the natural water resources used for recreation purposes in the State; to give advice and issue literature to the citizens of the State upon the location, construction and operation of devices for sewage disposal for individual dwellings; and to furnish information to municipalities, organizations, etc., relative to the establishment and operation of indoor and outdoor swimming pools.

To recommend the approval of plans for sewage treatment plants, sewerage systems and industrial waste treatment plants; of plans for water supplies and water purification plants, and plans for mausoleums; to prepare resolutions and notices to issue upon municipalities, corporations and individuals to cease the unlawful discharge of sewage, industrial wastes and other polluting matter into the waters of the State, and to prepare resolutions and notices to issue upon municipalities and corporations serving water for potable purposes when such water is of doubtful quality.

The following table shows the increase in just one of the legal duties lodged in this Bureau, the examination of plans and specifications relating to water and sewage projects, with information as to the personnel of the Bureau:

	1914	1919	1924	1925
Number of employees:				
Clerical,	4	3	3	3
Technical,	10	7	7	6
Number of sewage treatment plants,	150	237	334	347
Total number of water supplies,	230	256	263	273
Number of water treatment plants,	55	64	70	78
Laws enforced by the Bureau,	8	12	16	16
Number of plans examined for sewer systems, sewerage treatment plants, sewer extensions and water systems and water treatment plants,	108	86	180	335

It is estimated that the plans examined and reported upon for the year represented an expenditure of over seven million dollars of public funds.

The increasing number of plans, requiring more investigatable work in the field and in the office with a decreased personnel, as shown in the table, has adversely affected the control activities over existing water and sewage treatment plants. It has prevented the fulfillment of certain moral obligations lodged in the Bureau.

The limited staff has again resulted in the reporting of the activities of this Bureau in line with the reports of the last several fiscal years.

In addition to the work included in the foregoing table, there have been made during the year the following inspections relating to:

Water supplies,	356
Sewage treatment plants,	328
Industrial waste treatment plants,	23
Reinspections of stream pollutions,	17
Shellfish areas,	9
Swimming pools:	
Private,	101
Public,	51
Complaints on water supplies,	30
Complaints on sewage plants,	42
Complaints on stream pollutions,	22

Eighty-one certificates were prepared for the use of water upon interstate carriers; 483 water tests and 1,963 sewage tests were made in the field. Inspections were made on watersheds of Boonton, Mount Holly, and Peapack-Gladstone. Sanitary surveys were made of the following streams: Cohansey River, at Millville; Wolf Run, at Cliffside Park; South Branch of the Rahway River, at South Orange Village; Beach Thorofare, at Margate City and Ventnor; Shark River, at Belmar, and Indian Lakes, at Denville Township. Ninety-six days were spent on the investigation of the sewage treatment plants at the shore municipalities; these investigations were made at the request of the Governor. Forty-six and one-half days were spent on the investigation of the Ventnor sewage treatment plant; this investigation was required for the collection of data to consider a general policy on sewage purification. Twenty-five and one-half days were spent on the investigation of the Millville sewage treatment plant, to determine the effect of this treated sewage upon the oyster industry of Maurice River. Nine days were spent on the investigation of the Rockaway Valley Trunk Sewer; this investigation was to secure information required by the Board. Twenty-one and one-half days were spent on the investigation of the Pitman sewage treatment plants, to determine the status of the capacity of the plants together with the alleged pollution of waters in and

around this section used for recreational purposes. Eleven days were spent in the collection of data for the design of a sewage disposal system at Bivalve; this investigation was made at the direction of the Director.

Report of the Bureau of Food and Drugs.

W. W. SCOFIELD, CHIEF.

The Bureau of Food and Drugs is charged with the enforcement of laws and regulations intended to prevent the adulteration and misbranding of foods and drugs. This work has been going on for years in New Jersey and is resulting in a continued improvement in the general character and purity of the food supply and in fewer cases of misbranding of foods and drugs. The gross or crude forms of adulteration of foods and the substitution of one article for another of similar composition but of lower value, have become very rare.

The adulteration of milk with preservatives and the substitution of oleomargarine for butter seldom occur to-day, although these practices were very common only a few years ago.

At the present time the work of this Bureau is devoted in a large degree to the correction of abuses in the production, handling and storage of foods which result from ignorance or carelessness on the part of some person. These abuses, which may be more serious in their consequences than the forms of crude adulteration formerly practiced, include the insanitary conditions under which foods are prepared, handled or stored at times and faulty methods used in treating or preparing foods. In this regulatory work the one class of food which demands especial attention so that a wholesome product will reach the consumer, is milk and milk products.

Milk is a food which is an excellent medium for the development of bacterial life and is the food most commonly responsible for the transmission to human beings of the diseases which are of a bacterial nature. The rapidity with which milk undergoes changes when contaminated by improper handling makes it imperative that this food be safeguarded at each step from the cow

to the consumer. Bovine tuberculosis exists among the animals of this State to a large extent and the transmission of this disease to children through the consumption of milk which may receive the bacilli directly from an affected udder or indirectly from the dust and dirt of a stable is conceded by authorities on this subject.

The pasteurization of milk—the heating of milk to a temperature of 142 to 145 degrees Fahrenheit for a period of thirty consecutive minutes, followed by immediate cooling to a temperature of 50 degrees Fahrenheit or below, is being carried out by a large number of milk dealers in this State.

Pasteurization does destroy pathogenic organisms in milk and will prevent the transmission of bovine tuberculosis and such diseases as typhoid fever, scarlet fever and sore throat, providing the milk receives no contamination after pasteurization. The application of the proper tuberculin test to dairy animals and the removal of those animals which react to the test will eliminate the dangers of bovine tuberculosis.

In New Jersey the work of protecting the public from the dangers of unwholesome milk is handicapped because there is no State law which requires the pasteurization of all milk excepting that produced by cows which have successfully passed the tuberculin test. The State Department of Health has on two occasions recommended to the Legislature of this State that such a law be enacted, but this desired legislation has not been secured. It is intended to request the Legislature at the coming session to enact such a law so necessary if the milk supplies of the State are to be safeguarded.

In the absence of such State-wide legislation the Bureau of Food and Drugs has prepared a form of milk ordinance for the guidance of local boards of health in the preparation of an effective milk ordinance. This ordinance provides that all milk shall be pasteurized, except that produced by cows which have successfully passed a tuberculin test within one year of the sale of the milk. The provisions of this ordinance were drawn with the idea of establishing uniformity in the requirements governing milk production of the different municipalities of this State. It was deemed wise and necessary to limit the requirements to

those which seem practical and which are essential for the protection of milk and which would not impose unnecessary burdens upon the producer, the distributor and those charged with the enforcement of the ordinance. Three classes of milk, "Certified," "Raw" and "Pasteurized" milk are established. No provision is made for the different grades of milk within these classes because the variable factors commonly used in fixing such grades have little definite relation to the quality of the milk.

Another important requirement of the ordinance deals with the labeling of milk and cream and prohibits the use of symbols, designs and devices or statements of indefinite character which have frequently resulted in misleading consumers regarding the quality of milk and cream so labeled.

In the actual work of milk supervision exercised by the Bureau of Food and Drugs, emphasis has been placed on the sanitary conditions of dairy farms and the methods used in handling milk at those places and also upon the sanitary conditions and efficiency of apparatus used for pasteurizing milk at the large milk stations.

There are approximately 10,000 dairy farms in New Jersey where cows are kept for the production of milk for sale to the public. The general food law prohibits the sale of milk produced under insanitary conditions, whether it is to be pasteurized or not, and, as a result of experience, it is our conclusion that there is no substitute for dairy inspection if clean milk is to be secured for the consumer. If this work is to be properly done, it will be necessary to increase the staff of inspectors assigned for this work. It is recommended that three additional men be employed by this Department for this work and that provision be made to secure automobiles for the transportation of these men to the dairy farms.

Section 5, Chapter 78 of the Laws of 1914, requires that any person, firm or corporation who keep cows for the production and sale of milk or cream shall file at least once each year in the office of the State Board of Health, a certificate signed by a duly licensed veterinarian stating that such cows have passed a physical examination, and such certificate shall state the results of the examination of said cows with reference to the existence of any

disease with which they may be affected. In order to comply with this law it is necessary for dairymen to engage the services of a licensed veterinarian to make a physical examination of the herd. The purpose of this examination is to eliminate from dairy herds those cows which show evidence of being affected with any diseased condition. These examinations are not considered a substitute for tuberculin testing of dairy animals, but they have been the means of eliminating a large number of cows affected with tuberculosis. It has also resulted in the elimination of many cows suffering with diseases other than tuberculosis which may render milk dangerous to the consumer, which would not be detected by the tuberculin test.

The veterinarians of this State who have been employed by dairymen to make physical examinations are to be commended for the thorough manner in which these examinations have been made and reported and it is hoped that every veterinarian employed in this work will realize the importance of this work and his duty to both the dairyman and the consumer of milk.

During the year reports were received from veterinarians showing that 74,969 cows were examined and 214 of these animals were suspected of being affected with tuberculosis. Information in each case of tuberculosis was forwarded to the Department of Agriculture of this State.

CREAMERIES AND MILK PASTEURIZING PLANTS.

In the past year thirty-six new pasteurizing plants have been established in this State. This shows the increased interest in milk pasteurization among dealers as well as the greater demand by consumers for this class of milk. To maintain the confidence that so many consumers have in the merits of pasteurization, especially from a public health standpoint, it is necessary that health and food officials give the process of pasteurization strict supervision.

A new line of control work recently undertaken by the Bureau is the determination of the holding efficiency of various pasteurizing devices. The regulations of the Department require that milk shall not only be heated to a temperature of 142-145° F.,

but that it shall be held at such temperature for at least thirty consecutive minutes. In one type of pasteurizing apparatus, known as the "single vat" or "batch" method, this holding period can be easily observed or timed. The principle of operating a "vat pasteurizer" is practically the same as when any liquid is heated in a vessel at a given temperature for a given period of time. In another vat type of pasteurizer, the milk is not heated and held in the same vat, but is rapidly heated in one device to the pasteurizing temperature, then conveyed to a separate holding vat divided into several compartments, the inflow and outflow of milk being regulated by automatic valves. While one compartment is being filled another is emptying and in the remaining compartments the milk is being "held." In another type of apparatus the milk is heated in a separate heater, then conveyed to several tanks or compartments, overflowing through pipes from one to the other. The latter method is known as the "continuous-flow" system. Recent investigations which have been made by the U. S. Bureau of Dairying have shown that there is a diffusion or mixing of the liquids in the apparatus of this type. In other words, instead of all of the milk being held the required thirty minutes a part of it is held but an incredibly short period of time.

In making these tests, the "holders" are filled with water and an emulsion of *B. Prodigiosus* (a harmless organism) is introduced at the inlet of the holder. The pasteurizing outfit is operated at the same rate as when milk is pasteurized or, if anything, somewhat slower. Samples are taken at the outlet of the holder every few minutes for thirty minutes or longer. These samples are plated on plain agar, the same as milk or water for the quantitative bacteriological examination, and incubated for forty-eight hours at 20° C. At the end of this time, the plate first showing the presence of *B. Prodigiosus* (a characteristic red colony) is taken as a presumptive indication of the holding time of the apparatus.

The investigations of the U. S. Bureau of Dairying were followed up and applied to the pasteurizing plants in this State, the latter work being done by a representative of this Bureau. The results obtained were of a surprising nature. Apparatus repre-

sented by the manufacturers as capable of perfect "holding" were in many instances found to actually "hold" but three to six minutes.

Of the forty-five "continuous-flow" pasteurizing outfits in this State that were tested, only two showed a holding period of thirty minutes or longer. In one of these instances the outfit was practically operated on the "batch" plan.

Of the six batch holders of the compartment type tested, only three showed a proper holding period.

From the viewpoint of the control official, the situation was quite discouraging. To insist that every "continuous-flow" or other type of pasteurizer-holder failing to meet the foregoing tests be summarily discarded seemed both unreasonable and impractical. Such drastic action, if undertaken, would have caused financial ruin to a large number of milk dealers who have purchased and installed these outfits in good faith. If their use was immediately prohibited, many dealers would have been compelled to revert to the handling and sale of raw milk, which would have been a long step backward. Again, any such drastic action might have weakened the confidence of the consuming public in the efficiency of pasteurization in general and thereby might retard the growth of the process. Under these circumstances, the policy of the Department has been as follows: Whenever tests of apparatus failed to show a holding period of at least thirty minutes, the proprietor of the plant was notified and urged to take steps to remedy the fault as soon as possible. Fifteen milk dealers have changed their "continuous-flow" or other faulty pasteurizing systems to apparatus of a more positive holding type. It is reasonable to believe that others will follow as rapidly as conditions will allow. Experiments are being made by the few dealers to convert "continuous-flow" systems into the "batch" type. If this can be done economically and efficiently, it will hasten the solution of the problem. Meanwhile, the Department has refused to approve of any new "continuous-flow" or other complex pasteurizing systems unless tests show the outfit to be entirely satisfactory.

INVESTIGATION OF MILK SUPPLIED TO SCHOOLS.

A new line of investigation taken up during the past few months is the inspection of milk supplied to the schools throughout the State, both public and private. What prompted this inquiry was a complaint from a school principal that the milk supplied to his school was of a poor quality.

This Department recognizes the fact that milk was being served to school children in the schools to correct cases of malnutrition and to provide all children with a supplementary feeding of a nutritious food. If these results are to be obtained, care should be taken by those purchasing milk for schools to secure a product that meets the required standards in force in the State with respect to total solids and butter fat, and also milk that has been pasteurized or produced by cows that have successfully passed a tuberculin test.

A questionnaire was first sent to all local board of health asking them if milk was distributed in the schools within their jurisdiction, and if so, to furnish us with the names of the schools and the sources of their milk supply. Inspectors of the Bureau visited as many of these schools as possible, particularly where the supplies reported were of a questionable character.

Altogether 99 schools were visited, the total amount of milk received in them being 2,426 quarts daily. It was found that nearly all of this milk is delivered to the pupils in half-pint bottles either at the mid-morning recess or during the noon lunch hour. Seventy of the schools used pasteurized milk; sixteen used raw milk from cows that had successfully passed a tuberculin test, while thirteen schools used raw milk that was not produced by tuberculin tested cows and where no special precautions were taken by the dairymen to safeguard it.

In this investigation 176 samples of milk were collected at these schools for chemical analyses, of which 29 or 17% were found to be below the State standard in either total solids or butter fat. This is a very high percentage of low standard milk.

Aside from the analysis of the milk other matters connected with this investigation are worthy of attention. In certain cases, those in charge of the distribution of the milk at the schools did

not know whether the supply was pasteurized or raw milk and, if the latter, they could not tell if it was produced by tuberculin tested cows or not; in some instances the bottled pasteurized milk did not show the day of pasteurization as required by State regulations; in one case raw milk was being misbranded as "pasteurized;" on another the milk was being produced on a dairy where the conditions were decidedly insanitary; in one case the milk dealer himself was a member of the local board of education and eight samples of milk collected from various schools supplied by him were found to be below the legal standard for total solids and fat; in one city the business of supplying the schools with milk was allotted each month to a different dealer in order that no favoritism might be shown—such a procedure gave no incentive to the milk dealer to supply milk of good quality; in some schools the milk was not delivered in bottles but was dipped from a can; at others, the milk was not even iced on warm days.

In every case where the results of our investigation showed objectionable features or the milk samples were below the State standard, these facts were communicated to the proper authorities recommending such action as seemed necessary. The Bureau is firmly convinced, however, that here is a line of work well worth serious consideration by boards of education, boards of health, parent-teacher associations, milk dealers and others interested in furnishing pure, safe milk of good quality to school children.

ICE CREAM.

The results of the examinations of samples of ice cream prove that ice cream as sold in this State generally complies with the present standard of eight percent milk fats and of six percent of milk fat when the ingredients include fruit, nuts or eggs. Fats other than milk fats have not been detected in the samples of ice cream which have been collected during the year.

From the results of examinations made of samples of ice cream the conclusion is drawn that the minimum standard of milk fats required in ice cream as fixed by law is too low. Ice cream should be a frozen product made from cream with the addition of other milk products or eggs and flavoring materials and should have the general characteristics of a product made from cream. The

State Department of Health recommended to the Legislature at its last session that the standard for ice cream be raised to require a standard of ten percent of milk fats. Such a bill will again be presented at the coming session of the Legislature.

The importance of the pasteurization of milk in order to protect the consumer from the possibility of the transmission of disease by this food has been repeatedly pointed out in the reports of this Bureau. It seems equally important that cream and milk products which are used in ice cream, be pasteurized to afford the same protection. While a large amount of the milk and cream used in the manufacture of ice cream is pasteurized, a considerable quantity of ice cream is prepared and sold in this State from raw dairy products. This Bureau recommends the use of pasteurized milk and cream in the preparation of ice cream.

During the year 4,244 samples of food and drugs were collected for examination to ascertain if they complied with the law and standards in force in this State, with the following results:

	<i>Above Standard.</i>	<i>Below Standard.</i>	<i>Total.</i>
Milk and cream,	2,520	448	2,968
Foods,	1,012	89	1,101
Drugs,	85	90	175
Totals,	3,617	627	4,244

SANITARY INSPECTIONS OF FOOD ESTABLISHMENTS.

The following table shows the kinds and number of inspections made of establishments where food products are produced, prepared, packed, stored or otherwise handled:

Dairies,	1,402
Creameries,	526
Milk depots,	193
Ice cream factories,	1,786
Slaughter-houses,	600
Cold storage warehouses,	144
Bottling establishments,	734
Canning factories,	84
Egg breaking establishments,	29
Hotels and restaurants,	284
Meat markets,	63
Miscellaneous inspections,	5

MEAT INSPECTION.

The following table shows the kinds and amounts of meats which have been inspected during the year:

	CARCASSES.		PARTS OF CARCASSES.	
	Passed.	Condemned.	Passed.	Condemned.
Beef,	615	11	Beef,	8,225
Calves, ...	747	..	Veal,	585
Sheep,	54	..	Lamb,	820
Hogs,	153	2	Pork,	975
Totals, ..	1,569	13	10,605	300

The above table represents inspections made in connection with the post mortem investigations of dairy cattle slaughtered as a result of physical examinations of dairy cattle and in conjunction with slaughterhouse inspection work. It also represents special investigations of complaints concerning the sale of meat alleged to be unfit for food purposes.

The following summary shows the kinds and amounts of food-stuffs held in cold storage in the warehouses in this State each month during the past year:

BUREAU OF FOOD AND DRUGS.

SUMMARY OF THE KINDS AND AMOUNTS OF FOODSTUFFS HELD IN NEW JERSEY ON THE LAST DAY OF EACH MONTH DURING THE YEAR 1924-1925.

ARTICLE	July 1924	Aug. 1924	Sept. 1924	Oct. 1924	Nov. 1924	Dec. 1924	Jan. 1925	Feb. 1925	Mar. 1925	April 1925	May 1925	June 1925
Eggs, cases,	605,321	577,641	498,382	371,957	237,497	89,639	8,867	427	74,641	314,879	480,138	648,086
Eggs, broken, lbs.,	559,963	681,168	595,411	645,633	680,358	551,736	528,493	216,205	190,451	135,171	292,119	200,852
Cheese, lbs.,	1,290,579	1,534,851	1,779,758	1,691,720	1,411,446	929,966	622,828	393,320	247,290	152,268	182,455	320,262
Butter, lbs.,	4,678,616	5,533,281	5,432,405	4,552,069	3,130,503	1,975,988	1,331,329	743,763	89,622	45,930	90,532	1,364,869
Poultry, lbs.,	1,265,703	1,183,671	1,933,392	2,890,717	4,888,189	11,147,700	11,561,790	10,706,279	8,227,641	5,918,166	4,500,552	3,987,325
Fresh meats, lbs.,	4,294,158	3,953,312	3,954,240	3,644,943	4,157,662	5,392,798	6,313,723	6,002,672	5,902,515	5,192,851	4,784,312	4,221,576
Fresh fish, lbs.,	2,066,260	2,308,658	2,107,326	2,681,881	2,545,590	2,498,642	1,361,110	795,160	204,724	523,700	827,569	2,007,470
Milk and milk products, lbs.,	885,829	964,341	594,533	390,264	178,957	82,009	54,609	55,450	129,800	125,600	346,660	937,630
Edible fats and oils, lbs.,	145,627	115,455	93,917	88,817	106,734	98,659	100,808	96,770	92,147	89,853	93,252	22,688
Game, lbs.,	57,705	89,423	87,428	80,130	133,679	129,056	120,583	108,910	107,799	99,428	96,966	90,961
Miscellaneous articles, packages,	55,998	51,108	170,707	452,320	510,107	338,020	196,411	158,982	99,480	91,126	53,232	38,159

Report of the Bureau of Bacteriology.

JOHN V. MULCAHY, CHIEF.

This report of the work carried on by this Bureau covers the period from July 1st, 1924, to June 30th, 1925, inclusive.

The total number of specimens examined during this year as shown in Table I was 48,342.

This total exceeds by over 1,000 specimens the number examined last year in spite of the fact that there was a decrease of over 5,000 specimens in the number of cultures examined for diphtheria bacilli. As mentioned in last year's report to account for the decreasing number of diphtheria examinations made in the laboratory, the extended use of the Schick test for immunity and susceptibility to diphtheria infection and the use of toxin-antitoxin mixture in those found to be susceptible, is reflected in the lessened number of cultures required both for diagnosis and release in the control of this disease.

A good illustration bearing on this point was furnished by the experience of the City of Clifton. During the past year cases of clinical diphtheria confirmed by laboratory examinations were occurring among the school children and some adults, and for an extended period these cases continued to occur, the laboratory in the meantime examining a large number of specimens both for diagnosis and release received from this city.

Requests were then received from the Health Officer for Schick test material, and later toxin-antitoxin mixture, which was supplied from this laboratory. Toxin-antitoxin sufficient to immunize 1,400 children was supplied. Several weeks following the immunization of these school children a decided falling off in the number of cultures received from Clifton was noted, most of these latter being specimens submitted only for release from quarantine.

The most striking increase has been in the number of specimens (21,111) of blood and spinal fluid for syphilis by means of the Wassermann reaction, over 5,000 more specimens having been examined this year than were examined last year, when an increase also of several thousand had been noted over the previous year. The increasing use made of the laboratory by the physicians of the State for the diagnosis and control in the treatment of syphilis by means of this test, as indicated by the steady increase each year, is very gratifying, but makes more apparent the inadequate space allotted to this work.

To help overcome this congestion so that the work could be more easily handled, and at the same time give more prompt reports to the physicians, this test is now run on four days of the week instead of two days a week as was formerly done. These tests are now made on Tuesday, Wednesday, Thursday and Friday of each week.

The number of specimens of feces and urine for examination for typhoid bacilli is also steadily increasing from year to year, an increase of over 500 specimens over last year being noted. A great number of these specimens are being received from convalescent cases of typhoid fever in compliance with ordinances adopted by various municipalities requiring negative specimens for release.

The health officers throughout the State are also making a more general use of this test in their investigations regarding the source of typhoid fever occurring on premises under their jurisdiction.

The most of these specimens, however, at the present time, are received from dairies producing certified milk, every employee being required to submit specimens for laboratory examination, and they are not allowed to engage in work that would bring them in contact with the milk until a negative report is received from the laboratory. Blood specimens for typhoid examination, and nose and throat swabbings for diphtheria bacilli are required at the same time from these dairy employees.

The serious situation that exists in this State at the present time in respect to rabies and its widespread prevalence is shown in Table V and Table VII. There is a large increase in the num-

ber of dogs and other animals received for examination, and the number found to be rabid (160) exceeds the figures of last year, which at that time were double the number of any previous year.

The extent of the infection is apparent when it is seen that rabid animals were received from eighteen counties of the State, and shows the need of such legislation contemplated by the bill introduced during the last Legislature at the instance of the State Department of Health, providing for the preventative inoculation of dogs against rabies before a license could be obtained.

This bill unfortunately failed to become a law, but the need of such legislation is acute and necessary if the control of this disease is to be accomplished.

The muzzling of dogs seems to be ineffective in this State, due to the opposition on the part of some persons to the continued muzzling of dogs, with the result that its application and enforcement have not been general, and the disease continues to increase.

Due to the large number of dogs received for examination for rabies, many of these specimens requiring animal inoculations to confirm the negative microscopic findings, a number of times during the year the facilities of the animal room have been too small to keep them under the best conditions.

An increased number of examinations have also been made on specimens submitted from suspected cases of tuberculosis and gonorrhoea, and a greater number of examinations have been made on those conditions listed as miscellaneous examinations.

This continued increase in all branches of the work again brings up the pressing need for additional laboratory space, so that the increasing demands made on the laboratory will not be restricted by our inability to handle it in our present quarters. This need has been frequently emphasized, and is mentioned again in the hope that some provision may be made for enlarged quarters.

Besides the regular routine work, it has been possible to do some comparative work on laboratory methods in connection with the complement fixation test for syphilis, on preservative solutions for feces specimens during transit, intended for examination for typhoid bacilli, on specimens of blood and serum by means of the

agglutination test, and various other proposed methods of laboratory procedure to determine their value for adoption as routine procedures.

In co-operation with the Bureau of Food and Drugs samples of milk from suspected tubercular cows are examined both microscopically and by animal inoculation for the presence of tubercle bacilli, and cultures of *B. prodigiosus* supplied and plates examined to determine the holding time in pasteurizing plants.

The tabulations that follow show the various examinations and number made in the laboratory during the year arranged and classified under the name of the disease suspected from which specimens have been sent by the physicians and health authorities of the State.

The number and kinds of specimens examined are shown in the following table:

TABLE I.

Diphtheria,	12,326	Gonorrhoea,	2,946
Tuberculosis	6,760	Syphilis,	21,111
Typhoid Fever,	1,977	Miscellaneous Diseases,	3,063
Malaria,	159		
Total,			48,342

The following tables give a summary by months of the specimens examined from July 1st, 1924, to June 30th, 1925, inclusive:

TABLE II.

MONTH.	* DIPHTHERIA.						TUBERCULOSIS.					
	Primary.			Secondary.			Primary.			Secondary.		
	P ¹	N ²	U ³	P	N	U	P	N	U	P	N	U
July,	48	207	9	139	339	3	100	316	5	41	127	3
August,	33	131	16	42	199	11	74	252	6	41	89	1
September,	24	202	16	35	248	5	78	220		46	104	
October,	52	532	26	86	449	23	74	317	2	40	57	
November,	83	527	27	116	362	15	58	318		33	92	
December,	108	934	31	153	796	26	65	336		29	82	
January,	123	714	27	183	365	13	92	318	2	87	119	1
February,	62	639	20	127	442	7	65	361	5	49	120	1
March,	64	438	27	108	385	12	82	454	3	69	142	1
April,	44	434	26	80	331	16	68	354	1	50	114	1
May,	39	314	21	28	186	8	67	349	2	62	143	1
June,	29	293	23	40	224	26	67	334	2	40	117	
Total,	702	5327	267	1171	4494	165	886	3923	28	578	1336	9

*During the year 33 tests were made for the virulence of the diphtheria bacillus.

- (1) P=Positive.
(2) N=Negative.
(3) U=Unsatisfactory.

TABLE II—(Continued).

MONTH.	TYPHOID FEVER.						MALARIA.					
	Primary.			Secondary.			Primary.			Secondary.		
	P	N	U	P	N	U	P	N	U	P	N	U
July,	21	134	5	3	18		2	18	3		1	
August,	20	176	7	3	15	5		24	1			
September,	18	127	-9	6	10			16	1			
October,	12	104	6	5	10	2		12				
November,	9	86	2	9	7			5				
December,	22	107	8	9	6			8				
January,	12	119	1	7	8			7				
February,	3	74	5	2	5			3				
March,	8	137	5	2	13			10	1			
April,	9	160	5	4	12	6		11	1			
May,	10	140	12	25	10	9		17			4	
June,	9	156	6	4	13	5		11	1			
Total,	156	1520	71	79	127	27		2	142	8		7

TABLE III.

MONTH.	GONORRHEA.						MISCELLANEOUS.					
	Primary.			Secondary.			Primary.			Secondary.		
	P	N	U	P	N	U	P	N	U	P	N	U
July,	55	80	73	4	16	12	32	113	13	9	25	2
August,	48	122	11	7	25	2	30	156	8	3	21	
September,	61	124	7	7	38		31	188	5	4	14	
October,	71	168	12	13	39	1	27	325	21	16	31	1
November,	54	112	11	10	28	1	25	229	15	16	49	6
December,	55	99	17	8	45	3	43	139	3	11	32	3
January,	51	117	29	10	26	4	39	177	4	20	42	3
February,	55	122	20	5	43	6	28	75	6	12	43	
March,	49	165	7	11	46	3	36	189	11	5	44	2
April,	61	131	8	4	40	1	39	211	23	5	72	2
May,	67	131	9	2	28	4	30	100	3	8	27	1
June,	54	139	8	10	37		21	157	12	5	23	
Total,	681	1514	212	91	411	37	381	2001	124	114	423	20

TABLE IV.

MONTH.	COMPLEMENT FIXATION FOR SYPHILIS. (Guinea pig heart antigen.)													
	Primary.							Secondary.						
	4+	3+	2+	+	±	—	U	4+	3+	2+	+	±	—	U
July	142	7	14	3	3	1097	53	33	9	16	8	1	226	24
August	131	6	7	4	3	793	78	59	6	5	4	1	159	15
September	137	6	7	1	6	782	39	92	7	11	8	4	147	9
October	181	6	6	3	2	1183	32	150	16	23	10	10	326	14
November	148	3	12	2	3	1022	40	97	5	8	2	12	277	14
December	113	7	2	6	5	977	65	101	11	16	9	13	307	24
January	146	2	7	5	3	1057	69	114	11	10	3	12	230	16
February	100	8	4	...	7	1084	66	21	6	4	4	5	259	30
March	202	12	10	3	7	1235	45	154	18	11	12	8	194	10
April	154	11	3	15	3	1423	37	73	5	6	17	4	232	12
May	120	20	9	9	3	1538	59	54	8	8	14	8	402	20
June	113	14	10	7	11	1373	78	78	11	14	18	16	298	30
Total	1744	102	91	58	56	13550	661	1116	113	132	109	94	3067	218

TABLE IV—(Continued).

MONTH.	COMPLEMENT FIXATION FOR SYPHILIS. (Cholesterinized Antigen.)													
	Primary.							Secondary.						
	4+	3+	2+	+	±	—	U	4+	3+	2+	+	±	—	U
July	184	5	11	4	...	1062	53	103	9	13	2	4	192	24
August	153	3	4	...	2	779	78	80	6	6	4	...	138	15
September	185	6	2	...	2	764	39	136	9	5	2	...	117	9
October	208	9	8	...	1	1134	32	233	19	27	11	1	242	14
November	183	4	6	...	1	991	40	148	6	9	7	2	179	14
December	145	2	7	...	2	856	65	158	8	22	12	1	258	24
January	167	2	...	1	...	1059	69	156	5	7	5	3	204	16
February	176	4	12	...	6	1063	66	113	6	9	4	12	225	30
March	252	6	5	4	8	1194	45	209	5	7	7	3	166	10
April	168	3	8	9	3	1388	37	120	7	7	11	7	235	12
May	188	8	5	10	...	1488	59	107	16	16	13	9	333	20
June	210	3	8	5	15	1284	78	132	11	22	23	9	168	30
Total	2234	60	76	41	85	13155	661	1745	107	150	101	51	2477	218

Table V.—The following table shows the number and various kinds of miscellaneous specimens examined from July 1st, 1924, to June 30th, 1925, inclusive:

Specimen for	Positive.	Negative.	Unsatisfactory.
Rabies,	160	116	18
Anthrax, .....	..	3	..
B. tuberculosis (pleural and spinal fluid, urine, and various other lesions),	6	57	2
B. typhosus (feces, urine and water),	93	2,057	105
B. para-typhosus (feces, urine and blood),	4	71	..
Bacterial infection (pus, body fluids, feces, blood, sputum, urine, etc.),	139	47	15
Gonococcus infection (urine), .....	..	7	1
Ophthalmia Neonatorum,	54	20	2
Pneumonia,	2	1	..
Treponema pallida, .....	..	2	..
Vincent's Angina,	21	35	1
Tests on pasteurizing plants with B. prodigiosus,	16	3	..
Miscellaneous, .....	..	5	..
Total,	495	2,424	144

Table VI.—The following table shows the number and species of animals examined for rabies from July 1st, 1924, to June 20th, 1925, inclusive:

Dogs—Positive, 152; negative, 108; unsatisfactory, 17.
Cats—Positive, 2; negative, 6; unsatisfactory, 1.
Cows—Positive, 1.
Horses—Positive, 1.
Hogs—Negative, 1.
Sheep—Positive, 4; negative, 1.

Table VII.—The following table shows the number of outfits supplied to repositories maintained throughout the State and to physicians who are not conveniently located near repositories, from July 1st, 1924, to June 30th, 1925, inclusive:

Diphtheria—regular outfits,	13,379
serum tubes and swabs,	872
extra swabs,	2,866
	17,017
Tuberculosis outfits,	9,588
Typhoid fever outfits,	3,648
Malaria outfits,	1,021

Gonorrhœa outfits,	4,814
Syphilis outfits,	24,425
Feces and urine outfits,	2,475
Ophthalmia neonatorum outfits,	620
Total,	<u>63,638</u>

Report of the Bureau of Chemistry.

JOHN E. BACON, CHIEF.

During the past fiscal year there have been analyzed 4,817 samples of foods and drugs and 4,009 samples of water and sewage. The greater volume of the work of the Bureau of Chemistry is done for the Bureau of Food and Drugs in the enforcement of the Pure Foods Act and the Bureau of Engineering in the control of water filtration and sewage disposal plants. The number of samples of water submitted by boards of education and benevolent societies is increasing each year.

An attempt has been made by the laboratory to analyze samples of the more important public supplies for iodine content of the water. Our analyses brought out the surprising fact that, although New Jersey is not in the goitrous belt, the iodine content of the waters is comparatively low, indicating that the iodine requirements of the thyroid glands must necessarily be supplied from foods and drinks other than water.

At the request of county officials, this Bureau has analyzed and arranged for the distribution to various free hospitals and institutions of the State, 850 cases of liquor and 2,000 gallons of alcohol. Also considerable assistance has been rendered the New Jersey State Police by the analysis of samples of alcoholic beverages and beers submitted by them.

Requests for investigations of industrial nuisances are constantly increasing. During the past year the death of several persons engaged in the manufacture of tetraethyl lead at the Standard Oil Company's plant at Bayway, New Jersey, necessitated a comprehensive investigation by representatives of this Bureau. As a result of the State Department's activities, the Standard Oil Company discontinued the manufacture of tetraethyl lead and the sale of ethyl gas in the State of New Jersey pending completion of scientific investigations by the U. S.

Bureau of Mines. Resumption of the sale of this product was not begun until this Department was reasonably sure that there was no health hazard in the use of this gasoline in automobiles.

Food and Drug Analyses.—The following summary is a tabulation of the number and character of samples analyzed in the Food and Drug Laboratory during the past fiscal year:

TABLE SHOWING THE NUMBER AND CHARACTER OF SAMPLES ANALYZED IN THE FOOD AND DRUG LABORATORY DURING THE FISCAL YEAR ENDING JUNE 30TH, 1925.

Character of Sample.	Above Standard.	Below Standard.	Total.
Milk,	2,189	406	2,595
Milk, bacteriological,	3	..	3
Cream,	335	15	350
Human milk,	26	..	26
Ice cream,	80	13	93
Butter,	102	..	102
Meat products,	136	18	154
Cheese,	28	1	29
Canned tomatoes,	25	..	25
Tomato products,	26	18	44
Oysters,	179	12	191
Clams,	13	2	15
Soft drinks,	529	43	572
Coffee,	38	..	38
Cider,	32	10	42
Alcoholic beverages,	278	3	281
Miscellaneous,	51	6	57
Total foods,	4,070	547	4,617
<i>Drugs.</i>			
Iodine,	36	2	38
Citrate of magnesia,	29	25	54
Lime water,	18	3	21
Hydrogen peroxide,	15	29	44
Essence of peppermint,	14	7	21
Total drugs,	112	66	178
Number of urinalysis,	22	..	22
Total number of foods, drugs and urine samples examined,	4,204	613	4,817

Twelve and seventy-three hundredths per cent. of the samples analyzed were below the legal requirements.

Water and Sewage Analyses.—The following summary is a tabulation by months of the analytical work performed in the Water and Sewage Laboratory:

TABLE SHOWING THE NUMBER AND CLASSIFICATION OF SAMPLES ANALYZED EACH MONTH IN THE WATER AND SEWAGE LABORATORY DURING THE FISCAL YEAR ENDING JUNE 30, 1925

MONTH	Total Samples		Private	State Institutions	County Institutions	School Supplies	Bottled Waters	Bathing Waters	Railroad Certification	Sand	Sewage	Trade Wastes	Ice	Soda Water
	Public	Private												
July,	391	86	57	..	..	3	32	144	..	1	65	3	..	..
August,	384	106	66	2	6	3	31	123	4	..	39	4	..	..
September,	308	130	47	6	8	4	..	87	..	16	8	2	..	..
October,	350	256	29	12	7	6	1	..	4	15	20	..	..	..
November,	179	140	11	4	5	2	..	9	4	4	..	..	..	..
December,	229	155	31	2	7	3	..	1	..	5	18	7	..	..
January,	397	312	22	12	3	2	..	28	8	5	5	..	..	..
February,	154	107	10	3	3	1	..	20	1	2	7	..	..	..
March,	325	132	31	5	6	1	..	1	1	5	143	..	1	..
April,	382	186	22	19	10	6	68	10	12	2	40	6	..	..
May,	474	207	27	5	12	..	102	28	..	5	54	5	..	34
June,	436	254	47	3	3	3	..	17	6	5	31	1	..	66
Totals,	4,009	2,071	400	73	70	34	132	541	68	61	430	28	1	100

Seven hundred and ninety-four additional samples were analyzed this year over last year.

Each year finds a considerable number of communities installing or acquiring a public water supply. The necessary approval of the system by the Department necessitates an initial complete examination of the water by the laboratory, and quarterly examinations thereafter is provided by law. Therefore, the work of the water laboratory of this Bureau is bound to increase each year. Additional space and personnel is needed if the anticipated increase in work is to be adequately cared for.

Bottled Water.—Inspections of all the water bottling establishments, as required by Chapter 122 of the Laws of 1924 show

that the water as bottled and sold in this State is of excellent quality.

The past year has been one of extreme activity in the supervision of the shellfish industry. An outbreak of typhoid fever in the cities of New York, Washington and Chicago cast suspicion on oysters as the vector of infection. Subsequent epidemiological studies made by the Bureau of Local Health Administration tended to confirm the United States Public Health Service's investigation and report that the increase in typhoid in New Jersey's metropolitan area was caused by the consumption of contaminated oysters produced in and shipped from New York State. The careful sanitary supervision to which the oyster industry of New Jersey has been subjected during the past twelve years has been justified, as none of the sections of the country to which New Jersey oysters were shipped during the typhoid outbreak had any increase in that disease. This outbreak has resulted in the United States Public Health Service taking a more active interest in the sanitary conditions of oyster grounds, and Congress made a substantial appropriation for more vigorous work along these lines. This Department has been well represented on the various committees appointed by the Surgeon-General for the supervision of the industry and protection of the public.

The largest oyster growing section in this State is located in the Maurice River district, and realizing that the unsightly toilets were not only inadequate but practically impossible to keep clean, the vigorous action of this Department in presenting the matter before the shippers of this section resulted in a comprehensive plan to install chemical toilet sanitation in this area. A contract for this work, costing in the neighborhood of \$7,000.00 or \$8,000.00, has been let and construction should be completed before the fall oyster season opens.

The shucking of oysters at Bivalve and Maurice River has passed the experimental stage and has justified the predictions of the Department that this phase of oyster marketing was bound to grow in New Jersey. The fall season of 1925 will show the opening of a well equipped shucking house at Leesburg, the doubling of capacity of one of the largest houses at Bivalve, and

the tearing down and reconstruction of an up-to-date plant by one of the other packers. In order that all shipments of shucked oysters may be traced to their original source, this Department is giving each packer a serial number, which must appear in legible and non-defaceable markings upon the cans; this Department has always prohibited the use of returnable containers in shipping this product.

In the waterways back of Atlantic City clams grow abundantly, and the removal of same from these grossly polluted areas has been a considerable menace to the public health. The Department has succeeded in getting a fairly efficient patrol of this area enforced by the Atlantic City Police Department, and a number of arrests have been made. The futility of the imposition of fines as a means of breaking up this practice resulted in the Department having introduced in the Legislature a bill providing a penalty for the first offense and a thirty-day prison sentence for the second and subsequent offenses. This bill passed the Legislature and was signed by the Governor, becoming a law on March 6th, 1925. The Department has not sufficient funds to patrol condemned areas, and must rely on local boards of health to do this work in their respective territories. Since the first of January, however, an inspector of this Department has caused the arrest of twenty-nine persons found gathering shellfish from condemned areas.

No matter how efficient a patrol may be in certain sections, if clams within that area are abundant enough to offer an unusual incentive for persons to remove them surreptitiously, such removal will occur, and the dangerous food product will be sold direct to the public. The most dangerous section in the State is in the inland waterways back of Atlantic City, and the Department, therefore, has evolved a scheme to permit the removal of large numbers of these clams by the baymen under strict supervision. All such clams so removed will be transplanted to pure waters and required to remain there for a period of time sufficient to cleanse them of all dangerous bacteria. The gathering and transplanting of these clams will be supervised during the months of July and August, 1925, and it is believed that a great many clams will be taken from these waters, thus conserving a valuable

food product, protecting the public health and resulting in considerable pecuniary return to those persons following the bay for a livelihood.

Soft clams from Sandy Hook Bay are delivered to the small shucking houses at Highlands, New Jersey, and there opened by girls and placed upon strings and sold principally to the New York City markets. These soft clams are used entirely for chowder purposes, and as they are therefore thoroughly cooked before being consumed, very little significance should be attached to scores higher than usually accepted for other shellfish which may be consumed uncooked. The continual high scores of the clam juice taken from shipping containers upon their arrival in New York City markets has given New York City Health Department some concern, and has resulted in the product being barred from their markets from time to time. During the past year this Department made a careful survey of that portion of Sandy Hook Bay from which clams are removed, and the bacteriological examination of large numbers of samples of water as well as the soft clams indicates this is a satisfactory area from which to remove the clams, and that the high scores obtained occur in the handling of the product. This Department called a meeting of the shippers at Highlands, New Jersey, and we have insisted that this product be handled very much the same as shucked oysters, and in the future all shucked soft clams packed at Highlands will be shipped in one gallon non-returnable containers. It is believed that with the improved methods of sanitation in the handling of this product, the immediate and continued icing of the same, and doing away with the returnable containers, the scores will be considerably lessened when the clams reach the New York City markets. When the New York City Health Department was acquainted with the results of the investigations in Sandy Hook Bay, the source of the soft clams, and of the new methods to be inaugurated in handling the opened clams, it was immediately agreed to permit the resumption of shipments to the New York City markets.

The example of Atlantic City in assigning policemen to the patrol of grossly polluted condemned shellfish areas within the boundaries of that city is a procedure well worth emulation by

all other cities having waters in their jurisdiction from which oysters or clams may be obtained and which are badly polluted by treated or untreated sewage.

A comprehensive survey of Raritan Bay, conducted during the months of May and June, show that this body of water receives a large amount of pollution at the eastern end from the sewage from New York coming down The Narrows and at the western end from the grossly polluted waters of Arthur Kill and Raritan River. It is admitted that this is a large body of water and the sewage is greatly diluted, and our examinations show that the pollution is more confined to the New York side of the bay. Nevertheless, the highly infectious nature of the contamination is such that the commercial planting of shellfish is inadvisable, and shellfish removed from this bay always carry with them a threat of causing an outbreak of typhoid fever. It is, therefore, believed that all Raritan Bay should be condemned as a shellfish area, and only that hereinafter designated section of Sandy Hook Bay be approved by this Department as a safe area from which to remove oysters and clams.

For purposes of cleansing oysters of mud and sand and to provide storage facilities, it has been the custom in New Jersey for producers of oysters to float their product in the waters of creeks. As the watersheds of these streams frequently have considerable habitation thereon, and as the floats are oftentimes located in close proximity to dwellings, or the boats engaged in the industry tie up nearby, it is manifest that the waters in which the oysters are floated are potentially more dangerous and not of the same quality as the waters in the large bays in which the shellfish grow. It is the intention of the Department during the fall oyster season to do considerable experimental work on the artificial purification of shellfish by means of chlorination. This method consists in sterilizing the water in tight floats and placing the oysters therein. This sterilization should be to the oyster industry what pasteurization is to the dairy industry, as it will render the product free from all suspicion of possible contamination.

Maurice River Section.—Following is a tabulation of bacteriological examination of samples of water and shellfish from the Maurice River section:

Number of samples of water examined from the oyster floating grounds in Long Reach,	143
Number of samples showing <i>B. coli</i> in 1 cc.,	85 = 59.4%
Number of samples showing <i>B. coli</i> in 0.1 cc.,	15 = 10.5%
Number of samples showing <i>B. coli</i> in 0.01 cc.,	00

Tabulation of the scores of sixty-four samples of salt oysters and of one hundred and fifty-three samples of floated oysters from the Maurice River area.

<i>Number of samples of salt oysters from Maurice River Cove, Sept. 15, 1924, to Nov. 30, 1924.</i>	<i>Scored.</i>	<i>Number of samples of floated oysters from Long Reach, Maurice River, Sept. 15, 1924, to Jan. 19, 1925.</i>
32	0	49
10	1	19
5	2	12
5	3	7
3	4	11
4	5	8
1	14	13
1	23	11
1	32	6
1	41	2
1	50	4
0	140	2
0	230	4
0	320	1
0	410	1
0	500	3
Totals 64		153

Most of the oystermen engaged in the industry in the Maurice River section live in Commercial and Maurice River Townships, and it is a common practice for the oystermen to open and take home cans of oysters and consume large quantities of them raw. The following epidemiological data shows very few cases of typhoid fever in these two townships during the past ten years, and no cases since 1922:

NUMBER OF CASES AND DEATHS FROM TYPHOID FEVER REPORTED IN MAURICE RIVER TOWNSHIP AND COMMERCIAL TOWNSHIP, CUMBERLAND COUNTY, NEW JERSEY, FROM 1914 TO 1924, INCLUSIVE

Year.	Commercial Township			Maurice River Township.				
	Population.	Cases.	Deaths.	Population.	Cases.	Deaths.	Total Cases.	Total Deaths.
1914	2,604	1	0	2,124	1	0	2	0
1915	2,604	0	0	2,124	1	0	1	0
1916	2,604	0	0	2,124	3	0	3	0
1917	2,604	1	0	2,124	1	1	2	1
1918	2,604	0	0	2,124	0	0	0	0
1919	2,604	0	0	2,124	1	0	1	0
1920	2,292*	0	0	2,016*	0	0	0	0
1921	2,292	1	0	2,016	2	1	3	1
1922	2,292	2	0	2,016	2	1	4	1
1923	2,292	0	0	2,016	0	0	0	0
1924	2,292	0	0	2,016	0	0	0	0
Totals		5	0		11	3	16	3

*Federal Census 1920.

In order to obtain information as to the increase in count and score of shucked oysters kept at different temperatures, three one-gallon cans, approximately three-quarters full of shucked oysters were collected on January 19th, 1925, and brought to the laboratory and samples planted. One can was then kept at room temperature, 22 degrees C., the second can was kept in the refrigerator at 8 degrees C., and the third was kept surrounded with cracked ice. Each day approximately 250 grams of oyster meat was removed from each can, after thorough mixing, and the total number of organisms as well as the bacteriological score determined. The results show that shucked oysters kept at room temperature increase rapidly in bacterial organisms and score, those kept in the usual refrigerator increase slightly, while those kept in cracked ice increase very little. The experiment shows, therefore, that the practice of sampling shucked oysters at destination gives very little indication of the true sanitary condition of the product at the shipping point, as in the early fall and spring there would be considerable likelihood that the ice would melt before reaching destination, with the subsequent great increase in the scores of the oysters.

RESULTS OF ANALYSES OF SAMPLES OF SHUCKED OYSTERS, COLLECTED JANUARY 19TH, 1925, WHICH WERE KEPT AT DIFFERENT TEMPERATURES OVER A PERIOD OF NINE DAYS.

Laboratory Number.	Date Planted.	Kept at Room Temperature.		Kept in Refrigerator.		Packed in Cracked Ice.	
		37° count per cc. 48 hrs., plain agar.	Score.	37° count per cc. 48 hrs., plain agar.	Score.	37° count per cc. 48 hrs., plain agar.	Score.
MR 58 SFO	1-19-25	1,100	4	600	2	1,200	2
59	1-19						
60	1-20	54,000	50	14,000	2	11,500	23
61	1-20						
62		3,800,000	500 (plus)	60,000	32	5,200	1
63	1-21						
64	1-21	19,500,000	50,000 (plus)	92,500	50	12,000	3
65	1-21						
66	1-22						
67	1-22	21,000,000	41,000	260,000	320	50,000	5
68	1-22						
69	1-23			1,200,000	230	1,200,000	5
70	1-23			1,000,000	2,300	900,000	320*
71	1-23			1,350,000	500		
72	1-23			9,000,000	3,200	5,000,000	230
73	1-24						
74	1-24						
75	1-26						
76	1-26						
77	1-27						
78	1-27						
79	1-28						
80	1-28						

NOTE.—After planting on Saturday, the 24th, the cans were placed in refrigerator until Monday.

During this experiment four additional samples of shucked oysters were collected at the shipping point. These were kept in cracked ice continuously, and the samples planted at varying periods of time, gave the following scores:

Oysters kept in cracked ice six days scored 14.
“ “ “ “ “ four “ “ 14.
“ “ “ “ “ three “ “ 5.
“ “ “ “ “ three “ “ 5.

These results also tend to prove that there is no material increase in scores of oysters which are thoroughly iced and kept so.

Following are the scores obtained upon samples of shucked oysters at point of shipment, Bivalve, N. J.: 500, 410, 2, 32, 23, 23, 410, 500, 23, 41, 500, 500, 32, 50, 500, 410, 320, 50, 4, 320, 5, 500, 4, 140, 41, 5, 500, 14, 2, 3, 4, 2, 5, 140, 1, 50, 14, 41, 5, 5, 2, 5, 23, 140, 410, 41, 32, 50, 14, 4, 2, 2, 14, 14, 5, 5.

As the methods of shucking are practically the same at all times of the year, and high scores are generally encountered in the warm fall and early spring months, one is forced to the conclusion that high scores of shucked oysters may be expected during other times than the colder winter months. All the shucking houses at Maurice River and Bivalve are equipped with blowers for properly washing and cleansing the oysters, and as the shell stock scores considerably below the allowable limit, the high scores which frequently occur in the shucked stock cannot be looked upon with great concern, although all possible efforts will be put forth to keep these scores as low as possible, and to have the shucking houses maintain and handle their product in a sanitary way.

Raritan Bay Section.—Oyster grounds have not been leased by New Jersey in Raritan Bay for several years, so this area has little commercial importance as an oyster growing section. The shellfish removed from this body of water consist in the main of the hard clams.

The sanitary survey of the bay presents an unsavory picture. Hundreds of millions of gallons of untreated sewage from the city of New York and the Passaic Valley gain entrance daily to Lower New York Bay through The Narrows on the ebb tide,

so the incoming waters of Raritan Bay on the flood tide are charged with infectious polluting material, though greatly diluted. On the ebb tide the western section of the bay receives waters from the polluted Arthur Kill and Raritan River. Small creeks which drain areas thickly populated, making these streams subject to infectious pollution, particularly following periods of rain, also discharge into the bay. The municipalities of Matawan, Keyport and Keansburg have sewage disposal plants, the effluents from which enter the bay from the shores on the south. The unsanitary conditions resulting in pollutions along the New Jersey shore must likewise exist along Staten Island.

With the large quantities of infectious polluting material entering the bay from all sides, it is conceivable, and proven by bacteriological examinations, that the deep water in the channels is badly contaminated and severe windstorms and other unusual changes can readily permit the diffusion of these waters over all the bay, and result in intermittent dangerous pollution of shellfish grown in the waters. Shellfish removed from fore shores of inhabited sections are always suspicious and potentially dangerous. Even though bacteriological examinations fail to disclose the evidence of serious contamination, the possibilities of infectious and therefore dangerous pollution gaining access to the shellfish at intervals are obvious. All of Raritan Bay has been banned as a shellfish area by the New York City Health Department, and during the past season the removal of shellfish planted in the New York State waters has been permitted under supervision.

This Department's investigations were conducted over a period of six weeks, and included examinations of large numbers of samples of water, oysters and clams and the making of comprehensive surveys, particularly in the New Jersey waters. Taking all the factors in consideration, it is believed that the eastern and western portions of the bay are grossly polluted, and at times the remainder of the bay may be so polluted as to render shellfish taken from these waters harmful for food. The Bureau of Chemistry recommends, therefore, that the State Department condemn all of Raritan Bay, with the exception of certain sec-

tions of Sandy Hook hereinafter set forth, as a shellfish area, and that the gathering of shellfish therefrom be prohibited.

Following is a tabulation of bacteriological results of analyses of samples of water collected from the Raritan River:

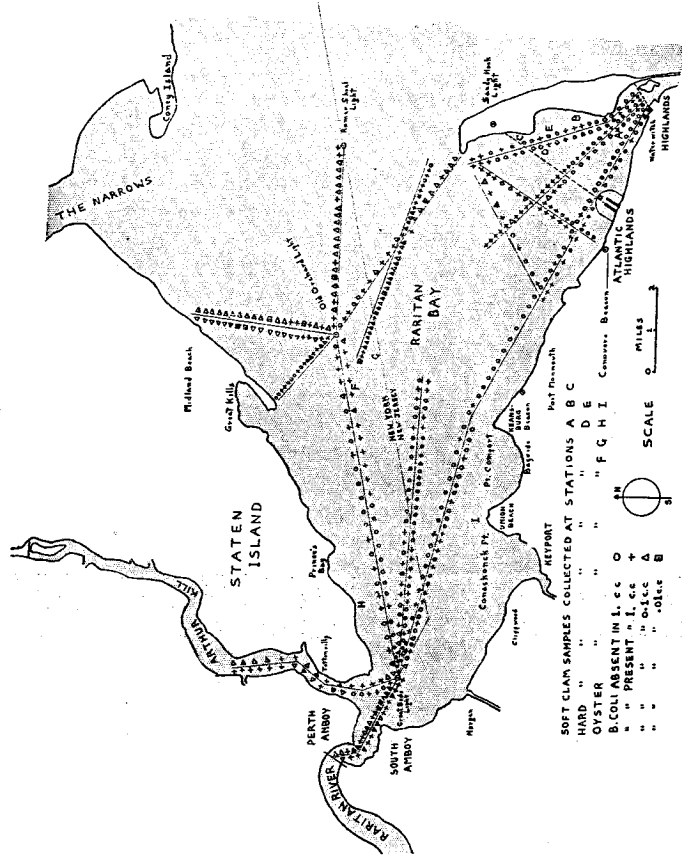
Number of samples collected,	33
Number showing bacillus coli in 1 cc.,	33 = 100%
Number showing bacillus coli in 0.1 cc.,	18 = 54.6%
Number showing bacillus coli in 0.01 cc.,	1 = 30.3%

The following tabulation gives the results of bacteriological analyses of samples of water collected from Arthur Kill:

Number of samples collected,	33
Number showing bacillus coli in 1 cc.,	30 = 90.9%
Number showing bacillus coli in 0.1 cc.,	13 = 39.4%
Number showing bacillus coli in 0.01 cc.,	0

Following is a tabulation of bacteriological examination of samples of water collected from Raritan Bay:

LOCATION.	Tide.	Number Samples Collected.	Percent of Samples Showing B. Coli Present in Dilutions of		
			1 cc.	0.1 cc.	0.01 cc.
Old Orchard Light to Great Beds Light, ..	low,	25	52.0	12.0	0
Old Orchard Light to Great Beds Light, ..	3½-hr. flood, ..	26	50.0	7.7	0
Middle of bay, off Old Orchard Light to Great Beds Light,	low,	30	50.0	10.0	0
Middle of bay, off Old Orchard Light to Great Beds Light,	high,	34	32.4	0	0
Off Point Comfort to Great Beds Light, ..	4-hr. ebb,	20	33.0	5.0	0
Off Point Comfort to Great Beds Light, ..	high,	30	40.0	6.7	0
Conover's Beacon to Point Comfort,	3½-hr. ebb, ..	20	13.0	0	0
Old Orchard Light to Sandy Hook Point, ..	3-hr. ebb,	22	86.4	45.5	4.5
Sandy Hook Point to Old Orchard Light, ..	2-hr. flood, ...	40	95.0	67.5	10.0
Romer Shoals to Old Orchard Light,	4-hr. ebb,	24	100.0	70.8	4.2
Old Orchard Light to Midland Beach Pier, ..	3½-hr. ebb, ..	20	100.0	75.0	10.0
Old Orchard Light to Midland Beach Pier, ..	3-hr. flood, ..	20	100.0	85.0	10.0
Old Orchard Light to eastern point of Great Kills,	5-hr. ebb,	16	56.3	12.5	0
Total number of samples analyzed,		327			



Scores of oyster samples collected from Raritan Bay are tabulated herewith:

Location.	Number of Samples	— Scores. —
1½ miles W. S. W. of Old Orchard Lt.,	3	500 50 41
S. by W. of Old Orchard Lt. on N. Y.-N. J. line,	3	140 50 32
Red Bank Point, Staten Is.,	3	140 140 50
Red Bank Point, Staten Is.,	3	140 41 23
½ mile N. W. of Conaskonk Point,	3	4 1 1
½ mile N. of Conaskonk Point,	3	3 3 1
Total number of samples,	18	

Sandy Hook Bay Section.—The eastern portion of Sandy Hook Bay bordering Sandy Hook is the source of the soft clams which are shucked at Highlands, New Jersey, the industry affording a livelihood to a large number of the permanent population of that town.

A comprehensive survey of this body of water was made during May and June, in which considerable help was rendered by Sanitary Engineer Tarbett, of the U. S. Public Health Service. The analyses of large numbers of samples of water disclosed that the outer portion of Sandy Hook Bay receives pollution of an infectious character on the flood tide from some of the sewage polluted waters which have ebbed through The Narrows into Lower New York Bay. A line drawn from Sandy Hook Light to the Atlantic Highlands dock excludes the outer polluted area, and from this line south to a line from the Waterwitch bulkhead and intersecting the northern end of Plum Island includes the area within which less than 25 per cent. of the samples (23.2 per cent.) show *B. coli* in 1 cc. It is believed that this area is a satisfactory one from which to remove soft clams, and it has been so designated by this Department; all the area to the north of this section should be condemned for the same reasons which apply to Raritan Bay.

Following are results of analyses of samples of water collected from Sandy Hook Bay:

LOCATION.	Tide.	Number of Samples.	Percent of Samples Showing <i>B. Coll</i> in Dilutions of		
			1 cc.	0.1 cc.	0.01 cc.
Point of Hook to Plum Island.	low.	22	41	0	0
Plum Island to point of Hook.	high.	20	35	0	0
Plum Island through middle of bay.	low.	25	40	1	0
Plum Island through middle of bay.	high.	30	70	3	0
Plum Island to Fort Monmouth.	low.	30	47	10	0
Plum Island to Conover's Beacon.	high.	30	37	3	0
Summary.		157	45.9%	3.8%	0

The following table gives a comparison of the bacteriological findings in the excluded area and the approved area:

Area.	Number Samples.	No. Showing <i>B. coli</i> in 1 cc.	No. Showing <i>B. coli</i> in 0.1 cc.
Excluded area.	75	53 = 70.7%	5 = 6.7%
Included area.	82	19 = 23.2%	1 = 1.2%

Scores of samples of hard and soft clams taken from the approved area: 2, 5, 4, 2, 1, 3, 4, 5, 0, 0, 0, 0, 41, 3, 3, 1, 1, 32, 2, 50, 140, 23, 14, 14, 4.

These samples were all collected during the latter part of May and in June, the warm months when the physiological activities of the shellfish are greatest and scores obtained should be the maximum.

Report of the Bureau of Child Hygiene.

JULIUS LEVY, M. D., CONSULTANT.

INFANT MORTALITY RATES.

The infant mortality rate in 1924 has been further reduced from 72, the lowest rate reported in the previous thirteen years, to 70. In 1918, when the Department began its intensive campaign in the preventive child hygiene work, 15 counties of the 21 had an infant mortality rate over 100, while only one had a rate below 80. In 1924 no county had an infant mortality rate over 100.

The largest number of counties that we have been able to report in any one year with infant mortality rates under 80 was 14 in 1923.; in 1924 there were 16 with an infant mortality rate under 80. Mercer County shows the highest infant mortality rate in the State for 1924, although in 1923 it was one of the white counties, or one with a rate under 80.

Among the cities with a population over 5,000, only one city in New Jersey, Woodbury, shows an infant mortality rate over 100 in 1924. In 1923, 5 cities showed an infant mortality rate over 100, and one city with a population over 100,000 showed an infant mortality rate over 100.

Among the cities with a population over 100,000, Newark shows the lowest infant mortality rate, 67.4.

The following cities with a population of over 5,000 show infant mortality rates under 60: Irvington, 35.4; West Orange, 40.9; West New York, 45.1; Nutley, 46.3; East Orange, 54.1.

The United States census reports indicate that New Jersey has one of the low infant mortality rates in the country. It compares favorably even with States like Oregon, Wyoming, Wisconsin, Minnesota, Montana, Nebraska—western States with more or less homogeneous, rural populations, practically free from congestion and industry. It is gratifying to note that the

infant mortality rate of New Jersey is very little higher than the State of California.

EXTENSION WORK.

The extension work has been continued along lines established since the beginning of the Department. After a proper demonstration of the child hygiene work the municipalities are expected to assume the salaries of the nurses and advised to continue the work under the technical supervision of the Bureau. This plan not only has rapidly extended the child hygiene work in New Jersey, but has assured its continuance along proper methods.

During the year 1924, 11 communities assumed the whole salary of child hygiene nurses:

Egg Harbor, Atlantic County; Cresskill, Demarest, Norwood, Northvale, Fairview, Closter, Bergen County; Princeton Township, Cedar Grove, Stony Brook, Mercer County; White Township, Warren County.

Two communities, Boonton in Morris County and Franklin Township in Warren County, assumed part of the salary of the nurse in the year 1924.

During the first six months of 1925 the following thirteen additional communities have assumed the whole salary of the child hygiene nurse:

Hopewell, Pennington, Centreville, Harbourton, Harts Corner, Marshalls Corners, Mt. Rose, Pleasant Valley, Titusville, Woodsville, Gloucester (2d nurse), New Brunswick (3d nurse), Clayton.

The demonstration of child hygiene work was established in 19 communities in 1924, *viz.*:

Fairview (2 nurses), Rutherford (2 nurses), Allendale, Hohokus, Waldwick, Saddle River, Upper Saddle River, Bergen County; West Hampton Township, Willingboro Township, Burlington County; Belleville, Essex County; Swedesboro, Bridgeport, Logan Township, Westville, Wenonah, Woodbury Heights, Williamstown, Gloucester County; Sparta, Ogdensburg, Sussex County.

Camden has assumed full responsibility for its child hygiene work following the previous demonstration by the Department. It is difficult for anyone not in immediate contact with the child

hygiene work to appreciate the difficulty of having communities agree to assume salaries for child hygiene nurses. The successful establishment of this work during the past year in these communities is adequate testimony of the enthusiasm and devotion of the nurses in the Department who have carried on the extension work in the various parts of the State.

It has been particularly gratifying to find that these communities have not only agreed to assume the salary of the child hygiene nurses, but have adopted the Continuous Child Hygiene Program as elaborated by the Department and have requested that the Department, through its Bureau of Child Hygiene, shall continue technical supervision of the nurses and their work.

The present practice of placing nurses only in communities where both the Boards of Education and Boards of Health join in requesting the demonstration and promise to assume the salary and adopt the program after a satisfactory demonstration has simplified the final steps in the extension of the program.

Particularly helpful in the extension of the program has been the co-operation of the State Department of Public Instruction, which, both through members of the Board and representatives of the Department, has urged schoolmen to use their influence to have the Continuous Child Hygiene Program adopted in their communities.

Through the extension work of the Bureau the communities of the State are spending \$236,000* per annum for child hygiene nurses. This does not include the money that is spent by the larger cities like Jersey City, Newark and a few other municipalities that have had child hygiene nurses before the Bureau functioned. It is interesting to note that as the work has developed it has become possible to restrict demonstration nurses to the rural communities; the larger municipalities and cities have recognized the value of the child hygiene work and have assumed the responsibility of the nurse's salaries.

Particularly gratifying is the fact that a large number of rural communities have adopted the child hygiene program and are paying the salaries of child hygiene nurses. This has been made possible by the fact that the Continuous Child Hygiene Program

*Allowing \$2,000 for yearly expenses.

promotes and encourages the grouping of a number of communities in the employing of a single nurse who carries on practically all of the essential educational preventive health activities.

EDUCATIONAL ACTIVITIES.

Every effort is being made to extend knowledge of child hygiene and affiliate with the Continuous Child Hygiene Program, persons that are not ordinarily reached by State Programs.

CONTINUATION SCHOOL.

Special classes have been organized to teach health habits and the essentials of healthful living to the girls who are compelled to leave school to enter industry and to give part of their time to what is known as the Continuation School.

A course of lectures and practical demonstrations has been given to the girls at the Continuation School in Hammonton, N. J. At the close of the classes, an examination was given by the Principal of the school. Twenty-three girls received certificates from the State Department of Health for attendance at lectures and for having successfully passed the examination. The Principal of the Continuation School stated that she felt the classes have been of great value to the girls and is looking forward to giving future classes the benefit of this instruction.

Efforts will be made to establish similar classes in all the Continuation Schools.

NORMAL SCHOOLS.

The Bureau has been giving instruction to the pupil teachers in the Trenton State Normal School in child hygiene and is extending this work for the coming year to the State Normal Schools in Newark, Paterson, Montclair and Glassboro.

Through this instruction the future teachers will acquire knowledge of child hygiene, and when they take positions in rural communities will urge the local Boards of Health and Boards of Education to co-operate with the State Department of Health in establishing child hygiene work in their districts.

SPECIAL CLASSES.

At the request of the Matron at the Clinton Reformatory for Women, the course of lectures and practical demonstrations given last year at the Reformatory was repeated this year. Special emphasis was placed upon personal hygiene, infant care and breast feeding. Upon the completion of this course each mother who successfully passed the examination was given a certificate.

DENTAL PROPHYLAXIS.

For the past year the dental ambulance has been in almost constant use. Requests have been received from various counties and the ambulance was sent in order as request was received. The expense of the operation of the ambulance is borne entirely by the county in which it is used, the State merely supplying the ambulance and equipment.

The dental ambulance has enabled rural communities to impress upon the mothers the importance of giving proper prophylactic and other dental care to the teeth of the children.

PRE-SCHOOL CLINICS.

In about twenty-five communities of the State pre-school clinics have been established for the examination of children who will enter school in the Fall. The pre-school clinic has enabled the parents to learn of defects in their children before they enter school so that, with the guidance of the nurse, these defects may be corrected without encroaching upon school time. The school authorities and medical inspectors appreciate very much the development of this phase of the child hygiene work and are giving it their active co-operation.

MATERNAL NURSING.

In order to carry on maternal nursing arrangements have been made with the following hospitals in the State that mothers and babies should not be separated in the event of either one having

to go to the hospital. In many communities this service has not before been available.

Warren Hospital, Phillipsburg, N. J.,
Franklin Hospital, Franklin, N. J.,
Sussex Hospital, Sussex, N. J.,
Reformatory for Women, Clinton, N. J.,
Rahway Hospital, Rahway, N. J.,
Bridgeton Hospital, Bridgeton, N. J.

In many other communities of the State arrangements are pending whereby this service will be extended and also where expectant mothers may go for examination.

LICENSING OF BOARDING HOMES AND BOARDED OUT CHILDREN.

During the past year in addition to the previously established method of requiring all boarding homes to obtain a license, the Bureau has attempted to maintain active supervision over these homes by frequent visits in the course of the year.

One hundred and sixty-nine homes have been licensed by the State Department and 36 homes recommended for license to local authorities who have passed boarding home ordinances.

Fifteen homes have been rejected or recommended for rejection by the State Department as not meeting the standards required for boarding homes for children.

The inspection and supervision of boarding homes is now part of the routine work of the nurse in the field. Only in those instances where no child hygiene nurses have been placed in certain rural districts, is the inspection and supervision made by the district supervisor. Even when local communities pass boarding home ordinances, representatives of the Department are assisting where necessary in the inspection and supervision.

It is felt that by having the local communities assume the responsibility that comes from passing boarding home ordinances and issuing the licenses, the policy of local responsibility is being developed even though the Department renders assistance.

Thirty municipalities have passed boarding home ordinances and an increasing number are assuming the full responsibility of the inspection and supervision.

The regulation and supervision of the boarding home situation in New Jersey would be comparatively simple if it were not for the fact that organizations in New York and Philadelphia are placing a great number of New York and Pennsylvania children in New Jersey. This places upon New Jersey a triple burden. In the first place it adds to the general expense of the community for the education and other public care of such children. Secondly, it requires additional workers from the local or State Health Department to see that the children are not in overcrowded quarters and are receiving proper care. Thirdly, there is always the danger that these children become dependent and are made public charges. This practice also makes it increasingly difficult for the Department to carry out its fundamental purpose of keeping down to the minimum the number of children that are boarded out away from their mothers and families. The existence of a large number of boarding homes makes it easier for persons to place their children among strangers.

New Jersey, in connection with its child hygiene work, particularly that which deals with the unmarried mother and illegitimate infant, is carrying on an active propaganda and organized work to prevent the separation of children from mothers. It seems desirable, therefore, to prevent the placing of children from Pennsylvania and New York in boarding homes in New Jersey.

It is hoped that the recent amendment to the boarding home ordinance, Sanitary Code, which requires every person or organization to place a bond for each child that is boarded in New Jersey from out of the State may serve this purpose. It is very interesting to note that in spite of our efforts to ferret out baby farms only four have been discovered that can be so described. They have been eliminated and, as far as we know to-day, there is no place in New Jersey that can be so designated.

MIDWIFERY.

The general plan of supervision previously reported has been continued. There are now 387 active licensed midwives and from general report about 11 unlicensed. Evidence is being col-

lected against this eleven and prosecutions are being started as soon as proper evidence is obtained.

The percentage of the total births attended by midwives is steadily decreasing. This fact is of particular interest in the light of the statement made by workers in other States that the New Jersey type of supervision is likely to increase midwifery practice.

In 1919, 28 per cent. of all births were attended by midwives, while in 1924, 23 per cent. The midwives delivered 17,645 mothers. The percentage of puerperal deaths among midwives has maintained its low proportion as can be judged from the fact that while attending 23 per cent. of the total births, only 7.9 per cent. of the puerperal deaths were among those attended by midwives.

In addition to 83 monthly conferences held by the District Supervisors with the County Midwives' Associations with an attendance of 1,057 and frequent visits to the homes of midwives, the Annual Conference was held which was attended by some 250 midwives. Addresses on important phases of child hygiene and obstetrical work were given by physicians and discussions were conducted by the midwives themselves on important phases of their routine work.

The midwifery work in New Jersey has received considerable attention from other States and national organizations who have sent representatives to our Annual Conference and have frequently written to the Department for guidance in their midwifery work.

ORGANIZATION DEVELOPMENTS.

The annual conference of the nurses was held in the State House, Trenton, on April 17th, 1925. Over a hundred nurses and many visitors were present. Very interesting lectures were given on the following subjects:

- Sex Education,
- Nutrition,
- History of Child Hygiene,
- Nursing Organizations,
- Milk,
- Sanitation.

Papers were read and discussed by the nurses on applied child hygiene which included care of the expectant mother, the pre-school child and the school child.

Report of the Bureau of Tuberculosis.

HENRY B. DUNHAM, M. D., CHIEF.

In October, 1924, the New Jersey Department of Health opened a Tuberculosis Bureau, starting in a very modest way commensurate with the funds made available for this purpose. Unlike other States, notably New York, Massachusetts and Pennsylvania (where the entire tuberculosis activities of the States are under their Health Departments), New Jersey has carried on these activities mainly through the Department of Institutions and Agencies which supervises the State and county institutions for tuberculosis.

In 1924 the diagnostic work in all the larger centers of the State had been taken care of through expansion of the heretofore existing application clinics. These clinics are conducted by officials of the State and county institutions. These examining clinics have evolved from the original application clinic which sanatoria have conducted for the selection of their inmates.

There were considerable areas within the State remaining where no work of this particular character was being done, and it is in this virgin field that the Bureau has conducted its activities. Within a very short time the Bureau established diagnostic clinics in the counties of Ocean, Cape May, Cumberland, Salem and Gloucester in the South, and part of Essex, Sussex and Warren in the North.

It has been the object of the Department of Health from the outset to attract to its clinic patients who not only may be actual cases of tuberculosis, but those who it has been found by experience are likely to develop into such cases if not given adequate direction. For this reason the work of the Bureau in its chosen field has been largely preventive.

In Ocean County clinics have been held at Lakewood, Toms River, New Egypt, Manahawkin, West Mantoloking and Tucker-

ton. It has been found by experience that the individual whom the Bureau desires to reach will not make journeys to centers that would be deemed sufficiently nearby were they definite applicants for admission to an institution. We have been conducting about twelve clinics monthly since the last of 1924, and in addition have assisted school inspectors in the examination of school children, particularly those children who were upwards of twenty per cent. underweight for their age and height. This work was done in the counties above mentioned and also in Mercer and elsewhere. In the Salem County rural schools, there being no school doctors in the district, the clinician also served as inspector of the entire school at such times. County health nurses, school nurses, the nurses of the Child Hygiene Bureau and the nurses of the Tuberculosis League, have all contributed most valuably toward making these clinics a success and a community asset. Over eight hundred suspects, contacts and underweights have been examined and directed, for the most part remaining under the nurses' and doctors' supervision.

During the spring of this year we started a campaign for the examination of food handlers at the coast resorts, paying special attention, also, to the inspection of the sanitary condition of the quarters in which this help was being housed.

Besides various short articles and educative pamphlets this Bureau has also contributed its quota of lectures in the summer course being given to nurses and prospective health workers at Rutgers College, New Brunswick.

At the present time the Bureau consists of a chief and a part-time stenographer, so that what has been mentioned may be considered as comprising a very satisfactory start during the Bureau's initial year.

As the result of a general tuberculosis survey throughout the State the following recommendations are suggested by this Bureau:

There should be a tuberculosis hospital of fifty beds in the extreme south and in the extreme north of this State. Gloucester, Salem and Cumberland Counties conceivably might join, as the law permits, in the establishment of an institution near the junction of their border lines. Sussex and Warren Counties might do like-

wise. In these rural communities it is very difficult to get an advanced case of the disease to consent to go far away (it seems to them so) into a distant county, even when there may happen to be a vacancy for him there. Heretofore it has been possible to board persons from outside counties at Bonnie Burn, Union County, but this practice was stopped, and will have to be strictly limited in the future because of the demands of Union County itself. It is very hard to ask, for instance, a mother of several children in north Sussex County to leave her family and go so far away as New Lisbon in South Burlington County with all its inaccessibility, as far as relatives and friends in Sussex County are concerned. There happens to be three or four vacancies in this institution, Fair View, New Lisbon, at the present time, but there are fifty open cases in Sussex County at the present time that should be hospitalized. Even in Essex County occasionally far advanced cases have been waiting too long for segregation, sometimes dying in contact with children in insanitary quarters.

In the larger centers the local boards of health and public sentiment will frequently force the hospitalization of a very sick consumptive. In rural districts the people shrink from taking any action whatever. Usually it is not a question of menace to themselves anyway, but merely to the children in the patient's home; and public sentiment to date in rural communities seems to be that the meddling with others' business is not desirable, even to object to parents massively infecting their own children if they so inadvertently choose to do.

There is no doubt that the public health and county nurses do a wondrous lot of good in prevention in their oversight of these families, but this is not sufficient in many cases. Specific instances speak more eloquently sometimes than bald dissertation, and I will describe the conditions found in a home in Sussex County this spring. The father is an advanced consumptive, bed-ridden, raises copiously. The mother was more than moderately advanced, hardly able to get up and around the house for an hour or two a day. Both these people were running fever. Six children, the oldest a fine boy in his teens was running the farm—milking eight or ten cows. The other children range down to about four years of age. The kitchen was a sight from the number

of flies and the number of open dishes containing samples of meals of previous days. Of course the nurse immediately asked help and funds, and corrected as well as possible conditions that existed. The porch was screened, and the patients were given open air treatment. It would have been very much better if there had been a hospital not so very far away, somewhere near the Sussex-Warren County line, where these persons could have received the best care. Probably the mother might be saved for awhile under such treatment. As she is too far advanced for Glen Gardner and no other place available, she will have to drift into complete helplessness in her own home, while the children watch their parents slowly go to the inevitable end.

There are deliberately careless consumptives. There are, however, many advanced consumptives who are merely helplessly careless. Accidents from extreme weakness are not necessarily careless ones. The responsibility for this rests upon the community.

Actually I think there is very little hope of having two or more counties co-operate in the building of small hospitals. If the money which would be spent simply for maintenance in such a hospital and which is now not spent at all could be used under the direction of physician and county health nurse for the benefit of these patients in their own homes, the condition would be very much ameliorated. Where the patient is indigent it is necessary that money be spent, and the present law provides for the county and State spending it, but only in hospitals. If any part of such sum could be used as were private funds in the case above cited it might be a great measure of economy, because in the suitable cases in which it would be used there would be an example of how much could be done for a patient in his own home in rural districts with part of the money comprising the per capita cost of maintenance in the institution.

Report of the Bureau of Venereal Disease Control.

A. J. CASSELMAN, M. D., DR. P. H., CONSULTANT.

The essential steps of any campaign to limit the spread of syphilis and gonorrhœa are that: (a) practicing physicians and public clinics obtain from recently infected patients the source of infection; (b) local health boards place under supervised medical treatment, persons responsible for spreading venereal infections; (c) police authorities suppress prostitution; (d) effective medical treatment render all infected persons rapidly non-infectious; (e) susceptible persons know the danger of contracting venereal diseases through illicit sexual intercourse; and (f) parents realize the need for sex guidance of children. The Bureau of Venereal Disease Control has been active during the past year in furthering all of these objectives.

INFORMATION ABOUT SOURCES OF VENEREAL INFECTION.

Information about persons who spread venereal diseases comes chiefly from the practicing physicians of the State, for it is they who treat the great majority of persons infected (public clinics treat only a small minority). The decided increase in the number of venereal case reports submitted to the State Department of Health by the physicians of the State (due probably to better case reporting rather than an actual increase in the incidence of the diseases) is shown in the following table:

VENEREAL DISEASE CASE REPORTS.

<i>Year.</i>	<i>Total Reports Received.</i>	<i>Monthly Average of Reports Received.</i>
1919,	6,129	511
1920,	6,805	567

Year.	Total Reports	Monthly Average
	Received.	of Reports Received.
1921,	5,989	499
1922,	5,108	426
1923,	5,560	463
1924,	6,274	523
1925,	3,992 (6 mo.)	665

Not only has there been a gratifying increase in the total number of venereal cases in response to repeated requests of the State Department of Health, but there has been as well an increase in the number of reports in which some information is given in regard to the reputed source of infection. For instance, during the closing month of the past fiscal year (June, 1925), there were reported by the practicing physicians and public clinics of the State, seven hundred and fifteen cases of gonorrhœa and syphilis, the majority of which were cases of syphilis not recently contracted. Of these 715 cases, the source of infection was given in 90 of these; 13 were contracted from prostitutes kept in brothels; 37 were contracted from prostitutes not connected with houses of prostitution; and 40 cases were contracted from relatives. It should be noted that the large public clinics maintain social workers who make immediate investigations of all reputed sources of infection as soon as the patients are admitted, and information is not sent to the State Department of Health when the source of infection is satisfactorily disposed of through the local clinic. Information obtained from clinic patients in regard to the source of their infection is therefore not included in the above tabulation.

Pharmacists reported to be treating cases of gonorrhœa illegally are referred to the State Board of Medical Examiners, the board responsible for the enforcement of the State medical practice act, and some of the local health boards have been active in discouraging the treatment of venereal patients by local pharmacists. There is reason to believe that this illegal practice is on the decline and that venereal cases formerly treated by pharmacists are being referred to physicians who can get from them the important information in regard to the source of their infection.

SUPERVISION OF SOURCES OF VENEREAL INFECTION.

When reputed sources of infection are reported by physicians, the information is sent to the health officer having jurisdiction and, where it is possible, tactful investigation is made of the person named. The local health boards in the majority of communities large enough to support an active health organization have been prompt to arrange for the investigation of reputed sources of venereal infection, either by means of social worker, public health nurse, or an inspector. In some communities too small to maintain a full-time health staff, effective follow-up work has been done by part-time or volunteer workers, but in the great majority of small boroughs and townships effective investigation and supervision of sources of infection is impossible (a condition of affairs by no means peculiar to venereal disease control).

SUPPRESSION OF PROSTITUTION.

Through case reports received from physicians and through independent investigations by the Bureau of Venereal Disease Control, a large number of so-called road-houses have been found to harbor prostitutes. Formerly houses of ill fame were situated in the larger cities (in two cities there were formerly notorious red light districts) but now the automobile and other means of interurban communication have made it possible for brothel-keepers to operate outside municipal limits. Information about infected prostitutes kept in road-side brothels, when brought to the attention of the State Department of Health, has been transmitted to the county prosecutors concerned, and they have taken prompt action to close such places. It is gratifying to report that in a recent hurried investigation of the important highways of the State it was found that very few of the roadside brothels known to have been operating in recent years are now existent, and the investigation revealed comparatively few new houses of ill fame. Such as were found have been referred to the interested county prosecutors.

The Bureau has prepared a statement pointing out the need for custodial care of madames and procurers rather than the imposi-

tion of a small punitive fine or brief workhouse sentence. Copies of this statement are placed in the hands of prosecutors, judges, and interested city officials, but the pamphlet is not distributed to the public.

MEDICAL TREATMENT OF PATIENTS TO INSURE RAPID STERILIZATION.

Syphilis can be controlled when all the cases are found quickly and immediately treated to make them non-infectious. A history card has been prepared to simplify the routine treatment of syphilis. This history card is in keeping with the principles laid down by the United States Public Health Service Surgeon General's Committee on Venereal Disease Control, of which the writer was a member. This history card giving a simple efficient routine with arsphenamine, bismuth, and mercury is supplied free to all practicing physicians. In using this routine physicians are advised to begin the treatment of dangerously infectious patients with one of the arsphenamines to reduce their infectivity as rapidly as possible.

Sulpharsphenamine, in our studies, was found to be of as great therapeutic value as neoarsphenamine. Sulpharsphenamine is an improvement in that it can be easily administered by any physician because it may be given with little or no pain by deep subcutaneous injection. It may be given easily by any physician to any one, especially to those who have veins difficult to puncture. This ease of administration makes sulpharsphenamine of great value in the control of syphilis, as the arsphenamines make the patient non-infectious more rapidly than any other substance. We have urged its use particularly in rural districts by coöperating with physicians who see few syphilitics and find intravenous technique difficult. Bismuth was added to the routine as it has proved itself a valuable addition to arsenic and mercury in the treatment of syphilis. It acts very much like mercury but some preparations of bismuth are absolutely non-irritating when given intramuscularly, whereas mercury usually causes some pain.

Gonorrhœa in women is our most difficult problem, as women are difficult to make non-infectious and rapidly relapse if not cured. As vaginal discharges and bladder irritations are so com-

mon in women from other causes, usually little attention is paid to the symptoms of gonorrhœa. As a result, a few cases are diagnosed and it is only the exceptional patient who is adequately treated.

Many methods of treating the few known cases were tried. We found the most satisfactory to be the use of a weekly application of 50% silver nitrate to the cervical canal, combined with a daily tampon of 2% mercurochrome and a daily chlorinated douche. The infectiousness of the patient is diminished while this treatment is being given, but it speedily returns if treatment is stopped before cure is obtained. Therefore, a special effort must be made to discover more cases of gonorrhœa in women and to have these infected women take adequate treatment until cured.

MEDICAL EXTENSION WORK.

Physicians must be urged (by talks to medical societies and by personal visits) to diagnose gonorrhœa and syphilis early, to find the sources of infection, and to make all patients rapidly non-infectious. Hereditary syphilis could be practically eliminated, if a routine Wassermann were done on all pregnant women at the earliest possible moment as part of the prenatal care, and if all women thus found infected were immediately given adequate treatment. Hospitals should be urged to do a routine Wassermann not merely on pregnant women, but on all patients admitted. Usually the pregnant women come to the hospital too late in their pregnancy for the most good to be done, but a routine Wassermann on all patients, both medical and surgical, would discover many cases before the occurrence of pregnancy and open the eyes of the hospital staff to the prevalence of unsuspected syphilis in the general population.

Student nurses are supplied with a pamphlet of two lectures on the nursing problem in gonorrhœa and syphilis control. The pamphlet is also supplied to all medical lecturers to nurses, to all hospitals, and to all nurses who ask for it. This pamphlet has been revised this year to conform with the recent advances which have been made in the control of venereal diseases. These lectures were prepared because most nurses were found to know little or nothing about venereal diseases; believing many fallacies

common among the lay public, such as thinking that syphilis may become or be a form of gonorrhœa or the reverse.

As required by law, a pamphlet of information about gonorrhœa and syphilis is supplied free to all physicians for them to distribute to their patients. This pamphlet, which has been revised this year, describes the course of venereal diseases, the methods of treatment, and explains the necessity for the patient helping in controlling the disease by receiving adequate treatment and reporting the source of infection. This pamphlet of information will tend to prevent further infections when distributed not only to infected patients, but also to uninfected patients who may guard against infection by the increased knowledge of venereal disease.

INSTRUCTION ABOUT VENEREAL INFECTION.

The Bureau has continued the practice of giving lectures on venereal diseases to interested groups and has continued the distribution of pamphlets on the diseases. The opportunity for delivering medical lectures to the laity becomes less with each succeeding year, but in its place the Bureau finds increasing opportunity to extend the keeping fit campaign in high schools, and in these lectures to high school boys and girls and other adolescent groups the subject of the dangers of venereal infections is not omitted as an integral part of the keeping fit campaign.

TEACHING PARENTS TO TEACH.

Each year lecturers of the Bureau find an increasing number of opportunities to appear before groups of parents to give talks designed to point out both the need for sane guidance of children in their sexual life and to tell parents how to handle their puzzling problems.

There never has been any difficulty in reaching the mothers, but the Bureau has not been able to reach the fathers in numbers until the past year, when an appeal has been made to the men's luncheon clubs, Rotary, Kiwanis, and Lions Clubs. A talk entitled "Father and Child" has been very well received by the clubs.

In all, the Bureau gave 334 lectures to a total audience of 39,418 and 4,500 pamphlets were distributed.

Report of the Bureau of Vital Statistics.

DAVID S. SOUTH, CHIEF.

The fiscal year 1925 has been, for the Bureau of Vital Statistics, a year of increased activity in many lines. Greater efforts than usual have been put forth to perfect both the completeness of registration of vital events and the system of receiving, recording and permanently preserving the over one hundred and fifty thousand valuable documents received annually.

The furnishing of certified copies of the records for legal and other purposes shows the healthy increase of an eighth over the previous year. That this increase was entirely in the class of work for which fees are exacted is proven by the fact that the amount received for this service is a third larger than last year. This line of work has grown nearly fifty percent in the four years since 1920, but there has not been any increase in the clerical force of the Bureau since 1918 except three index clerks, who have been engaged since 1923 in arranging a double index of births, a work not previously thought necessary and accordingly not provided for in the regular appropriation. The need for such indexes is, as has been previously outlined, occasioned by the large number of records desired by persons of foreign extraction whose names become confused due to the difficulty of native born physicians, clergymen and others securing the proper spellings.

A great amount of statistical data and especially prepared information was given individuals and associations having use for same. The requests for such data also show an increase over the previous year. No new tables or charts appear in this report, as it is thought those regularly published are sufficient for present needs.

GENERAL SUMMARY.

	1922	1923	1924	Total
Births registered, indexed and tabulated, . . .	74,479	74,611	76,530	225,620
Marriages registered, indexed and tabulated, . .	27,114	28,730	27,601	83,445
Deaths registered, indexed and tabulated, . . .	40,086	41,294	40,531	121,911
Stillbirths registered, indexed and tabulated, . .	3,033	3,169	3,177	9,379
Total records registered, tabulated and permanently preserved,	144,712	147,804	147,839	440,355
Certified copies issued and searches made for which fees were received,	4,337	4,293	5,933	14,563
Certified copies issued and searches made in pension and other cases for which no fees were received,	5,561	6,383	6,067	18,011
Fees returned to State Treasurer for certified copies and searches,	\$3,609.00	\$4,169.00	\$5,565.50	\$13,343.50

CHARTS AND TABLES, 1924.

Table 1.	Births, marriages and deaths reported, with rates, 1879-1924.
" 2.	Deaths by age periods, with percentage of each period of total deaths.
Chart 1.	Total deaths per 1,000 population for 46 years.
Table 3.	Deaths of infants under five years of age and percentage of total deaths, 1904-1924.
Chart 2.	Deaths under five years of age per 10,000 population for 46 years.
Table 4.	Deaths under one year and infant mortality rates, 1906-1924.
" 5.	Infant mortality, deaths under one month, stillbirths and maternal mortality by counties, 1924.
" 6.	Infant mortality, deaths under one month, stillbirths and maternal mortality for the ten largest cities of New Jersey, 1924.
" 7.	Infant mortality rates, total births and deaths under one year, counties and cities having 5,000 or more population, 1924.
Chart 3.	Deaths from typhoid fever per 10,000 population for 46 years.
Table 8.	Comparison between typhoid fever rates in New Jersey and United States Registration Area, 1913-1923.
" 9.	Typhoid fever in urban and rural districts, 1924.
" 10.	Typhoid fever rates in the counties of New Jersey, 1914-1924.
Chart 4.	Deaths from scarlet fever per 10,000 population for 46 years.
" 5.	Deaths from diphtheria per 10,000 population for 46 years.
Table 11.	Average annual rates for counties for deaths from all causes and tuberculosis for 46 years, with rates for 1924.
Chart 6.	Deaths from tuberculosis of lungs per 10,000 population for 46 years.
Table 12.	Cancer and other malignant tumors by age periods and organ affected, 1924.
Chart 7.	Deaths from cancer per 10,000 population for 46 years.

Table 13. Suicide by age periods and means employed, 1924.

" 14.	Percentage of deaths of each cause of total deaths and of sex of total.
" 15.	Death rate of total population and of white and colored inhabitants by causes.
" 16.	Deaths by months by causes.
" 17.	Deaths by causes, by days, weeks and months of the first year of life.
" 18.	Deaths under one year of age by months and causes.
" 19.	Births, marriages and deaths and infant deaths by counties, cities, boroughs and townships.
" 20.	Deaths by counties and cities according to the Detailed International Classification.
" 21.	Deaths by occupation, age groups and certain selected causes.
" 22.	Deaths by causes, sex, color and age periods, New Jersey, each county and the following municipalities (county figures include cities which follow):

Atlantic County—	Nutley,	Asbury Park,
Atlantic City,	Orange,	Long Branch,
Hammonton.	South Orange,	Red Bank.
Bergen County—	West Orange.	Morris County—
Englewood,	Gloucester County.	Dover,
Garfield,	Hudson County—	Morristown.
Hackensack,	Bayonne,	Ocean County.
Ridgewood,	Guttenberg,	Passaic County—
Rutherford.	Harrison,	Clifton,
Burlington County—	Hoboken,	Passaic City,
Burlington City.	Jersey City,	Paterson.
Camden County—	Kearny,	Salem County—
Camden City,	Town of Union	Salem City.
Gloucester.	West Hoboken,	Somerset County—
Cape May County.	West New York.	North Plainfield,
Cumberland County—	Hunterdon County.	Somerville.
Bridgeton,	Mercer County—	Sussex County.
Millville,	Princeton,	Union County—
Vineland.	Trenton.	Elizabeth,
Essex County—	Middlesex County—	Plainfield,
Belleville,	New Brunswick,	Rahway,
Bloomfield,	Perth Amboy,	Summit,
East Orange,	Roosevelt,	Westfield,
Irvington,	South Amboy.	Warren County—
Montclair,	Monmouth County—	Phillipsburg.
Newark,		

Population.—The estimated midyear population of the State for 1924 is 3,442,695. This is arrived at by the arithmetic

method, using the United States census figures of 1910 and 1920. The estimated population of the counties and certain cities of the State having 5,000 or more inhabitants appears at the foot of the mortality tables for these places, printed in this report.

Births.—The birth rate for 1924 is 22.22, which is slightly higher than the previous year, when it was 22.08. The rate for the colored population is 31.51. This figure, however, may be exaggerated as the number of our colored inhabitants cannot be reliably estimated due to the extensive migration which has recently been taking place. The 1923 and 1922 rates of 28.13 and 25.14, respectively, seem to bear out this contention.

Marriages.—The number of persons married during 1924 per 1,000 population was 16.03. This is a decrease of nearly a point from the 1923 rate of 17.00 and is also the lowest since 1900. The ease and rapidity with which marriage licenses can be secured in certain adjacent States materially affects the New Jersey rate, although economic conditions are also a considerable factor.

Deaths.—A slight decrease appears in the death rate for 1924. In 1921 the rate was 11.49; in 1922, 12.09; in 1923, 12.22, and in the present year 11.77. It is accordingly apparent that with the exception of 1917, the statistical year just closed was the most favorable of recent years. The 1921 rate of 11.49 is the lowest recorded since the Bureau was organized and is a continuance of the steady downward trend of the death-rate since 1892 when it was nearly twice as great, *viz.*, 21.62.

TABLE 1.—POPULATION; BIRTHS, MARRIAGES AND DEATHS REPORTED WITH RATES PER 1,000 POPULATION.

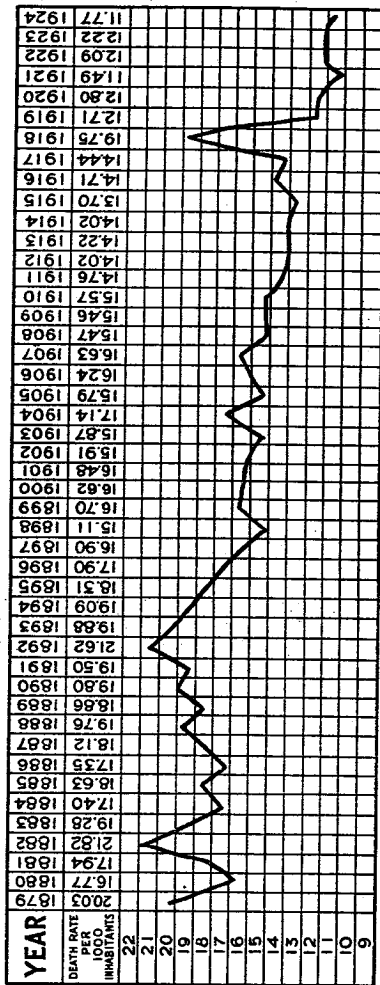
YEAR.	Population.*	BIRTHS.		MARRIAGES.		DEATHS.	
		Number of births reported.	Birth rate per 1,000 population.	Number of marriages.	Persons married per 1,000 population.	Number of deaths.	Death rate per 1,000 population.
1879.....	1,020,584	23,116	22.65	7,098	13.91	20,440	20.03
1880.....	1,130,592	23,680	20.94	7,063	14.06	18,967	17.74
1881.....	1,160,275	23,484	20.24	8,109	13.98	20,812	17.94
1882.....	1,189,658	23,108	19.42	8,837	14.86	25,959	21.82
1883.....	1,209,046	24,430	20.21	9,169	15.16	23,310	19.28
1884.....	1,248,224	25,283	20.29	8,948	14.37	21,718	17.40
1885.....	1,278,033	24,077	18.84	8,989	14.07	23,807	18.63
1886.....	1,310,431	25,497	19.46	12,351	18.85	22,734	17.35
1887.....	1,342,829	27,340	20.39	15,416	22.96	24,331	18.12
1888.....	1,375,227	28,074	20.41	16,025	23.31	27,173	19.76
1889.....	1,407,625	29,099	20.67	15,728	22.94	26,543	18.86
1890.....	1,441,017	30,103	20.89	15,564	21.60	23,530	19.80
1891.....	1,478,784	28,882	19.53	15,305	20.70	22,840	19.50
1892.....	1,511,659	30,627	20.26	16,082	21.23	32,635	21.62
1893.....	1,538,790	32,283	20.98	17,178	22.53	30,599	19.88
1894.....	1,578,273	33,602	21.33	16,245	20.38	30,004	19.09
1895.....	1,672,942	31,742	18.97	15,873	18.98	30,634	18.31
1896.....	1,718,548	31,207	18.16	18,370	21.38	30,767	17.90
1897.....	1,764,144	31,595	17.91	18,171	20.60	27,387	16.90
1898.....	1,810,008	32,515	17.96	18,218	20.60	29,322	16.90
1899.....	1,855,872	29,419	15.84	13,336	14.37	30,960	16.70
1900.....	1,883,969	32,270	17.13	14,811	15.51	31,474	16.63
1901.....	1,925,781	34,812	18.08	16,439	17.19	31,319	16.48
1902.....	1,967,993	35,116	17.84	18,130	18.45	31,320	15.91
1903.....	2,016,797	37,242	18.47	19,312	19.33	31,318	15.57
1904.....	2,038,909	38,731	18.82	19,919	19.38	35,298	17.14
1905.....	2,144,143	39,689	18.51	20,572	19.19	33,864	15.79
1906.....	2,146,293	42,677	19.43	21,580	19.08	35,670	16.24
1907.....	2,248,331	44,631	19.83	23,949	21.04	37,408	16.63
1908.....	2,300,427	47,405	20.61	26,155	22.74	35,307	15.47
1909.....	2,332,322	47,508	20.19	29,724	25.27	36,359	15.46
1910.....	2,337,167	53,942	21.26	27,912	22.00	39,494	15.57
1911.....	2,615,772	58,132	22.22	25,014	19.13	38,612	14.76
1912.....	2,694,377	60,073	22.30	28,821	19.91	37,772	14.02
1913.....	2,712,981	61,432	22.15	27,697	19.89	39,423	14.22
1914.....	2,831,586	63,403	22.94	28,328	20.01	39,967	14.02
1915.....	2,877,532	66,476	23.10	27,694	19.25	39,435	13.70
1916.....	2,948,016	70,211	23.82	31,169	21.15	43,876	14.71
1917.....	3,014,193	76,309	24.98	30,080	19.94	43,332	14.44
1918.....	3,080,371	74,549	24.20	23,989	15.58	40,832	13.27
1919.....	3,146,547	76,431	22.54	29,281	18.61	39,979	12.71
1920.....	3,187,767	77,431	24.27	31,327	19.65	40,820	12.80
1921.....	3,251,494	78,172	24.04	27,815	17.10	37,862	11.49
1922.....	3,315,223	74,479	22.46	27,114	16.35	40,086	12.09
1923.....	3,378,963	74,611	22.08	25,730	17.00	41,294	12.22
1924.....	3,442,693	76,350	22.22	27,601	16.03	40,331	11.77

* Estimated except for census years.

TABLE 2.—TOTAL DEATHS BY AGE PERIODS SHOWING PERCENTAGE OF TOTAL DEATHS—1921.

	AGE PERIODS											Unknown.						
	Total.	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.		40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.
Deaths,	40,631	6,360	962	423	324	256	7,344	690	1,398	2,346	3,083	4,253	5,463	6,311	5,790	2,804	412	1
Percentage of total, ..	100.0	15.2	2.4	1.1	.8	.6	18.1	2.1	3.5	5.8	7.6	10.4	13.6	16.1	14.3	7.1	1.1	.....

CHART 1.—TOTAL DEATHS PER 1,000 POPULATION FOR 46 YEARS.



Infant Mortality.—The infant mortality rate for 1924 is the lowest of which there is record. The rate for 1924 is an even 70 per 1,000 living births, while the rate for 1923 was 71.9 and for the previous year, 78.7. A decrease of two points is considered very satisfactory by child hygiene workers, although it is doubted whether the rate can continually be decreased at the pace maintained during recent years. *Colored Races.*—The infant mortality rate among the colored people of New Jersey for 1924 was 126.1. This is only a slight variation from the 1923 rate of 123.9, and is an additional evidence of the high mortality rate prevailing among the negroes. This rate is a truer indication of actual conditions than the total death rate of the colored population, as the uncertain factor of number of inhabitants is not involved.

Maternal Mortality.—This rate for 1924 is 6.0 and compares with 5.4 in 1923 and 6.2 in 1922. It is indeed cause for regret that the puerperal death rate is not decreasing proportionately with the infant mortality rate.

Stillbirths.—The number of stillbirths reported annually varies but little, the number during 1924 being 3,177, compared with 3,169 for the previous year. This figure is equivalent to a rate of 41.5 per 1,000 living births, with the rate for the colored population 78.8.

TABLE 3.—NUMBER OF DEATHS AT ALL AGES, UNDER ONE YEAR OF AGE AND UNDER FIVE YEARS OF AGE, AND THEIR PERCENTAGE OF THE TOTAL.

CALENDAR YEAR.	Deaths in New Jersey.				
	All Ages.	Under one year.		Under five years.	
		Number.	Percentage of Total.	Number.	Percentage of Total.
1904.	35 298	7,472	21.2	10,927	31.0
1905.	33,884	6,951	20.5	9,864	29.1
1906.	35,670	7,773	21.8	11,246	31.5
1907.	37,408	7,732	20.7	10,867	29.0
1908.	35,597	7,823	22.0	10,889	30.5
1909.	36,339	7,658	21.1	11,548	29.5
1910.	39,494	8,352	21.1	11,137	30.6
1911.	38,612	7,642	19.8	10,740	27.8
1912.	37,772	7,437	19.7	10,309	27.3
1913.	39,425	7,542	19.1	10,688	27.1
1914.	39,967	7,431	18.6	10,278	25.7
1915.	39,435	7,077	17.9	9,829	24.9
1916.	43,376	7,348	16.9	11,188	25.8
1917.	43,532	7,582	17.4	10,267	23.6
1918.	60,832	8,372	13.8	13,709	22.5
1919.	39,979	6,111	15.3	8,661	21.7
1920.	40,820	6,672	16.3	9,569	23.4
1921.	37,862	5,773	15.4	8,047	21.5
1922.	40,056	5,864	14.6	8,371	20.9
1923.	41,294	5,988	13.0	7,727	18.7
1924.	40,531	5,350	13.2	7,344	18.3

CHART 2.—DEATHS UNDER 5 YEARS OF AGE PER 10,000 POPULATION FOR 46 YEARS.

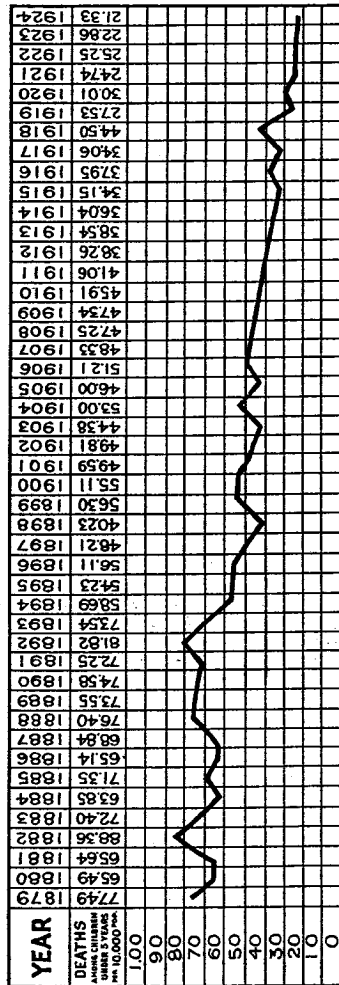


TABLE 4.—BIRTHS REPORTED, DEATHS UNDER ONE YEAR OF AGE AND DEATHS UNDER ONE YEAR PER 1,000 LIVING BIRTHS.

YEAR.	Births reported.	Deaths under 1 year of age.	Infant mortality rates.
1906,	42,677	7,773	182.1
1907, ..	44,951	7,732	173.2
1908, ..	47,405	7,823	165.2
1909, ..	47,508	7,658	161.2
1910, ..	53,942	8,352	154.8
1911, ..	58,133	7,642	131.4
1912, ..	60,073	7,457	124.1
1913, ..	61,432	7,542	122.7
1914, ..	65,403	7,431	113.6
1915, ..	66,476	7,077	106.4
1916, ..	70,211	7,348	104.7
1917, ..	75,309	7,582	100.7
1918, ..	74,549	8,372	112.3
1919, ..	79,935	6,111	86.1
1920, ..	76,431	6,672	87.2
1921, ..	78,172	5,773	73.8
1922, ..	74,479	5,864	78.7
1923, ..	74,011	5,368	71.9
1924, ..	76,530	5,359	70.0

TABLE 5.—INFANT MORTALITY, DEATHS UNDER ONE MONTH, STILLBIRTHS AND MATERNAL MORTALITY PER THOUSAND LIVING BIRTHS—1924.

	Deaths Under One Year.	Deaths Under One Month.	Stillbirths.	Puerperal Deaths.
New Jersey,	70.0	35.7	41.5	6.0
Atlantic,	71.1	38.2	46.8	8.6
Bergen,	64.1	33.6	35.7	4.1
Burlington,	72.5	39.8	37.1	7.6
Camden,	84.3	41.8	43.1	10.2
Cape May,	51.5	30.5	49.6	1.9
Cumberland,	79.6	45.1	47.4	6.1
Essex,	62.1	32.0	41.9	6.6
Gloucester,	80.9	39.7	29.5	3.8
Hudson,	71.7	34.6	50.0	5.9
Hunterdon,	82.0	54.1	41.8	5.2
Mercer,	90.0	42.6	36.3	5.0
Middlesex,	69.9	34.6	32.9	3.6
Monmouth,	69.5	33.9	44.3	6.0
Morris,	62.2	35.1	35.7	3.2
Ocean,	63.0	36.5	34.5	8.1
Passaic,	69.9	37.3	35.4	4.7
Salem,	86.6	31.3	43.3	10.4
Somerset,	59.8	29.0	28.2	2.5
Sussex,	52.5	23.7	49.1	6.7
Union,	64.6	36.5	42.1	7.6
Warren,	82.9	47.8	39.3	6.3

TABLE 6.—INFANT MORTALITY, DEATHS UNDER ONE MONTH, STILLBIRTHS AND MATERNAL MORTALITY PER THOUSAND LIVING BIRTHS IN NEW JERSEY AND TEN LARGEST CITIES—1924.

	<i>Deaths Under One Year.</i>	<i>Deaths Under One Month.</i>	<i>Still- births.</i>	<i>Puerperal Deaths.</i>
New Jersey,	70.0	35.7	41.5	6.0
Newark,	67.3	33.0	45.4	6.9
Jersey City,	77.8	35.8	53.9	6.2
Paterson,	65.1	31.2	40.7	5.4
Trenton,	91.5	43.8	39.0	5.4
Camden,	96.3	44.0	51.9	11.1
Elizabeth,	64.9	33.9	47.3	8.1
Bayonne,	73.7	34.0	41.1	4.7
Hoboken,	66.1	33.4	59.6	5.2
Passaic,	67.5	38.3	27.9	3.8
Perth Amboy,	79.1	44.6	27.7	1.6

TABLE 7.—INFANT MORTALITY RATES, TOTAL BIRTHS AND DEATHS UNDER ONE YEAR IN THE COUNTIES OF NEW JERSEY AND CERTAIN MUNICIPALITIES HAVING FIVE THOUSAND OR MORE POPULATION—1924.

	<i>Infant Mortality Rate.</i>	<i>Total Births.</i>	<i>Deaths Under One Year.</i>
Atlantic County,	71.1	2,093	149
Atlantic City,	74.5	1,167	87
Hammonton,	43.4	161	7
Bergen County,	64.1	5,505	353
Englewood,	78.5	280	22
Garfield,	65.5	732	48
Hackensack,	74.6	442	33
Ridgewood Village,	57.5	139	8
Rutherford Borough,	37.3	134	5
Burlington County,	72.5	1,832	133
Burlington,	52.2	249	13
Camden County,	84.3	4,778	403
Camden City,	96.3	2,772	267
Gloucester City,	72.2	277	20
Cape May County,	51.5	524	27
Cumberland County,	79.6	1,306	104
Bridgeton,	94.5	296	28
Millville,	81.7	318	26
Vineland,	93.2	118	11
Essex County,	62.1	15,990	994
Belleville Town,	78.7	495	39
Bloomfield,	64.8	509	33
East Orange,	54.1	887	48
Irvington,	35.3	678	24
Montclair,	60.2	614	37
Newark,	67.3	10,572	712
Nutley,	46.2	303	14
Orange,	58.3	805	47
South Orange,	44.8	156	7
West Orange,	40.9	366	15

TABLE 7—Continued.

	<i>Infant Mortality Rate.</i>	<i>Total Births.</i>	<i>Deaths Under One Year.</i>
Gloucester County,	80.9	1,284	104
Hudson County,	71.7	14,999	1,076
Bayonne,	73.7	2,114	156
Guttenberg,	55.9	143	8
Harrison,	69.9	443	31
Hoboken,	66.1	1,526	101
Jersey City,	77.8	7,227	563
Kearny,	66.1	559	37
Town of Union,	72.7	385	28
West Hoboken,	61.3	734	45
West New York,	45.1	797	36
Hunterdon County,	82.0	573	47
Mercer County,	90.0	3,963	357
Princeton,	96.1	104	10
Trenton,	91.5	2,918	267
Middlesex County,	69.9	4,616	323
Carteret,	88.3	317	28
New Brunswick,	66.3	889	59
Perth Amboy,	79.1	1,188	94
South Amboy,	59.1	169	10
Monmouth County,	69.5	2,299	160
Asbury Park,	66.9	239	16
Long Branch,	76.4	314	24
Red Bank,	98.5	203	20
Morris County,	62.2	1,848	115
Dover,	75.2	226	17
Morrisstown,	50.9	275	14
Ocean County,	63.0	492	31
Passaic County,	69.9	5,864	410
Clifton,	74.3	753	56
Passaic,	67.5	1,539	104
Paterson,	65.1	2,748	179
Salem County,	86.6	669	58
Salem City,	117.6	153	18
Somerset County,	59.8	1,170	70
North Plainfield,	50.9	157	8
Somerville,	62.5	176	11
Sussex County,	52.5	590	31
Union County,	64.6	5,195	336
Elizabeth,	64.9	2,324	151
Plainfield City,	63.0	698	44
Rahway,	73.9	230	17
Summit,	48.8	225	11
Westfield,	57.4	209	12
Warren County,	82.9	940	78
Phillipsburg,	81.1	382	31

Typhoid Fever.—The death rate from this disease for 1924 is the lowest of which the Bureau has record. The rate of 0.26 per 10,000 population compares favorably with 0.29, the previous low which occurred in 1919. During the years between, serious local epidemics occurred and the rate soared considerably. New Jersey has an annual death rate from typhoid fever of less than half that of the registration area of the United States. As is to be expected, the rate in rural communities is considerably higher than that for municipalities of 5,000 or more population. The number of deaths from this disease and others of the international list of classified causes can be secured by counties and cities by referring to Table 20. Table 22 shows the more important causes by sex, color and age periods.

CHART 3.—DEATHS FROM TYPHOID FEVER PER 10,000 POPULATION FOR 46 YEARS.

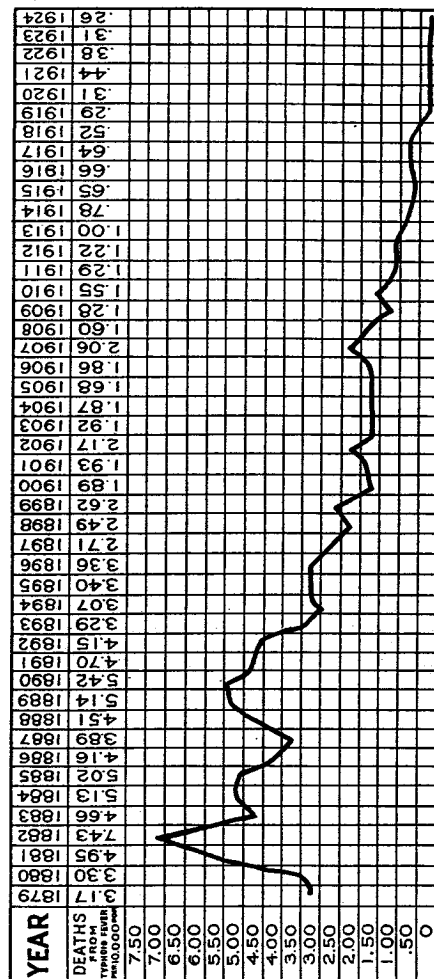


TABLE 8.—COMPARATIVE DEATH-RATES FROM TYPHOID FEVER, PER 10,000 INHABITANTS, IN THE REGISTRATION AREA OF U. S. AND IN N. J. FOR 10 YEARS.

	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Registration area of United States,	1.54	1.24	1.33	1.34	1.25	0.92	0.75	0.90	0.75	0.65
New Jersey,	0.78	0.65	0.66	0.64	0.52	0.29	0.31	0.44	0.38	0.26

TABLE 9.—DEATHS FROM TYPHOID FEVER IN URBAN AND RURAL DISTRICTS FOR 1924.

1924.	Estimated population.	Deaths from typhoid fever.	Rate per 10,000 population.
State,	3,442,695	92	0.26
Incorporated municipalities of 5,000 population and above,	2,562,148	61	0.23
Remainder of State,	879,547	31	0.35

TABLE 10.—DEATHS FROM TYPHOID FEVER, BY COUNTIES, PER 10,000 POPULATION, FOR 10 YEARS.

COUNTIES.	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Atlantic County,	0.59	0.59	0.77	0.43	0.42	0.11	0.60	0.57	0.34	
Bergen County,	0.41	0.63	0.72	0.27	0.16	0.18	0.40	0.17	0.12	0.25
Burlington County,	1.13	1.11	1.63	1.50	0.94	1.48	2.37	1.10	0.43	0.56
Camden County,	0.86	1.33	1.08	0.88	0.52	0.40	0.40	0.49	0.19	0.42
Cape May County,	0.43	1.26	0.41	0.79	.....	.....	0.51	.....	.....	0.71
Cumberland County,	1.04	1.04	1.03	1.88	0.51	0.32	1.92	0.31	0.51	0.51
Essex County,	0.35	0.43	0.37	0.30	0.20	0.15	0.17	0.21	0.22	0.26
Gloucester County,	1.49	1.47	0.73	0.53	0.47	0.20	0.80	0.38	0.93	0.77
Hudson County,	0.43	0.53	0.38	0.50	0.16	0.26	0.54	0.13	0.22	0.19
Hunterdon County,	0.90	0.30	0.91	0.61	.....	0.20	0.20	0.30	.....	0.91
Mercer County,	0.85	0.48	0.61	0.46	0.65	0.43	0.60	0.77	0.87	0.22
Middlesex County,	0.83	0.51	0.93	0.70	0.07	0.24	0.53	0.11	0.53	0.27
Monmouth County,	1.88	1.46	1.35	1.71	1.31	0.28	0.75	1.11	0.35	0.36
Morris County,	0.38	0.37	0.61	0.48	0.36	0.36	0.35	0.11	0.93	.....
Ocean County,	0.90	0.90	0.45	.....	0.44	0.45	0.89	.....	.....	0.44
Passaic County,	0.57	0.39	0.85	0.34	0.18	0.11	0.59	0.25	0.14	0.21
Salem County,	1.08	1.44	1.96	1.06	.....	0.50	1.05	1.53	.....	0.24
Somerset County,	0.24	0.47	1.38	0.69	.....	0.41	1.01	.....	.....	0.95
Sussex County,	0.36	0.35	0.35	0.69	.....	0.40	.....	7.37	1.20	.....
Union County,	0.62	0.42	0.47	0.52	0.17	0.44	0.14	0.46	0.31	0.21
Warren County,	1.00	.....	0.42	0.41	.....	0.44	.....	.....	.....	.....
The State,	0.65	0.66	0.64	0.52	0.29	0.31	0.44	0.38	0.31	0.26

Malaria.—As the following figures show, deaths during recent years from this affection are practically negligible in this State:

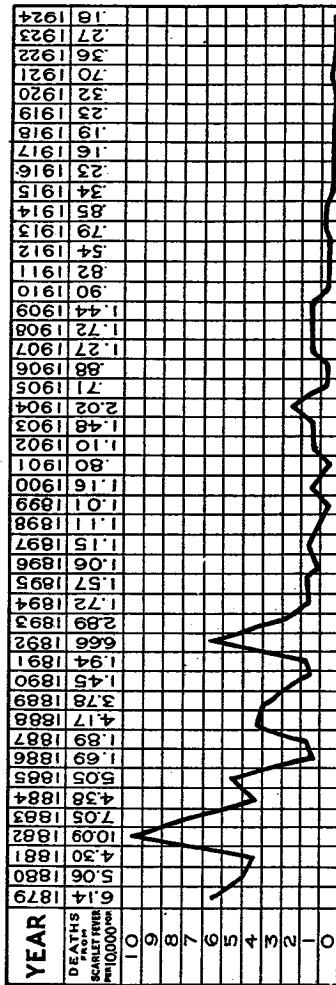
1879,	268	1891,	180	1902,	36	1913,	11
1880,	293	1892,	198	1903,	40	1914,	10
1881,	431	1893,	148	1904,	47	1915,	17
1882,	379	1894,	162	1905,	21	1916,	10
1883,	290	1895,	144	1906,	33	1917,	5
1884,	230	1896,	119	1907,	29	1918,	13
1885,	209	1897,	132	1908,	30	1919,	2
1886,	243	1898,	82	1909,	25	1920,	5
1887,	217	1899,	96	1910,	25	1921,	10
1888,	264	1900,	84	1911,	25	1922,	3
1889,	203	1901,	50	1912,	29	1923,	2
1890,	195					1924,	6

Smallpox.—Fifteen deaths from smallpox occurred in New Jersey during 1924. Nine of these were residents of Camden City, three of other portions of Camden County, two of Burlington County and one of Gloucester. This disease appears to be coming back as is customary after many years during which there has not been a smallpox scare and vaccination has accordingly been somewhat neglected.

Measles.—The number of deaths from this affection during 1924 was 183, while during the previous year 355 deaths were attributed to it. Deaths by age periods follow: Under one year, 55; one year, 82; two years, 11; three years, 12; four years, 4; five to nine, 17; ten to nineteen, 2. The experience of a number of years proves that this disease and some others of a similar nature fluctuate greatly from year to year.

Scarlet Fever.—Very little variation is noted in the death rate from this disease during the past ten years, the average rate for this period being about half of that which prevailed during the previous decade.

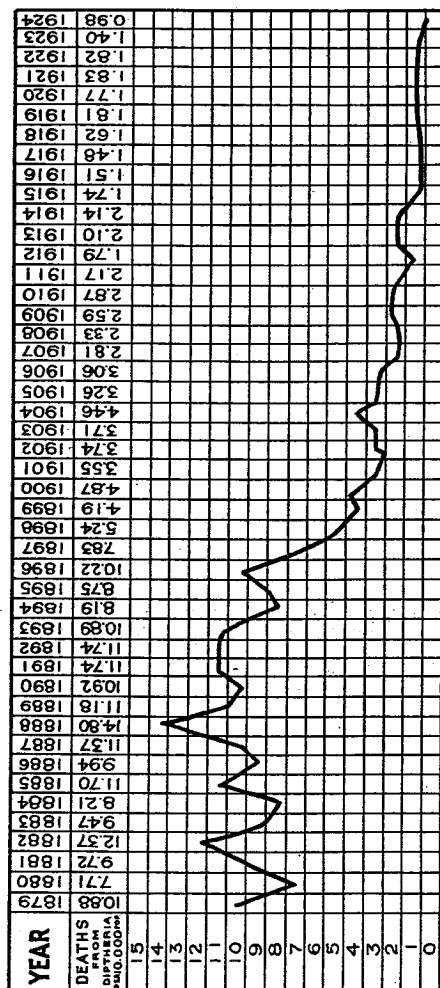
CHART 4.—DEATHS FROM SCARLET FEVER PER 10,000 POPULATION FOR 46 YEARS.



Whooping Cough.—This disease caused 267 deaths during 1924, while for 1923 the figure was 221 and for 1922, 232.

Diphtheria.—During 1924, 338 persons died from diphtheria and laryngeal croup, which is equivalent to a rate of 0.98 per 10,000 population, which is the lowest recorded for New Jersey. The rate for the previous year was 1.40. Should the death rate continue to decrease, it will be a splendid tribute to health officials employing the Shick test and immunization when susceptibility is determined.

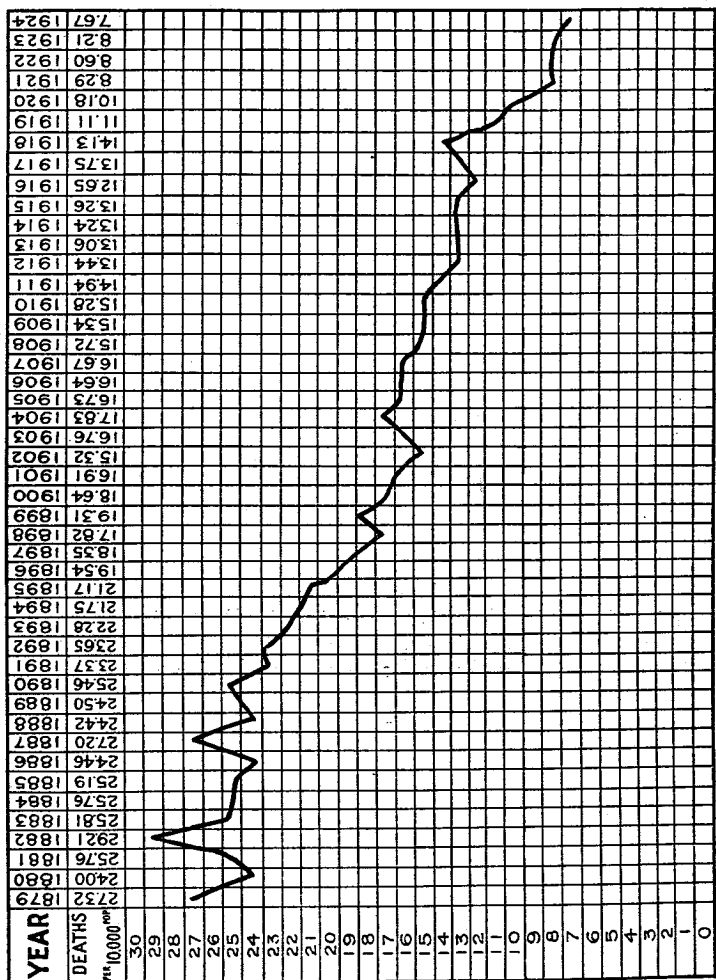
CHART 5.—DEATHS FROM DIPHTHERIA PER 10,000 POPULATION FOR 46 YEARS.



Tuberculosis.—The number of deaths from all forms of tuberculosis during 1924 was 2,997 and from tuberculosis of the lungs alone, 2,642, which is equal to a rate of 7.67 per 10,000 population. Attention is directed to the gradually declining rate from this disease shown in Chart 6, which covers a period of 46 years. The decrease is also demonstrated by counties in Table 11, as is the lowered rate of deaths from all causes. Those few counties which show an increased rate of deaths from all causes are those which are affected by a changing class of population, being mainly composed of farm area, where there is a preponderance of adults of advanced age.

TABLE 11.—AVERAGE ANNUAL DEATH-RATES, PER 10,000 POPULATION, FROM ALL CAUSES AND FROM TUBERCULOSIS OF LUNGS FOR 46 YEARS, COMPARED WITH RATES FOR 1924.

COUNTIES.	Average annual death-rate from all causes.	Death-rate from all causes, 1924.	Average annual death-rate from tuberculosis of lungs.	Death-rate from tuberculosis of lungs, 1924.
Atlantic County,	158.0	151.8	13.50	8.26
Bergen County,	135.2	110.0	13.39	6.95
Burlington County,	153.7	125.1	14.93	6.64
Camden County,	171.8	130.0	17.77	9.24
Cape May County,	137.7	181.9	10.83	5.65
Cumberland County,	104.3	129.8	16.14	8.87
Essex County,	162.8	110.0	19.57	7.92
Gloucester County,	145.0	135.5	14.15	6.00
Hudson County,	176.3	116.3	19.64	8.24
Hunterdon County,	141.9	147.7	12.90	6.38
Mercer County,	162.9	119.4	18.62	8.36
Middlesex County,	151.8	108.1	13.58	7.04
Monmouth County,	153.2	153.4	13.87	9.00
Morris County,	120.7	125.2	15.86	7.17
Ocean County,	142.1	150.8	15.67	7.09
Passaic County,	155.4	100.8	15.83	6.05
Salem County,	144.1	115.5	14.92	5.60
Somerset County,	139.0	122.5	12.45	9.37
Sussex County,	132.4	136.1	11.85	5.62
Union County,	133.4	108.1	13.46	7.15
Warren County,	142.7	124.5	12.10	5.87
The State,	157.7	117.7	16.65	7.67

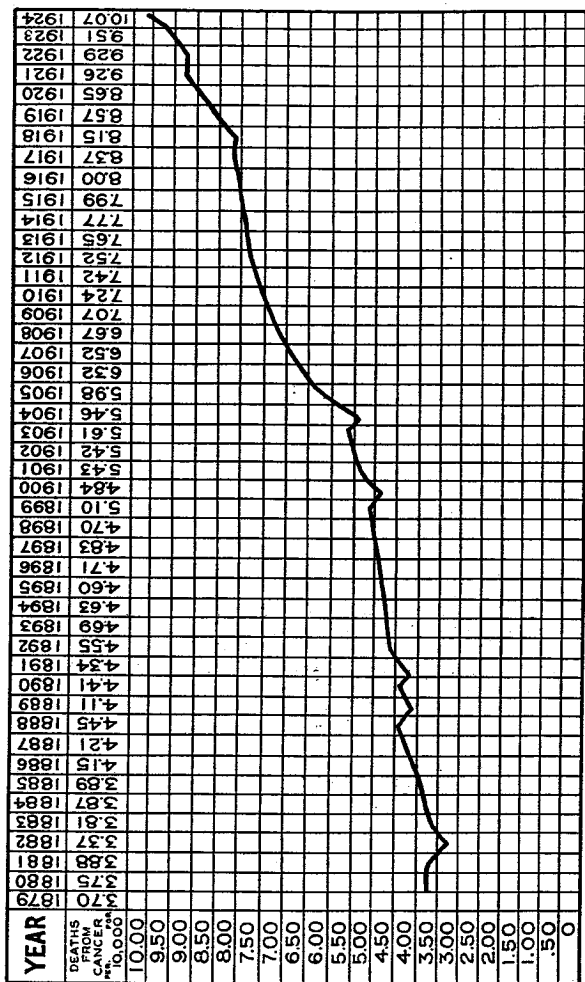


Cancer.—This disease has been steadily increasing during the 46 years of which there is record in New Jersey. A recent study of this affection by ages at death showed a slight decrease in deaths of persons less than fifty years old, with a decided increase above sixty. This study was of New Jersey deaths only but it is likely a similar condition exists in the United States Registration Area.

TABLE 12.—DEATHS FROM CANCER AND OTHER MALIGNANT TUMORS IN NEW JERSEY BY ORGAN AFFECTED, 1924.

CANCER AND OTHER MALIGNANT TUMORS.	AGE PERIODS.											Total.					
	Under 1 yr.	1 to 4.	5 to 9.	10 to 14.	15 to 19.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 to 44.	45 to 49.		50 to 54.	55 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.
Racal cavity.				1	1	1	1	2	2	6	10	14	21	35	21	6	121
Stomach, liver.	1			3	3	3	3	15	30	54	100	137	189	419	276	68	1296
Peritoneum, intestines, rectum.	1	1	1	3	3	3	9	7	19	20	42	70	68	163	102	35	546
Female genital organs.				1	1	1	3	14	34	44	60	71	60	87	50	15	453
Breast.					1	1	3	6	20	32	35	49	52	85	46	21	332
Skin.		1								3		4	4	17	14	22	70
Other organs or organs not specified.	14	2	4	5	5	4	15	23	27	46	64	83	181	136	24	7	640
Total.	1	15	4	6	13	10	24	61	128	186	293	408	457	997	645	191	23,3468

CHART 7.—DEATHS FROM CANCER PER 10,000 POPULATION FOR 46 YEARS.



Encephalitis Lethargica or Sleeping Sickness.—Ninety-seven deaths are directly attributed to this affection during the year 1924. In 1922, which was the first year that the disease was separately classified, there were 45 deaths, while for 1923, 107 were recorded.

Bright's Disease.—During 1924, 3,700 deaths occurred from acute and chronic nephritis. This disease has been showing an annual increase of from one to two hundred deaths.

Suicide.—Deaths by this means decreased 35 from the previous year, the most used method being asphyxiation with shooting ranking in second place.

TABLE 13.—DEATHS BY SUICIDE IN NEW JERSEY, 1924.

MODE OF DEATH.	AGE PERIODS.										Total.			
	10 to 14.	15 to 19.	20 to 24.	25 to 29.	30 to 34.	35 to 39.	40 to 44.	45 to 49.	50 to 54.	55 to 59.		60 to 69.	70 to 79.	80 to 89.	90 and over.
Solid or liquid poisons,	1	5	1	...	3	3	...	4	2	2	...	...	...	22
Corrosive substances, .....	...	2	2	1	1	2	4	...	...	...	...	...	...	15
Poisonous gas,	3	5	5	8	20	13	9	15	18	16	7	1	...	123
Hanging or strangulation,	1	4	3	6	8	11	11	11	7	16	12	1	...	91
Drowning,	3	...	2	2	4	1	3	2	3	2	1	...	...	23
Pneumonia,	1	10	12	13	10	6	9	11	4	18	6	...	...	101
Cutting or piercing instruments, .....	...	2	1	2	2	3	2	1	1	1	1	...	...	23
Jumping from high places, .....	...	2	1	2	2	3	1	1	1	1	4	...	...	17
Crushing, .....	...	...	...	...	1	3	2	...	1	...	...	...	...	7
Others, .....	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Total,	2	7	36	24	30	33	47	40	45	40	58	34	4	420

Automobile Fatalities.—It is gratifying to note an increase of only 10 per cent. in all deaths due to automobile traffic during 1924. This increase is almost entirely among occupants of vehicles, the number of pedestrians killed being only 21 more than last year. The total deaths charged to automobile transportation number 850, while for 1923 the figure is 774. Seventy-four of those killed during the present statistical year were residents of other States. Of the total number 76 were killed in collisions between motor vehicles and railroad trains and 9 in collisions with street cars. Five hundred and one resident pedestrians of New Jersey were killed by automobiles and the following age

table shows that 42 per cent. were children under fifteen years of age:

RESIDENT PEDESTRIAN DEATHS FROM AUTOMOBILE
ACCIDENTS BY AGE PERIODS—1924.

1 Year,	4	15 to 19 Years,	15
2 Years,	7	20 to 24 "	15
3 "	12	25 to 29 "	13
4 "	23	30 to 34 "	12
5 "	24	35 to 39 "	13
6 "	29	40 to 44 "	19
7 "	35	45 to 49 "	34
8 "	16	50 to 54 "	27
9 "	12	55 to 59 "	32
10 "	17	60 to 64 "	29
11 "	8	65 to 69 "	26
12 "	12	70 Years and Over,	49
13 "	11		
14 "	7	Total,	501

TABLE 14.—PERCENTAGE OF DEATHS BY CAUSES TO TOTAL DEATHS AND BY SEX TO TOTAL, 1924.

Abridged International List Number.	CAUSE OF DEATH.	Percentage of total.	Percentage of total.	
			Males—	Females—
1	Typhoid fever, .....	.2	58.7	41.3
2	Typhus fever,		86.7	33.3
3	Malaria,		73.3	26.7
4	Smallpox,		61.7	38.3
5	Measles, .....	.5	40.6	59.4
6	Scarlet fever, .....	.8	48.3	51.7
7	Whooping cough, .....	.7	51.8	48.2
8	Diphtheria and croup, .....	.5	48.6	51.4
9	Influenza, .....	.9		
10	Asiatic cholera,			
11	Cholera nostras, .....	.6	48.8	51.2
12	Other epidemic diseases,		53.4	46.6
13	Tuberculosis of the lungs,	6.5	50.9	49.1
14	Tuberculous meningitis, .....	.4	57.9	42.1
15	Other forms of tuberculosis, .....	.5	44.3	55.7
16	Cancer and other malignant tumors,	8.6	38.3	61.7
17	Simple meningitis, .....	.4	47.1	52.9
18	Cerebral haemorrhage and softening,	8.2	51.7	48.3
19	Organic diseases of the heart,	17.2	51.4	48.6
21	Bronchitis, .....	.9	60.9	39.1
22	Pneumonia,	5.5		
23	Other diseases of the respiratory system (tuberculosis excepted),	4.2	54.6	45.4
24	Diseases of the stomach (cancer excepted), .....	.9	71.2	28.8
25	Diarrhoea and enteritis (under 2 years),	2.3	58.8	41.2
26	Appendicitis and typhlitis,	1.2	36.6	63.4
27	Hernia, intestinal obstruction, .....	.7	56.7	43.3
28	Cirrhosis of the liver, .....	.7	66.8	33.2
29	Acute nephritis and Bright's disease,		49.7	50.3
30	Noncancerous tumors and other diseases of the female genital organs, .....	.4		100.0
31	Puerperal septicaemia (puerperal fever, peritonitis), .....	.5		100.0
32	Other puerperal accidents of pregnancy and labor, .....	.7		100.0
33	Congenital debility and malformations,	5.7	37.1	62.9
34	Senility, .....	.4	33.5	66.5
35	Suicide,	1.0	74.8	25.2
36	Violent deaths (suicide excepted),	6.5	73.4	26.6
37	Other diseases,	13.3	51.5	48.5
38	Unknown or ill-defined diseases, .....	.3	38.9	61.1
	Total,	100.0	53.0	47.0

TABLE 15.—DEATHS IN NEW JERSEY PER 100,000 POPULATION, TOTAL, AND BY WHITE AND COLORED INHABITANTS, 1924.

Abridged International List Number.	CAUSE OF DEATH.	Total deaths per 100,000 population.	White deaths per 100,000 white population.	(Colored deaths per 100,000 colored population.
1	Typhoid fever,	2.6	2.5	6.0
2	Typhus fever,			
3	Malaria,	0.1	0.1	
4	Smallpox,	0.4	0.4	0.7
5	Measles,	5.3	5.3	5.2
6	Scarlet fever,	1.6	1.9	0.7
7	Whooping cough,	7.7	6.3	44.0
8	Diphtheria and croup,	9.8	9.6	12.9
9	Induena,	10.2	9.6	26.6
10	Asiatic cholera,			
11	Cholera nostras,			
12	Other epidemic diseases,	7.4	7.1	14.4
13	Tuberculosis of the lungs,	76.7	70.3	236.3
14	Tuberculous meningitis,	4.4	4.0	13.6
15	Other forms of tuberculosis,	5.3	5.0	23.8
16	Cancer and other malignant tumors,	100.7	101.2	57.4
17	Simple meningitis,	4.4	4.3	5.3
18	Cerebral haemorrhage and softening,	97.2	96.0	126.9
19	Organic diseases of the heart,	202.2	198.6	294.6
20	Bronchitis,	10.5	10.1	20.5
21	Pneumonia,	65.2	60.1	194.5
22	Other diseases of the respiratory system (tuberculosis excepted),	50.2	47.0	129.9
24	Diseases of the stomach (cancer excepted),	10.2	9.9	17.4
25	Diarrhoea and enteritis (under 2 years),	28.8	25.0	74.4
26	Appendicitis and typhlitis,	14.7	14.2	26.6
27	Hernia, intestinal obstruction,	8.3	8.0	16.2
28	Cirrhosis of the liver,	5.5	5.4	10.6
29	Acute nephritis and Bright's disease,	107.4	104.4	153.9
30	Noncancerous tumors and other diseases of the female genital organs,	4.7	4.1	20.5
31	Puerperal septicaemia (puerperal fever, peritonitis),	5.4	5.0	15.9
32	Other puerperal accidents of pregnancy and labor,	8.9	7.4	22.8
33	Congenital debility and malformations,	67.0	63.9	144.4
34	Senility,	5.2	5.2	5.3
36	Suicide,	12.1	12.3	8.9
35	Violent deaths (suicide excepted),	76.1	73.7	135.2
37	Other diseases,	153.6	139.9	273.2
38	Unknown or ill-defined diseases,	2.7	2.5	6.3
Total,		1,177.3	1,136.1	2,212.4

TABLE 16.—TOTAL DEATHS IN NEW JERSEY BY MONTHS AND CAUSES OF DEATH, 1924.

Abridged International List No.	CAUSE OF DEATH.	MONTH OF DEATH.														
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			
1	Typhoid fever,	22	8	14	11	14	13	15	15	17	14	16	21	22	20	22
2	Typhus fever,															
3	Malaria,	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Smallpox,	15	1	3	3	2	4	3	4	3	4	4	4	5	6	7
5	Measles,	50	26	34	37	25	16	14	10	9	11	12	2	2	2	2
6	Scarlet fever,	8	14	10	10	15	10	10	27	11	32	27	20	20	20	16
7	Whooping cough,	35	32	45	37	28	10	12	22	11	18	31	27	26	45	46
8	Diphtheria and croup,	36	33	43	62	44	27	12	7	5	4	15	15	18	34	38
9	Induena,	14	23	26	34	34	34	34	34	34	34	34	34	34	34	34
10	Asiatic cholera,															
11	Cholera nostras,															
12	Other epidemic diseases,	2012	214	212	212	212	16	22	12	12	12	12	12	12	12	12
13	Tuberculosis of the lungs,	2083	17	12	12	12	12	12	12	12	12	12	12	12	12	12
14	Tuberculous meningitis,	3468	285	208	287	271	282	284	284	284	284	284	284	284	284	284
15	Other forms of tuberculosis,	132	11	17	21	20	10	10	10	12	6	13	10	12	12	12
16	Cancer and other malignant tumors,	3348	308	317	302	314	276	272	292	246	238	260	270	260	270	260
17	Simple meningitis,	21	6	6	6	6	6	6	6	6	6	6	6	6	6	6
18	Cerebral haemorrhage and softening,	322	51	50	38	37	53	51	41	40	47	57	57	57	57	57
19	Organic diseases of the heart,	2218	228	294	315	278	290	108	73	50	81	132	170	170	255	255
20	Bronchitis,	1760	268	257	174	140	103	61	60	60	60	60	60	60	60	60
21	Pneumonia,	920	122	122	122	122	122	122	122	122	122	122	122	122	122	122
22	Other diseases of the respiratory system (tuberculosis excepted),	520	52	52	52	52	52	52	52	52	52	52	52	52	52	52
24	Diseases of the stomach (cancer excepted),	920	92	92	92	92	92	92	92	92	92	92	92	92	92	92
25	Diarrhoea and enteritis (under 2 years),	607	22	24	43	50	39	46	47	61	32	40	37	47	47	47
26	Appendicitis and typhlitis,	280	12	12	12	12	12	12	12	12	12	12	12	12	12	12
27	Hernia, intestinal obstruction,	200	12	12	12	12	12	12	12	12	12	12	12	12	12	12
28	Cirrhosis of the liver,	3700	375	321	353	322	250	250	260	238	270	283	284	284	284	284
29	Acute nephritis and Bright's disease,	165	17	16	16	16	12	12	12	12	12	12	12	12	12	12
30	Noncancerous tumors and other diseases of the female genital organs,	189	11	13	16	16	16	16	16	16	16	16	16	16	16	16
31	Puerperal septicaemia (puerperal fever, peritonitis),	2090	263	172	183	170	182	182	182	182	182	182	182	182	182	182
32	Other puerperal accidents of pregnancy and labor,	182	20	21	21	21	21	21	21	21	21	21	21	21	21	21
33	Congenital debility and malformations,	420	31	30	33	33	33	33	33	33	33	33	33	33	33	33
34	Senility,	626	187	200	213	226	200	230	234	238	238	238	238	238	238	238
36	Suicide,	520	46	46	46	46	46	46	46	46	46	46	46	46	46	46
37	Violent deaths (suicide excepted),	80	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Other diseases,															
Total,		40631	3691	3720	3650	3627	3662	3602	3654	3603	3620	3618	3627	3627	3627	3727

TABLE 17.—DEATHS IN NEW JERSEY ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH BY SUBDIVISION OF DAYS, WEEKS AND MONTHS OF THE FIRST YEAR OF LIFE (STILLBIRTHS EXCLUDED), 1924.

Abridged International List Number.	CAUSE OF DEATH.	AGE UNDER 1 YEAR, IN COMPLETED DAYS, WEEKS AND MONTHS.														
		DAYS.			WEEKS.			MONTHS.								
		Under 1 year.	One.	Two.	3 to 6.	Under 1.	One.	Two.	Three.	Under 1.	One.	Two.	3 to 5.	6 to 8.	9 to 11.	
1	Typhoid fever,															
2	Malaria,															
3	Smallpox,															
4	Scarlet fever,															
5	Diphtheria and croup,															
6	Influenza,															
7	Acute cholera,															
8	Other epidemic diseases,															
9	Tuberculosis meningitis,															
10	Other forms of tuberculosis,															
11	Cerebral hemorrhage and softening,															
12	Organic diseases of the heart,															
13	Stroke,															
14	Other diseases of the respiratory system (tuberculosis excepted),															
15	Diseases of the stomach (cancer excepted),															
16	Diarrhoea and enteritis (under 2 years),															
17	Other forms of enteritis,															
18	Cerebral meningitis,															
19	Other forms of meningitis,															
20	Other forms of malignant tumors,															
21	Cerebral hemorrhage and softening,															
22	Organic diseases of the heart,															
23	Stroke,															
24	Other diseases of the respiratory system (tuberculosis excepted),															
25	Diseases of the stomach (cancer excepted),															
26	Diarrhoea and enteritis (under 2 years),															
27	Other forms of enteritis,															
28	Cerebral meningitis,															
29	Other forms of meningitis,															
30	Other forms of malignant tumors and other diseases of the respiratory system,															
31	Non-malignant tumors and other diseases of the respiratory system,															
32	Other purpural meningitis (menopurulent fever, peritonitis),															
33	Other purpural accidents of pregnancy and labor,															
34	Congenital debility and malformations,															
35	Violent deaths (suicide excepted),															
36	Other diseases,															
37	Unknown or ill-defined disease,															
38	Unknown or ill-defined disease,															
Total,		5330	1010	209	258	454	1001	332	210	107	2739	450	356	792	610	424

TABLE 18.—DEATHS UNDER ONE YEAR OF AGE IN NEW JERSEY BY MONTHS AND CAUSES OF DEATH, 1924.

Abridged International List Number.	CAUSE OF DEATH.	MONTH OF DEATH.														
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			
		1	Typhoid fever,													
2	Malaria,															
3	Smallpox,															
4	Scarlet fever,															
5	Diphtheria and croup,															
6	Influenza,															
7	Acute cholera,															
8	Other epidemic diseases,															
9	Tuberculosis meningitis,															
10	Other forms of tuberculosis,															
11	Cerebral hemorrhage and softening,															
12	Organic diseases of the heart,															
13	Stroke,															
14	Other diseases of the respiratory system (tuberculosis excepted),															
15	Diseases of the stomach (cancer excepted),															
16	Diarrhoea and enteritis (under 2 years),															
17	Other forms of enteritis,															
18	Cerebral meningitis,															
19	Other forms of meningitis,															
20	Other forms of malignant tumors,															
21	Non-malignant tumors and other diseases of the respiratory system,															
22	Other purpural meningitis (menopurulent fever, peritonitis),															
23	Other purpural accidents of pregnancy and labor,															
24	Congenital debility and malformations,															
25	Violent deaths (suicide excepted),															
26	Other diseases,															
27	Unknown or ill-defined disease,															
28	Unknown or ill-defined disease,															
Total,		5330	514	463	516	506	467	343	343	403	474	403	417	512	512	512

TABLE 19—BIRTHS, MARRIAGES AND DEATHS AND DEATHS UNDER ONE YEAR OF AGE BY COUNTIES, CITIES, BOROUGHS AND TOWNSHIPS—1924.

ATLANTIC COUNTY.				
NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Absecon City,	22	13	14	1
Atlantic City,	1187	651	820	87
Buena Vista Township,	73	19	32	8
Corbin City,	4	...	...	...
E. Atlantic City, .....	...	...	...	...
Egg Harbor City,	71	35	45	4
Egg Harbor Township,	44	7	34	6
Folsom Borough,	2	...	...	...
Galway Township,	95	4	30	2
Hamilton Township,	49	12	42	7
Hammonton Town,	161	71	68	7
Linwood Borough,	20	7	12	2
Longport Borough,	3	...	...	...
Margate City,	17	3	19	...
Mullica Township,	22	7	13	1
Northfield City,	42	4	26	4
Piasantville City,	198	80	122	16
Pt. Republic City,	12	4	12	2
Somers Point City,	28	9	16	1
Ventnor City,	64	42	48	...
Weymouth Township,	27	2	6	...
Total,	2065	971	1359	149

BERGEN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Allendale Borough,	35	6	12	3
Alpine Borough,	6	...	...	...
Bergenfield Borough,	140	32	44	7
Bogota Borough,	105	38	53	8
Carlstadt Borough,	106	32	50	2
Cliffside Park Borough,	182	53	81	9
Closter Borough,	45	14	34	8
Cresskill Borough,	20	4	12	2
Demarest Borough,	9	2	14	1
Dumont Borough,	67	19	46	...
East Paterson Borough,	85	23	30	2
East Rutherford Borough,	142	39	60	7
Edgewater Borough,	67	29	52	6
Emerson Borough,	24	7	17	3
Englewood City,	280	118	157	22
Englewood Cliffs Borough,	14	4	4	...
Fair Lawn Borough,	30	...	...	...
Fairview Borough,	105	47	57	11
Fort Lee Borough,	144	62	68	12
Franklin Township,	30	5	29	2
Franklin Lakes Borough,	8	2	10	...
Garfield Borough,	732	151	211	48
Glen Rock Borough,	49	20	30	3
Hackensack City,	442	219	249	33
Harrington Park Borough,	15	2	12	1
Hoboken Heights Borough,	17	18	25	1
Havorth Borough,	11	4	9	1
Hillsdale Borough,	31	4	31	2
Hoboken Borough,	15	9	27	...
Hoboken Township,	53	11	37	7
Leonia Borough,	37	42	41	4
Little Ferry Borough,	70	23	21	3
Lodi Borough,	205	92	98	23
Lodi Township,	32	...	...	...
Lyndhurst Township,	281	83	112	20
Maywood Borough,	33	19	19	1
Midland Township,	19	6	4	...
Midland Park Borough,	73	26	29	3
Montvale Borough,	13	4	11	...
Moonachie Borough,	33	5	10	...
New Milford Borough,	42	12	17	2
North Arlington Borough,	86	14	38	8
Northvale Borough,	29	7	14	3
Norwood Borough,	12	3	12	1
Oakland Borough,	10	2	8	...
Old Tappan Borough,	10	1	5	...

BERGEN COUNTY—Continued.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Oradell Borough,	20	5	13	1
Palisade Park Borough,	78	21	45	7
Paramus Borough,	23	5	14	1
Park Ridge Borough,	27	16	25	1
Ramsey Borough,	47	16	30	3
Ridgefield Borough,	27	36	22	2
Ridgefield Park Borough,	137	61	107	61
Ridgewood Village,	139	79	114	8
Riverside Borough,	30	9	19	...
Rivervale Township,	9	1	6	...
Rockleigh Borough, .....	...	...	2	...
Rutherford Borough,	134	69	111	5
Saddle River Borough,	7	1	7	...
Saddle River Township,	64	14	24	9
Teaneck Township,	120	41	65	6
Tenafly Borough,	73	31	38	5
Teterboro Borough,	1	...	...	...
Upper Saddle River Borough, .....	...	1	4	...
Walwick Borough,	34	8	18	1
Wallington Borough,	211	2	56	14
Washington Township,	3	1	...	...
Westwood Borough,	40	42	35	3
Woodcliff Lake Borough,	9	1	7	...
Woodridge Borough,	30	11	18	...
Total,	3505	1796	2880	333

HURLINGTON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bass River Township,	16	1	16	6
Beverly City,	63	39	43	2
Beverly Township,	46	6	39	5
Bordentown City,	73	39	75	...
Bordentown Township,	2	2	8	4
Burlington City,	249	68	147	13
Burlington Township,	39	2	16	2
Chester Township,	35	14	33	9
Chesterfield Township,	26	9	15	...
Cinnaminson Township,	31	8	18	1
Deiran Township,	38	5	19	2
Easthampton Township,	11	...	6	3
Edgewater Park Township,	17	...	5	...
Everham Township,	37	7	14	2
Fieldsboro Borough,	11	1	6	...
Florence Township,	194	56	83	19
Hainesport Township,	15	1	8	1
Lumberton Township,	27	2	12	2
Mansfield Township,	27	3	20	4
Medford Township,	51	6	24	2
Moorestown Township,	115	49	78	9
Mount Laurel Township,	46	2	21	4
New Hanover Township,	3	6	8	...
Northampton Township,	128	54	107	8
North Hanover Township,	15	...	12	2
Palmyra Borough,	81	34	52	2
Pemberton Borough,	10	11	18	...
Pemberton Township,	3	4	32	3
Riverside Township,	165	58	57	11
Riverton Borough,	41	15	27	7
Shamong Township,	10	...	8	...
Southampton Township,	33	...	23	...
Springfield Township,	39	4	21	3
Tabernacle Township,	6	3	8	1
Washington Township,	8	...	6	...
Westampton Township,	10	2	9	...
Willingboro Township,	14	...	6	1
Woodland Township,	8	2	3	...
Wrightstown Borough,	9	1	4	...
Total,	1832	507	1112	133

CAMDEN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Audubon Borough.	134	27	51	9
Barrington Borough.	44	5	20	...
Berlin Township.	617	64	41	5
Brooklawn Borough.	30	9	1	1
Camden City.	2772	1009	1608	267
Centre Township.	132	15	54	6
Chestnut Borough.	7	4	4	...
Clementon Township.	156	10	8	...
Collingswood Borough.	153	71	123	12
Delaware Township.	54	1	28	2
Gibbsboro Borough.	5	4	5	2
Gloucester City.	277	104	175	20
Gloucester Township.	73	17	47	7
Haddonfield Borough.	124	34	91	13
Haddon Heights Borough.	38	25	47	...
Haddon Township.	98	12	48	5
Laurel Springs Borough.	15	9	15	1
Magnolia Borough.	27	7	17	1
Merchantville Borough.	51	28	49	5
Oaklyn Borough.	40	1	29	1
Pennsauken Township.	187	31	98	16
Tavistock Borough.	...	...	...	...
Voortreces Township.	30	5	14	...
Waterford Township.	60	7	28	4
Winslow Township.	125	10	38	10
Wood Lynn Borough.	45	4	21	6
Total.	4778	1507	2769	403

CAPE MAY COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Avalon Borough.	2	...	4	...
Cape May City.	35	15	52	4
Cape May Point Borough.	3	...	4	...
Dennis Township.	46	7	25	3
Lower Township.	25	6	18	2
Middle Township.	50	19	50	...
North Wildwood City.	87	5	25	1
Ocean City.	103	45	45	2
Sea Isle City.	19	8	11	2
South Cape May Borough.	...	...	...	...
Stone Harbor Borough.	4	...	6	...
Upper Township.	26	9	51	1
West Cape May Borough.	15	2	11	...
West Wildwood Borough.	2	...	3	...
Wildwood City.	87	50	52	9
Wildwood Crest Borough.	7	...	3	...
Woodbine Borough.	45	7	3	...
Total.	524	173	354	27

CUMBERLAND COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bridgeton City.	296	119	214	28
Commercial Township.	52	12	31	2
Deerfield Township.	42	7	24	6
Downe Township.	40	6	26	1
Fairfield Township.	40	12	19	2
Greenwich Township.	34	12	10	...
Hopewell Township.	59	11	27	...
Landis Township.	157	58	125	11
Lawrence Township.	33	10	27	2
Maurice River Township.	39	8	51	4
Millville City.	318	111	173	26
Stow Creek Township.	26	4	29	3
Upper Deerfield Township.	42	2	13	2
Vineland Borough.	118	74	59	11
Total.	1306	442	834	104

ESSEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Belleville Town.	495	121	218	30
Bloomfield Town.	509	194	260	33
Caldwell Borough.	78	25	51	4
Caldwell Township.	16	7	5	...
Cedar Grove Township.	22	7	15	...
East Orange City.	857	296	557	48
Essex Fells Borough.	8	7	5	...
Glen Ridge Borough.	73	31	48	...
Irlington Town.	678	187	322	24
Livingston Township.	39	11	38	3
Maplewood Township.	155	43	83	1
Millburn Township.	102	27	48	5
Montclair Town.	614	272	305	37
Newark City.	10572	4529	5089	712
North Caldwell Borough.	9	...	4	...
Nutley Town.	303	76	118	14
Orange City.	805	302	389	47
Roseland Borough.	15	3	6	1
South Orange Village.	156	69	98	7
Verona Borough.	73	38	34	1
West Caldwell Borough.	24	5	14	1
West Orange Town.	366	79	171	15
Total.	15900	6319	7883	994

GLOUCESTER COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Clayton Borough.	44	11	26	3
Deptford Township.	54	12	38	7
East Greenwich Township.	23	9	22	...
Elk Township.	24	5	12	2
Franklin Township.	96	17	38	5
Glassboro Township.	91	33	45	...
Greenwich Township.	54	7	21	5
Harrison Township.	36	9	19	3
Logan Township.	24	3	20	1
Mantua Township.	51	11	23	4
Monroe Township.	64	18	53	11
National Park Borough.	45	7	18	2
Newfield Borough.	12	4	4	...
Paulsboro Borough.	175	30	59	14
Pitman Borough.	53	38	63	2
South Harrison Township.	11	1	7	2
Swedesboro Borough.	59	17	33	5
Washington Township.	45	4	18	3
Wenonah Borough.	12	16	18	1
West Deptford Township.	73	31	31	6
Westville Borough.	67	16	36	6
Woodbury City.	150	70	100	17
Woodbury Heights Borough.	10	5	7	1
Woolwich Township.	10	...	8	...
Total.	1284	351	722	104

HUDSON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bayonne City.	2114	512	796	156
East Newark Borough.	65	21	30	3
Guttenberg Town.	143	34	50	8
Harrison Town.	443	143	207	31
Hoboken City.	1323	982	887	101
Jersey City.	7227	2677	4069	563
Kearns Town.	539	175	306	37
North Bergen Township.	629	164	273	45
Secaucus Borough.	123	32	63	6
Town of Union.	385	284	255	28
Weehawken.	254	91	138	17
West Hoboken Town.	734	392	410	45
West New York Town.	797	421	329	38
Total.	14900	5338	7818	1076

HUNTERDON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alexandria Township,	23	3	20	3
Bethlehem Township,	19	2	11	...
Bloomsbury Borough,	10	6	14	...
Clinton Town,	8	11	10	1
Callfon Borough,	8	5	17	...
Clinton Township,	35	9	21	3
Delaware Township,	19	6	20	3
East Amwell Township,	14	7	15	...
Flemington Borough,	32	22	47	3
Franklin Township,	22	13	15	1
Frenchtown Borough,	22	16	20	...
Glen Gardner Borough,	6	...	7	2
Hampton Borough,	15	10	9	1
High Bridge Borough,	35	8	18	3
Holland Township,	14	2	9	...
Kingwood Township,	20	4	14	...
Lamberville City,	105	33	72	12
Lebanon Township,	19	...	18	1
Milford Borough,	17	6	9	...
Raritan Township,	21	3	16	1
Readington Township,	48	12	45	3
Stockton Borough,	18	3	9	3
Tewksbury Township,	13	6	23	4
Union Township,	41	3	18	4
West Amwell Township,	11	2	9	2
Total,	573	192	496	47

MERCER COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
East Windsor Township,	9	3	4	14
Ewing Township,	142	18	64	35
Hamilton Township,	417	73	212	49
Hightstown Borough,	55	31	49	2
Hopewell Borough,	25	12	28	2
Hopewell Township,	70	29	38	9
Lawrence Township,	67	22	46	11
Pennington Borough,	16	8	11	2
Princeton Borough,	104	67	75	10
Princeton Township,	57	1	50	2
Trenton City,	2913	1046	1517	267
Washington Township,	22	3	16	2
West Windsor Township,	31	6	10	3
Total,	3963	1302	2099	357

MIDDLESEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Carteret Borough,	317	62	130	23
Crabtree Township,	19	11	17	...
Dunellen Borough,	104	15	53	9
East Brunswick Township,	40	3	14	2
Helmetta Borough,	13	1	8	1
Highland Park Borough,	124	29	33	5
Jamesburg Borough,	41	23	30	4
Madison Township,	41	6	16	2
Metuchen Borough,	93	47	41	4
Middlesex Borough,	38	8	25	4
Milwilton Borough,	72	19	28	3
Murrow Township,	28	...	10	...
Monroe Township,	889	354	433	59
New Brunswick City,	11	1	94	1
North Brunswick Township,	40	11	16	1
Perth Amboy City,	1188	384	484	10
Piscataway Township,	199	39	68	...
Plainboro Township,	14	2	7	2
Raritan Township,	153	12	77	10
Sayreville Borough,	235	37	90	23
South Amboy City,	189	77	85	10
South Brunswick Township,	10	10	30	1
South River Borough,	233	58	91	16
Spotswood Borough,	19	1	18	...
Woodbridge Borough,	404	66	166	30
Total,	4616	1276	1993	323

MONMOUTH COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Allenhurst Borough,	15	2	3	...
Allentown Borough,	9	23	13	...
Asbury Park City,	239	223	176	16
Atlantic Township,	6	6	12	...
Atlantic Highlands Borough,	37	22	81	2
Avon Borough,	17	16	18	...
Belmar Borough,	32	33	43	3
Bradley Beach Borough,	67	15	42	4
Brielle Borough,	4	...	3	...
Deal Borough,	8	6	8	1
Eatontown Township,	24	11	26	3
Highshottown Borough,	13	2	13	1
Fair Haven Borough,	26	5	23	2
Farmingdale Borough,	15	1	12	1
Freehold Borough,	104	49	88	10
Freehold Township,	24	...	17	3
Highlands Borough,	38	23	22	...
Holmdel Township,	19	2	12	...
Howell Township,	47	15	36	2
Interlaken Borough,	3	1	...	...
Keansburg Borough,	50	24	30	2
Keypport Borough,	87	31	37	3
Little Silver Borough,	16	2	8	...
Long Branch City,	314	120	207	24
Manalapan Township,	24	6	13	1
Manasquan Borough,	34	25	29	1
Marlboro Township,	25	21	23	2
Matawan Borough,	41	8	26	4
Matawan Township,	54	3	23	8
Middletown Township,	99	40	84	5
Millstone Township,	13	...	19	2
Monmouth Beach Borough,	5	...	5	...
Neptune Township,	170	78	154	13
Neptune City Borough,	35	...	12	1
Ocean Township,	32	6	27	1
Oceanport Borough,	20	...	10	1
Raritan Township,	27	...	25	7
Red Bank Borough,	203	111	149	20
Rumson Borough,	29	13	22	1
Sea Bright Borough,	11	3	9	1
Sea Girt Borough,	3	1	4	1
Shrewsbury Township,	2	15	3	1
South Belmar Borough,	2	12	6	1
Spring Lake Borough,	48	19	25	1
Upper Freehold Township,	54	6	23	5
Wall Township,	64	24	41	1
West Long Branch Borough,	14	5	22	1
Total,	2296	1052	1682	160

MORRIS COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Boonton Town,	141	51	76	6
Boniton Township,	5	...	3	...
Butler Borough,	90	20	33	4
Chatham Borough,	49	17	34	2
Chatham Township,	14	1	7	1
Chester Township,	29	8	17	1
Deerville Township,	20	3	14	3
Dover Town,	226	104	122	17
Florham Park Borough,	5	...	8	...
Hanover Township,	138	34	89	14
Harding Township,	6	1	11	1
Jefferson Township,	29	7	14	2
Kinnelon Borough,	11	1	3	2
Lincoln Park Borough,	26	9	8	3
Madison Borough,	133	49	73	6
Mendham Borough,	20	8	16	...
Mendham Township,	15	...	10	...
Mine Hill Township,	19	...	9	1
Montville Township,	51	8	32	2
Morris Township,	273	119	174	14
Mount Arlington Borough,	2	40	39	2
Mount Olive Township,	11	1	7	1
Mountain Lakes Borough,	16	8	15	2
Netcong Borough,	5	...	3	...
Netcong Borough,	55	19	28	4

MORRIS COUNTY—Continued.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Passaic Township,	55	17	24	1
Pequanock Township,	20	10	12	3
Randolph Township,	29	1	20	2
Riverdale Borough,	26	1	14	3
Rockaway Borough,	65	28	34	8
Rockaway Township,	47	4	32	4
Roxbury Township,	59	13	39	3
Washington Township,	28	3	17	1
Wharton Borough,	81	34	24	5
Total,	1848	554	1082	115

OCEAN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Barnegat City Borough,	1	...	...	...
Bay Head Borough,	4	1	5	...
Beach Haven Borough,	16	2	5	1
Beachwood Borough,	5	...	1	...
Berkeley Township,	12	4	7	...
Brick Township,	23	4	9	2
Dover Township,	40	37	48	2
Eagleswood Township,	10	1	5	...
Harvey Cedars Borough, .....	...	...	...	...
Island Heights Borough,	5	1	6	...
Jackson Township,	22	8	14	2
Lacey Township,	11	3	7	...
Lakehurst Borough,	26	...	12	4
Lakewood Township,	141	71	89	5
Lavallette Borough,	5	1	1	1
Little Egg Harbor Township,	10	...	8	...
Long Beach Township,	8	...	4	...
Manchester Township,	9	2	4	1
Mantoloking Borough, .....	...	...	1	...
Ocean Township,	4	2	4	...
Ocean Gate Borough, .....	...	1	2	...
Plumstead Township,	22	13	16	1
Point Pleasant Borough,	31	9	29	...
Point Pleasant Beach Borough,	23	7	14	2
Sea Side Heights Borough,	1	...	1	...
Seaside Park Borough,	5	1	6	1
Stafford Township,	10	5	14	1
Surf City Borough,	27	3	2	...
Tuckerton Borough,	27	18	21	3
Union Township,	19	10	14	2
Total,	492	204	340	31

PASSAIC COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bloomingsdale Borough,	52	18	22	3
Clifton City,	733	162	320	56
Haledon Borough,	35	22	42	6
Hawthorne Borough,	124	63	70	10
Little Falls Township,	86	21	38	11
North Haledon Borough,	33	5	12	2
Passaic City,	1339	796	349	104
Paterson City,	2743	1272	1349	179
Pompton Lakes Borough,	53	24	29	5
Prospect Park Borough,	97	21	28	6
Ringwood Borough,	25	...	13	2
Totowa Borough,	57	6	25	3
Wanaque Borough,	78	19	42	9
Wayne Township,	59	19	46	6
West Millford Township,	34	5	21	2
West Paterson Borough,	68	16	25	6
Total,	5864	2439	2815	410

SALEM COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alloway Township,	28	4	20	...
Elmer Borough,	15	11	19	1
Elsholtz Township,	4	1	4	...
Lower Alloways Creek Township,	9	5	17	2
Lower Penns Neck Township,	57	4	23	4
Mannington Township,	34	4	19	3
Oldmans Township,	22	9	21	1
Penns Grove Borough,	110	37	85	8
Pilesgrove Township,	37	8	18	3
Pittsgrove Township,	27	2	21	3
Quinton Township,	18	4	14	...
Salem City,	133	42	143	13
Upper Penns Neck Township,	90	5	22	4
Upper Pittsgrove Township,	33	4	24	6
Woodstown Borough,	34	15	42	5
Total,	690	155	474	58

SOMERSET COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bedminster Township,	19	4	15	1
Bernards Township,	68	23	36	3
Bernardsville Borough,	33	12	17	4
Bound Brook Borough,	193	92	72	8
Branchburg Borough,	16	3	14	2
Bridgewater Township,	41	2	35	5
Far Hills Borough,	8	4	4	...
Franklin Township,	94	21	45	5
Hillsborough Township,	123	38	68	9
Millstone Borough,	3	3	5	...
Montgomery Township,	32	6	18	3
North Plainfield Borough,	137	59	104	8
North Plainfield Township,	13	6	8	3
Peapack-Gladstone Borough,	30	7	15	...
Raritan Borough,	87	24	47	5
Rocky Hill Borough,	7	3	8	...
Somerville Borough,	176	68	113	11
South Bound Brook Borough,	42	8	15	3
Warren Township,	16	6	10	...
Total,	1170	389	640	70

SUSSEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Andover Borough,	12	1	12	...
Andover Township,	11	1	1	...
Branchville Borough,	13	7	13	1
Byram Township,	6	...	2	2
Frankford Township,	27	2	14	7
Franklin Borough,	108	15	50	7
Fredon Township,	5	...	1	...
Green Township,	15	3	5	...
Hamburg Borough,	35	25	14	1
Hampton Township,	13	8	6	1
Hardyston Township,	17	5	13	2
Hopatcong Borough,	4	...	2	...
Lafayette Township,	17	5	11	1
Montague Township,	6	...	4	3
Newton Township,	95	33	48	3
Ogdensburg Borough,	24	...	18	2
Sandyston Township,	7	4	8	1
Sparta Township,	29	9	13	2
Stanhope Borough,	14	13	10	1
Stillwater Township,	14	3	18	1
Sussex Borough,	44	15	17	...
Vernon Township,	36	2	18	2
Walpack Township,	10	...	6	...
Wantage Township,	31	5	16	3
Total,	590	176	339	31

UNION COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Clark Township,	16	2	12	...
Cranford Township,	130	56	69	10
Elizabeth City,	2324	824	1080	131
Fanwood Borough,	16	2	17	1
Garwood Borough,	84	11	19	5
Hillside Township,	230	28	92	13
Kenilworth Borough,	43	5	16	3
Linden Borough,	101	18	47	4
Linden Township,	238	17	56	18
Mountainside Borough,	15	...	11	1
New Providence Borough,	31	7	22	6
New Providence Township,	26	3	11	2
Plainfield City,	688	233	346	44
Rahway City,	230	93	135	17
Roselle Borough,	192	37	83	16
Roselle Park Borough,	113	29	61	6
Scotch Plains Township,	74	12	36	4
Springfield Township,	58	16	21	3
Summit City,	225	75	185	11
Union Township,	122	29	79	9
Westfield Town,	209	76	126	12
Total,	5195	1578	2465	336

WARREN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alpha Borough,	79	21	21	6
Allamuchy Township,	19	...	8	3
Belvidere Town,	15	21	29	1
Blairstown Township,	32	7	21	5
Franklin Township,	29	1	15	4
Frelinghuysen Township,	14	3	12	...
Greenwich Township,	24	21	13	4
Hackettstown Town,	48	19	50	2
Hardwick Township,	8	...	2	...
Harmony Township,	28	7	11	2
Hope Township,	20	7	15	1
Independence Township,	21	8	11	3
Knowlton Township,	16	4	13	...
Lopatcong Township,	18	...	6	3
Mansfield Township,	18	6	14	2
Oxford Township,	46	10	17	1
Pahaquarry Township,	3	...	2	2
Phillipsburg Township,	382	126	210	31
Phillipsburg Town,	26	1	21	5
Pohatcong Township,	50	27	32	3
Washington Borough,	18	...	14	1
Washington Township,	26	1	15	1
White Township,	940	290	572	78
Total,	76,330	27,601	40,531	5359
State Total,				

TABLE 20-DEATHS IN COUNTIES AND CERTAIN SELECTED MUNICIPALITIES, FROM EACH WHICH FOLLOW:

Table with columns for counties/municipalities (Kearny, Town of Union, West Hoboken, etc.) and rows for various causes of death (Diseases of the pharynx and tonsils, etc.).

CAUSE OF DEATH, DETAILED INTERNATIONAL LIST. (COUNTY FIGURES INCLUDE DISTRICTS 1924-Continued.

Table with columns for municipalities/counties (Asbury Park, Long Branch, Red Bank, etc.) and rows for various causes of death (Diseases of the pharynx and tonsils, etc.).

TABLE 21.—DEATHS BY OCCUPATIONS

	AGRICULTURE, FORESTRY AND ANIMAL HUSBANDRY.	Farmers.	Farm laborers.	Fishermen and oystermen.	Gardeners, florists, fruit growers and nurserymen.	Other agricultural and animal husbandry pursuits.	EXTRACTION OF MINERALS.	Foremen, overseers and inspectors.	Miners.	Quarry operatives.	MANUFACTURING AND MECHANICAL INDUSTRIES.	Others.
Tuberculosis of the respiratory system.	10 to 19,	1	1					1				
	20 to 29,	3	3					1				
	30 to 39,	11	5					1				
	40 to 49,	5	1					1				
	50 to 59,	9	3					1				
	60 to 69,	12	3					1				
	70 to 79,	1	3					1				
	80 and over,	1						1				
Totals,		32	15	1	8	4		8				8
Cancer and other neoplasms.	10 to 19,											
	20 to 29,											
	30 to 39,	7	1									
	40 to 49,	3	3									
	50 to 59,	11	1	1	4	3						
	60 to 69,	32	3	1	13	1						
	70 to 79,	21	3	1	9	1						
	80 and over,	8			1							
Totals,		81	7	2	21	4		2	1			7
Diseases of the nervous system and of the special sense.	10 to 19,		1									1
	20 to 29,		3									
	30 to 39,	4	3									
	40 to 49,	15	1	1								
	50 to 59,	25	3	2								
	60 to 69,	53	6	3	4	2		1	1			
	70 to 79,	3	2	2	4	1		1	1			
	80 and over,	37	2	2	4	1		1	1			1
Totals,		151	19	5	12	5		1	2			16
Diseases of the circulatory system.	10 to 19,	1										
	20 to 29,											
	30 to 39,	2										
	40 to 49,	11	1	1	4	1						
	50 to 59,	15	4	2	1	1			1			
	60 to 69,	46	10	3	16	3		2	3			
	70 to 79,	85	7	8	5	2		1	1			
	80 and over,	53	4	1	5	1		1	1			
Totals,		215	32	14	36	10		4	8			22

AND AGE GROUPS, NEW JERSEY, 1924.

	Blacksmiths, forgemen and hammermen.	Bottlemakers.	Brick and stone masons.	Builders and building contractors.	Carpenters, coopers and cabinet makers.	Compositors, linotypers and typesetters.	Dressmakers and seamstresses (not in factory).	Physicians.	Electricians and electrical engineers.	Engineers (stationary).	Engravers.	Millers, grinders, buffers and polishers (metal).	Firemen (except locomotive and fire department).	Crashhoppers.	Jewelers, watchmakers, goldsmiths and silversmiths.	Laborers (general and not specified laborers).	Building and hand trades.	Chemical industries.	Clay and stone industries (excepting potteries).
10 to 19,	1																		
20 to 29,	1																		
30 to 39,	1																		
40 to 49,	1																		
50 to 59,	1																		
60 to 69,	1																		
70 to 79,	1																		
80 and over,	1																		
Totals,	11	4	8	9	48	2	13	2	14	11	1	4	6	2	11	213	6	2	10
10 to 19,																			
20 to 29,																			
30 to 39,																			
40 to 49,																			
50 to 59,																			
60 to 69,																			
70 to 79,																			
80 and over,																			
Totals,	16	4	20	16	72	2	10	6	3	16	2	1	16	2	9	167	6	3	2
10 to 19,																			
20 to 29,																			
30 to 39,																			
40 to 49,																			
50 to 59,																			
60 to 69,																			
70 to 79,																			
80 and over,																			
Totals,	13	7	8	16	69	1	7	5	5	22	4	4	9		16	225	5	1	3
10 to 19,																			
20 to 29,																			
30 to 39,																			
40 to 49,																			
50 to 59,																			
60 to 69,																			
70 to 79,																			
80 and over,																			
Totals,	22	5	40	24	157	2	21	7	12	42	1	10	17		28	416	8	4	14

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Occupations											
	Glass industries.	Iron, steel and other metal industries.	Leather industries.	Lumber and furniture industries.	Potteries.	Rubber industries.	Textile industries.	Other industries.	Machinists, millwrights and toolmakers.	Managers, superintendents and foremen (manufacturing).	Manufacturers and officials.	Mechanics (gunsmiths, locksmiths, wheelwrights, etc.).
Tuberculosis of the respiratory system.	10 to 19,	1	1	1	1	1	1	1	1	1	1	1
20 to 29,	1	1	1	1	1	1	1	1	1	1	1	1
30 to 39,	1	1	1	1	1	1	1	1	1	1	1	1
40 to 49,	1	1	1	1	1	1	1	1	1	1	1	1
50 to 59,	1	1	1	1	1	1	1	1	1	1	1	1
60 to 69,	1	1	1	1	1	1	1	1	1	1	1	1
70 to 79,	1	1	1	1	1	1	1	1	1	1	1	1
80 and over,	1	1	1	1	1	1	1	1	1	1	1	1
Totals,	10	1	2	2	2	2	13	50	21	1	11	
Cancer and other neoplasms.	10 to 19,											
20 to 29,												
30 to 39,												
40 to 49,												
50 to 59,												
60 to 69,												
70 to 79,												
80 and over,												
Totals,	7	1	1	4	8	40	20	17	12			
Diseases of the nervous system and of the special sense.	10 to 19,											
20 to 29,												
30 to 39,												
40 to 49,												
50 to 59,												
60 to 69,												
70 to 79,												
80 and over,												
Totals,	13	1	1	1	1	19	47	31	22	12		
Diseases of the circulatory system.	10 to 19,											
20 to 29,												
30 to 39,												
40 to 49,												
50 to 59,												
60 to 69,												
70 to 79,												
80 and over,												
Totals,	1	8	1	2	0	1	4	31	83	57	37	18

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Occupations																			
	Millers (grain, flour, feed, etc.).	Milliners and millinery dealers.	Molders, founders and casters.	Painters, glaziers, varnishers, enamellers, etc.	Paperhangers.	Plasterers.	Plumbers and gas and steam fitters.	Pressmen (printing).	Roofers and slaters.	Semi-skilled operatives (industry not stated).	Chemical industries.	Cigar and tobacco factories.	Clay and stone industries (excepting potteries).	Clothing industries.	Food industries.	Glass industries.	Iron, steel and other metal industries.	Leather industries.	Lumber and furniture industries.	
Tuberculosis of the respiratory system.	10 to 19,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20 to 29,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
30 to 39,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
40 to 49,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
50 to 59,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
60 to 69,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
70 to 79,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
80 and over,	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Totals,	10	10	24	2	2	18	10	1	26	1	8	12	15	5	2	32	11	2		
Cancer and other neoplasms.	10 to 19,																			
20 to 29,																				
30 to 39,																				
40 to 49,																				
50 to 59,																				
60 to 69,																				
70 to 79,																				
80 and over,																				
Totals,	7	5	37	3	4	14	5	1	8	1	4	9	9	1	3	15	6	4		
Diseases of the nervous system and of the special sense.	10 to 19,																			
20 to 29,																				
30 to 39,																				
40 to 49,																				
50 to 59,																				
60 to 69,																				
70 to 79,																				
80 and over,																				
Totals,	13	7	48	4	3	13	5	1	7	4	5	12	11	2	3	31	11	7		

TABLE 21.—DEATHS BY OCCUPATIONS AND

AGE GROUPS, NEW JERSEY, 1924.—Continued.

Age Group	Motormen.	Officials and superintendents.	Switchmen, bagmen and yardmen.	Ticket and station agents.	Other parents.	Express, Post, Telegraph and Telephone.	Express messengers and railway mail clerks.	Linenen.	Mail carriers.	Telegraph operators.	Telephone operators.	Other parents.
Tuberculosis of the respiratory system.												
10 to 19												1
20 to 29												1
30 to 39												1
40 to 49												1
50 to 59												1
60 to 69												1
70 to 79												1
80 and over												1
Totals	5	1	5	2	3	4	3	2	4	9	5	
Cancer and other malignant tumors.												
10 to 19												1
20 to 29												1
30 to 39												1
40 to 49												1
50 to 59												1
60 to 69												1
70 to 79												1
80 and over												1
Totals	4	3	10	3	6	2	1	5	4	1	2	
Diseases of the stomach and of the organs of special sense.												
10 to 19												1
20 to 29												1
30 to 39												1
40 to 49												1
50 to 59												1
60 to 69												1
70 to 79												1
80 and over												1
Totals	5	4	11	3	6	1	2	2	2	2	4	
Diseases of the circulatory system.												
10 to 19												1
20 to 29												1
30 to 39												1
40 to 49												1
50 to 59												1
60 to 69												1
70 to 79												1
80 and over												1
Totals	12	1	24	4	15	4	1	6	2	1	4	

Age Group	Bankers, brokers and moneylenders.	Clerks in stores.	Deliverymen.	Laborers.	Real estate and insurance agents and officials.	Salesmen and saleswomen.	Undertakers.	Wholesale and retail dealers.	Other parents.	PUBLIC SERVICE (NOT ELSEWHERE CLASSIFIED).	Firemen (fire department).	Laborers (public service).	Marshals, sheriffs, detectives, etc.	Officials and inspectors (city, county, state, U. S.).	Policemen.	Soldiers, sailors and marines.	Other parents.
Tuberculosis of the respiratory system.																	
10 to 19																	1
20 to 29																	1
30 to 39																	1
40 to 49																	1
50 to 59																	1
60 to 69																	1
70 to 79																	1
80 and over																	1
Totals	2	14	5	3	16	28	2	49	5		1	8	1	3	3	6	16
Cancer and other malignant tumors.																	
10 to 19																	1
20 to 29																	1
30 to 39																	1
40 to 49																	1
50 to 59																	1
60 to 69																	1
70 to 79																	1
80 and over																	1
Totals	7	3		1	14	26	3	88	6		1	2	1	7	12		29
Diseases of the stomach and of the organs of special sense.																	
10 to 19																	1
20 to 29																	1
30 to 39																	1
40 to 49																	1
50 to 59																	1
60 to 69																	1
70 to 79																	1
80 and over																	1
Totals	12	12	3		23	38	4	119	9		4	2	3	14	9	4	32
Diseases of the circulatory system.																	
10 to 19																	1
20 to 29																	1
30 to 39																	1
40 to 49																	1
50 to 59																	1
60 to 69																	1
70 to 79																	1
80 and over																	1
Totals	21	10	5	3	54	63	8	226	16		8	7	6	24	24	4	56

TABLE 21.—DEATHS BY OCCUPATIONS AND

	PROFESSIONAL SERVICE.	Architects.	Authors, editors and reporters.	Chemists, assayers, etc.	Civil and mining engineers and surveyors.	Clergymen.	Dentists.	Designers, draftsmen and inventors.	Lawyers, judges and justices.	Musicians and teachers of music.	Photographers.	Physicians and surgeons.	Teachers and other educators.
Tuberculosis of respiratory system.													
10 to 19													
20 to 29													
30 to 39				1	3		1						
40 to 49					1	1	1						
50 to 59					1	1	1						
60 to 69					1	1	1						
70 to 79											1		
80 and over												1	
Totals			1	5	4	1	4	2	2	1	2	17	
Cancers and other malignant tumors.													
10 to 19													
20 to 29													
30 to 39			1										
40 to 49					1		1	1					
50 to 59					3		3	3					
60 to 69			1		3		3	3					
70 to 79					3		3	3					
80 and over					1		1	1					
Totals			3	2	10	1	7	7	4	1	4	17	
Diseases of the nervous system and special sense.													
10 to 19													
20 to 29													
30 to 39													
40 to 49													
50 to 59													
60 to 69													
70 to 79			1		3		3	3					
80 and over					1		1	1					
Totals			1	4	9	3	3	3	12	9	4	12	15
Diseases of the circulatory system.													
10 to 19													
20 to 29													
30 to 39			1										
40 to 49													
50 to 59					2	3		3	5	1	1	3	3
60 to 69			1		1	9	1	3	7	7	13	7	5
70 to 79					1	10	1	3	5	1	5	5	5
80 and over					3	3		3	1	1	2	2	4
Totals			3		4	26	2	11	21	21	31	25	28

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Other professional and semi-professional pursuits.	DOMESTIC AND PERSONAL SERVICE.	Barbers, hairdressers and manicurists.	Bartenders.	Hotel keepers and managers.	Housekeepers and stewards.	Janitors and sextons.	Laundresses and laundresses.	Porters (except in stores).	Restaurant, cafe and lunch room keepers.	Shoonekeepers.	Servants.	Waiters.	Other pursuits.	CLERICAL OCCUPATIONS.	Agents, canvassers and collectors.	Bookkeepers, cashiers and accountants.	Clerks (except clerks in stores).	Other clerical pursuits.	Total.	
10 to 19																					
20 to 29																					
30 to 39			1			25		1	1												
40 to 49						208															
50 to 59			3		191	124		3	3												
60 to 69			4		82	62		3	3												
70 to 79					37	1		1	1												
80 and over					10	2															
Totals			11	3	656	5	15	11	4		3	43	24	12		3	25	108	25	224	
10 to 19						10															
20 to 29						101															
30 to 39			1		233			2	1												
40 to 49					4																
50 to 59			1		367			4	1	3											
60 to 69					340			2	1	2											
70 to 79					136			4													
80 and over					41																
Totals			8	3	71278	19	9	3	5	2	35	5	8			3	15	44	8	2702	
10 to 19						2															
20 to 29						53															
30 to 39						129		1	1	1											
40 to 49						260		5	1	1											
50 to 59						337		3	4	4											
60 to 69						325		5													
70 to 79						130		2													
80 and over																					
Totals			13	1	31258	16	4	6	6	3	50	11	7			7	26	50	13	3074	
10 to 19						60															
20 to 29						151		3	5	1											
30 to 39						337		3	2	1											
40 to 49						383		2	1	7	3										
50 to 59						532		8	3	2											
60 to 69						498		1	2	1											
70 to 79						267															
80 and over																					
Totals			19	6	152101	22	12	13	9	5	85	14	21			16	38	130	18	5480	

TABLE 21.—DEATHS BY OCCUPATIONS AND

	AGRICULTURE, FORESTRY AND ANIMAL HUSBANDRY.										
	10 to 19,	20 to 29,	30 to 39,	40 to 49,	50 to 59,	60 to 69,	70 to 79,	80 and over,	Totals,		
Nonvenereal diseases of the genito-urinary system and skin.	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8
Diseases of the digestive system.	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8	8
Diseases of the respiratory system (pneumonia and influenza excepted).	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8
Diseases of the circulatory system and pneumonia (excepted).	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8
Diseases of the genito-urinary system (venereal).	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8
Pneumonia.	10 to 19,	1	1	1	1	1	1	1	1	1	1
	20 to 29,	1	1	1	1	1	1	1	1	1	1
	30 to 39,	1	1	1	1	1	1	1	1	1	1
	40 to 49,	1	1	1	1	1	1	1	1	1	1
	50 to 59,	1	1	1	1	1	1	1	1	1	1
	60 to 69,	1	1	1	1	1	1	1	1	1	1
	70 to 79,	1	1	1	1	1	1	1	1	1	1
	80 and over,	1	1	1	1	1	1	1	1	1	1
	Totals,	8	8	8	8	8	8	8	8	8	8
Totals,		108	19	5	2	2	1	1	1	1	8

AGE GROUPS, NEW JERSEY, 1924—Continued.

Blacksmiths, forgemen and hammermen.	4	1	1	1	1	1	1	1	1	1	1	1	1
Boltermakers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Brick and stone masons.	1	1	1	1	1	1	1	1	1	1	1	1	1
Builders and building contractors.	1	1	1	1	1	1	1	1	1	1	1	1	1
Carpenters, coopers and cabinet makers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Compositors, lithotypers and typesetters.	1	1	1	1	1	1	1	1	1	1	1	1	1
Dressmakers and seamstresses (not in factory).	1	1	1	1	1	1	1	1	1	1	1	1	1
Dyers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Electricians and electrical engineers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Engineers (stationary).	1	1	1	1	1	1	1	1	1	1	1	1	1
Engravers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Filets, grinders, buffers and polishers (metal).	1	1	1	1	1	1	1	1	1	1	1	1	1
Firemen (except locomotive and fire department).	1	1	1	1	1	1	1	1	1	1	1	1	1
Glassblowers.	1	1	1	1	1	1	1	1	1	1	1	1	1
Jewelers, watchmakers, goldsmiths and silversmiths.	1	1	1	1	1	1	1	1	1	1	1	1	1
Laborers (general and not specified laborers).	151	6	5	1	1	1	1	1	1	1	1	1	1
Building and hand trades.	6	1	1	1	1	1	1	1	1	1	1	1	1
Chemical industries.	1	1	1	1	1	1	1	1	1	1	1	1	1
Clay and stone industries (excepting potteries).	5	1	1	1	1	1	1	1	1	1	1	1	1
Totals, 22 21 16 87 10 1 4 19 2 2 8 4 12 186 10 2 2													

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Potteries.	Rubber industries.	Textile industries.	Other industries.	Shoemakers and cobblers (not in factory).	Stonecutters.	Tailors and tailorsesses.	Tinsmiths and coopersmiths.	Upholsterers.	Other manufacturing and mechanical industries.	TRANSPORTATION.	Water.
Pneumonia.												
10 to 19.....				2								
20 to 29.....			2	2								
30 to 39.....			1	4								
40 to 49.....	1		1	4								
50 to 59.....	2		2	2								
60 to 69.....	1		4	1								
70 to 79.....			2	2								
80 and over.....			1	2								
Totals.....	4	8	19	19	6	2	4	1	1	6		
Diseases of the respiratory system (pneumonia and tuberculosis excepted).												
10 to 19.....												
20 to 29.....			1	1								
30 to 39.....	1		1	2								
40 to 49.....	4		1	1								
50 to 59.....	1		4	1								
60 to 69.....	1		1	1								
70 to 79.....	1		1	2								
80 and over.....	1		1	2								
Totals.....	7	8	9	6	3	1	1					
Diseases of the digestive system.												
10 to 19.....	1		2	3								
20 to 29.....	1		4	4								
30 to 39.....	1		3	4								
40 to 49.....	1	2	3	7								
50 to 59.....	2	1	2	1								
60 to 69.....	1		1	2								
70 to 79.....	1		2	2								
80 and over.....	1		2	2								
Totals.....	5	4	17	26	5	1	14		1	3		
Nonvenereal diseases of the genito-urinary system and anus.												
10 to 19.....				1								
20 to 29.....				1								
30 to 39.....		1		4								
40 to 49.....	1		2	4								
50 to 59.....	1	2	3	3								
60 to 69.....	1		2	1								
70 to 79.....	1	6	7	6								
80 and over.....	1	1	7	3								
Totals.....	4	4	27	38	12	2	17	5	1	9		

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Boatmen, canal men, sailors and deck hands.	Longshoremen and stevedores.	Other pursuits.	Board and Street.	Carriage and hack drivers, draymen, teamsters and expressmen.	Chauffeurs.	Contractors and foremen (road building). Garage keepers and managers.	Laborers (road building) and street cleaners.	Livery stable keepers and managers, booters and stable hands.	Other pursuits.	Railroad.	Passagemen and freight agents.	Brakemen.	Conductors.	Foremen, overseers and inspectors.	Laborers.	Locomotive engineers.	Locomotive firemen.
10 to 19.....	3	1	1	1	1	1	1	1										
20 to 29.....	1	2	2	1	3	3	1	1										
30 to 39.....	1	1	2	2	2	2	1	1										
40 to 49.....	1	2	1	1	2	2	1	1										
50 to 59.....	1	1	1	1	1	1	1	1										
60 to 69.....	1	1	1	1	1	1	1	1										
70 to 79.....	1	1	1	1	1	1	1	1										
80 and over.....	1	1	1	1	1	1	1	1										
Totals.....	7	6	6	21	12	1	6	1	1	1	1	1	1	7	3	8	8	8
Diseases of the respiratory system (pneumonia and tuberculosis excepted).																		
10 to 19.....	1	1	1	1	1	1	1	1										
20 to 29.....	1	2	1	1	2	2	1	1										
30 to 39.....	2	1	1	1	3	3	1	1										
40 to 49.....	1	1	1	1	1	1	1	1										
50 to 59.....	1	1	1	1	1	1	1	1										
60 to 69.....	1	1	1	1	1	1	1	1										
70 to 79.....	1	1	1	1	1	1	1	1										
80 and over.....	1	1	1	1	1	1	1	1										
Totals.....	5	1	2	12	5	2	3	2	1	3	3	2	3	2	2	3	1	1
Diseases of the digestive system.																		
10 to 19.....	1	1	1	1	1	1	1	1										
20 to 29.....	1	1	1	1	1	1	1	1										
30 to 39.....	1	1	1	1	1	1	1	1										
40 to 49.....	1	1	1	1	1	1	1	1										
50 to 59.....	1	1	1	1	1	1	1	1										
60 to 69.....	1	1	1	1	1	1	1	1										
70 to 79.....	1	1	1	1	1	1	1	1										
80 and over.....	1	1	1	1	1	1	1	1										
Totals.....	3	2	14	25	2	3	2	2	2	4	10	1	3	4	10	7	5	5

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Motormen.	Officials and superintendents.	Switchmen, firemen and yardmen.	Ticket and station agents.	Other purmits.	Express, Post, Telegraph and Telephone.	Express messengers and railway mail clerks.	Linenen.	Mail carriers.	Telegraph operators.	Telephone operators.	Other pursuits.
Pneumonia.												
10 to 19.												
20 to 29.												
30 to 39.			1									
40 to 49.												
50 to 59.										1		
60 to 69.												
70 to 79.	1		2						1			
80 and over.		1							1			1
Totals.	1	1	3						2	1		1
Diseases of the respiratory system (pneumonia and tuberculosis excepted).												
10 to 19.												
20 to 29.												
30 to 39.												
40 to 49.										1		
50 to 59.												
60 to 69.										1		
70 to 79.	1		1	1								
80 and over.												
Totals.	1		1	2						1		
Diseases of the digestive system.												
10 to 19.												
20 to 29.												
30 to 39.	2			1								1
40 to 49.			1	1								
50 to 59.										1		
60 to 69.												
70 to 79.	1			1								
80 and over.												
Totals.	4		1	2						1		2
Nonvenereal diseases of the genito-urinary system and anexa.												
10 to 19.												
20 to 29.												
30 to 39.	1											
40 to 49.												
50 to 59.												
60 to 69.	2		4	2						2		
70 to 79.			1	1								2
80 and over.	1			1								
Totals.	4		6	6						4	2	2

AGE GROUPS, NEW JERSEY, 1924.—Continued.

	TRADE.	Bankers, brokers and moneylenders.	Clerks in stores.	Deliverymen.	Laborers.	Real estate and insurance agents and officials.	Shoemen and saleswomen.	Undertakers.	Wholesale and retail dealers.	Other pursuits.	PUBLIC SERVICE (NOT ELSEWHERE CLASSIFIED).	Firemen (fire department).	Laborers (public service).	Marshals, sheriffs, detectives, etc.	Officials and inspectors (city, county, state, U. S.).	Policemen.	Soldiers, sailors and marines.	Other pursuits.
10 to 19.																		
20 to 29.																		
30 to 39.																		
40 to 49.																		
50 to 59.																		
60 to 69.																		
70 to 79.																		
80 and over.																		
Totals.	5	4	2	9	14	1	51	6				3	4	4	6		1	12
10 to 19.																		
20 to 29.																		
30 to 39.																		
40 to 49.																		
50 to 59.																		
60 to 69.																		
70 to 79.																		
80 and over.																		
Totals.	5	1	6	8	23	3						1			1	1	11	
10 to 19.																		
20 to 29.																		
30 to 39.																		
40 to 49.																		
50 to 59.																		
60 to 69.																		
70 to 79.																		
80 and over.																		
Totals.	7	8	1	4	13	23			51	5		2	2	1	10	7		15
10 to 19.																		
20 to 29.																		
30 to 39.																		
40 to 49.																		
50 to 59.																		
60 to 69.																		
70 to 79.																		
80 and over.																		
Totals.	12	7	1	2	27	29	4	124	7			7	4	4	6	11	3	32

TABLE 21.—DEATHS BY OCCUPATIONS AND

	PROFESSIONAL SERVICE.												
	Architects.	Authors, editors and reporters.	Chemists, assayers, etc.	Civil and mining engineers and surveyors.	Clergymen.	Dentists.	Designers, draftsmen and inventors.	Lawyers, judges and justices.	Musicians and teachers of music.	Photographers.	Physicians and surgeons.	Teachers and other educators.	
Pneumonia.	10 to 19,												
	20 to 29,												
	30 to 39,												
	40 to 49,	1											
	50 to 59,				1								
	60 to 69,					3							
	70 to 79,							1					
	80 and over,												
	Totals,	1		3	3	3		3	4	5	1	7	9
	Diseases of the respiratory system (pneumonia and influenza excepted).	10 to 19,											
20 to 29,													
30 to 39,													
40 to 49,													
50 to 59,													
60 to 69,													
70 to 79,													
80 and over,													
Totals,					2	1		1	1			1	4
Diseases of the circulatory system.		10 to 19,											
	20 to 29,												
	30 to 39,												
	40 to 49,												
	50 to 59,												
	60 to 69,	1											
	70 to 79,												
	80 and over,												
	Totals,	1		5	1	2		4	2	4		6	10
	Nonvenereal diseases of the circulatory system and aneurysms.	10 to 19,											
20 to 29,													
30 to 39,													
40 to 49,													
50 to 59,													
60 to 69,													
70 to 79,													
80 and over,													
Totals,		3	1	3	5	13	1	5	11	9	1	8	13

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Other professional and semi-professional pursuits.										DOMESTIC AND PERSONAL SERVICE.									
	Barbers, hairdressers and manicurists.	Bartenders.	Hotel keepers and managers.	Homekeepers and stewards.	Janitors and sextons.	Laundresses and laundresses.	Porters (except in stores).	Restaurant, cafe and lunch room keepers.	Saloonkeepers.	Servants.	Waiters.	Other pursuits.	CLERICAL OCCUPATIONS.	Agric. cultivators and collectors.	Hookkeepers, embalers and accountants.	Clerks (except clerks in stores).	Other clerical pursuits.	Total.		
Pneumonia.	10 to 19,																			
	20 to 29,																			
	30 to 39,																			
	40 to 49,																			
	50 to 59,																			
	60 to 69,																			
	70 to 79,																			
	80 and over,																			
	Totals,	20	10	3	5	402	2	8	5	4	3	23	7	7		1	9	25	11	1417
	Diseases of the respiratory system (pneumonia and influenza excepted).	10 to 19,																		
20 to 29,																				
30 to 39,																				
40 to 49,																				
50 to 59,																				
60 to 69,																				
70 to 79,																				
80 and over,																				
Totals,		5	3	1	1	268	6	2	2		10	4		3	5	11	3		698	
Diseases of the circulatory system.		10 to 19,																		
	20 to 29,																			
	30 to 39,																			
	40 to 49,																			
	50 to 59,																			
	60 to 69,																			
	70 to 79,																			
	80 and over,																			
	Totals,	13	9		6	560	6	8	5	4	3	39	10	7		1	20	54	10	1571
	Nonvenereal diseases of the circulatory system and aneurysms.	10 to 19,																		
20 to 29,																				
30 to 39,																				
40 to 49,																				
50 to 59,																				
60 to 69,																				
70 to 79,																				
80 and over,																				
Totals,		21	15	3	9	1273	14	8	13	6	4	43	7	9		6	16	62	9	2993

TABLE 21.—DEATHS BY OCCUPATIONS AND

	AGRICULTURE, FORESTRY AND ANIMAL HUSBANDRY.										
	Farmers.	Farm laborers.	Fishermen and oystermen.	Gardeners, florists, fruit growers and nurserymen.	Other agricultural and animal husbandry pursuits.	EXTRACTION OF MINERALS.	Foremen, overseers and inspectors.	Miners.	Quarry operatives.	MANUFACTURING AND MECHANICAL INDUSTRIES.	Bakers.
Violent deaths (pending excepted).	10 to 19,	1									
	20 to 29,	1									
	30 to 39,	1									
	40 to 49,	1									
	50 to 59,	1									
	60 to 69,	1									
	70 to 79,	1									
	80 and over,	1									
	Totals,	14	1	1	5			2			
All other diseases and causes of death.	10 to 19,	2	1	1	1						
	20 to 29,	4									
	30 to 39,	5	1	1	1			3			
	40 to 49,	9	1	1	1			1			
	50 to 59,	12	1	1	1			1			
	60 to 69,	13	1	1	1			1			
	70 to 79,	7	1	1	1			1			
	80 and over,	4	1								
	Totals,	52	23	4	11	3		6	3		4
Summary.	10 to 19,	3			1						
	20 to 29,	4			1						
	30 to 39,	2	1	2	1						
	40 to 49,	7		2	1			1			
	50 to 59,	13			1			1			
	60 to 69,	9	2	1	3			1			
	70 to 79,	8									
	80 and over,	6									
	Totals,	44	5	3	7	2		3			9
Totals.	10 to 19,	5	6	1	1			1			1
	20 to 29,	17	5	1	1			1			2
	30 to 39,	35	14	5	6		1	3			8
	40 to 49,	53	22	4	17		1	3			20
	50 to 59,	103	24	4	23		1	4			21
	60 to 69,	133	20	4	45		1	1			17
	70 to 79,	242	31	13	27		1	1			12
	80 and over,	154	9	6	21		1	1			5
	Totals,	793	141	37	144	33	6	29	6		86

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Blacksmiths, forgers and hammermen.																	
	Boilermakers.	Brick and stone masons.	Builders and building contractors.	Carpenters, coopers and cabinet makers.	Compositors, linotypers and typesetters.	Dressmakers and seamstresses (not in factory).	Dyers.	Electricians and electrical engineers.	Engineers (stationary).	Engravers.	Filers, grinders, buffers and polishers (metal).	Firmen (except locomotive and fire department).	Glaziers.	Jewelers, watchmakers, goldsmiths and silversmiths.	Laborers (general and not specified laborers).	Building and hand trades.	Chemical industries.	Clay and stone industries (excepting potteries).
Violent deaths (pending excepted).	10 to 19,																	
	20 to 29,																	
	30 to 39,																	
	40 to 49,																	
	50 to 59,																	
	60 to 69,																	
	70 to 79,																	
	80 and over,																	
	Totals,	2	2	1	10			4	2		1	3		2	41	3		1
All other diseases and causes of death.	10 to 19,																	
	20 to 29,																	
	30 to 39,																	
	40 to 49,																	
	50 to 59,																	
	60 to 69,																	
	70 to 79,																	
	80 and over,																	
	Totals,	10	2	16	4	55		3	11	9		8		5	232	14	6	11
Summary.	10 to 19,																	
	20 to 29,																	
	30 to 39,																	
	40 to 49,																	
	50 to 59,																	
	60 to 69,																	
	70 to 79,																	
	80 and over,																	
	Totals,	9	1	11	8	55		5	3	7	13	1	2	4	1	11	152	6	2
Totals.	10 to 19,																	
	20 to 29,																	
	30 to 39,																	
	40 to 49,																	
	50 to 59,																	
	60 to 69,																	
	70 to 79,																	
	80 and over,																	
	Totals,	111	28	151	114	657	7	74	29	70	174	17	33	90	14	109	1988	70	21

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Potters.	Rubber industries.	Textile industries.	Other industries.	Shoemakers and cobblers (not in factory).	Stonecutters.	Tailors and tailoresses.	Tinmiths and coppermiths.	Upholsters.	Other manufacturing and mechanical industries.	TRANSPORTATION.	Water.
Suicide.												
10 to 19,	1		1	5	1							
20 to 29,	1		1	1	1							
30 to 39,	1		1	1	1			1				
40 to 49,	1		1	1	1							
50 to 59,	1		1	1	1							
60 to 69,	1		1	1	1							
70 to 79,	1		1	1	1							
80 and over,	1		1	1	1							
Totals,	4	1	12	6	2		2	1		1		
Violent deaths (suicide excepted).												
10 to 19,	1		1	4	1			1				
20 to 29,	1		1	1	1		1					
30 to 39,	1		1	1	1		1					
40 to 49,	1		1	1	1		1					
50 to 59,	1		1	1	1		1					
60 to 69,	1		1	1	1		1					
70 to 79,	1		1	1	1		1					
80 and over,	1		1	1	1		1					
Totals,	6	10	21	33	3	1	9	6		6		
All other diseases and causes of death.												
10 to 19,	1		1	1	1		1					
20 to 29,	1		1	1	1		1					
30 to 39,	1		1	1	1		1					
40 to 49,	1		1	1	1		1					
50 to 59,	1		1	1	1		1					
60 to 69,	1		1	1	1		1					
70 to 79,	1		1	1	1		1					
80 and over,	1		1	1	1		1					
Totals,	1	1	29	23	6	3	15	1	1	6		
Summary.												
10 to 19,	2	1	14	16	1		2	1				
20 to 29,	5	7	38	49	5		10	1				
30 to 39,	9	10	39	53	3		15	2				
40 to 49,	14	17	45	58	4		22	3				
50 to 59,	18	14	52	70	6		27	6				
60 to 69,	12	13	47	61	9		21	9				
70 to 79,	7	6	33	44	28		21	7				
80 and over,	7	8	12	12	10		10					
Totals,	67	58	251	341	92	27	142	35	16	68		

AGE GROUPS, NEW JERSEY, 1924—Continued.

	Boatmen, canal men, sailors and deck hands.	Longshoremen and stevedores.	Other pursuits.	Road and Street.	Carriage and hack drivers, draymen, teamsters and expressmen.	Chauffeurs.	Contractors and foremen (road building).	Garage keepers and mechanics.	Laborers (road building) and street cleaners.	Livery stable keepers and managers, hostlers and stable hands.	Other pursuits.	Railroad.	Baggage men and freight agents.	Brakemen.	Conductors.	Foremen, overseers and inspectors.	Laborers.	Locomotive engineers.	Locomotive crews.	
10 to 19,	1																			
20 to 29,	1																			
30 to 39,	1																			
40 to 49,	1																			
50 to 59,	1																			
60 to 69,	1																			
70 to 79,	1																			
80 and over,	1																			
Totals,	3		2		4	1	1	2	2					2			6			
Violent deaths (suicide excepted).																				
10 to 19,	1		3		1		3		1								3			1
20 to 29,	1		2		2		2		1								3			
30 to 39,	1		2		2		2		1								3			
40 to 49,	1		2		2		2		1								3			
50 to 59,	1		2		2		2		1								3			
60 to 69,	1		2		2		2		1								3			
70 to 79,	1		2		2		2		1								3			
80 and over,	1		2		2		2		1								3			
Totals,	13	11	13		37	37	2		7			3	1	15	6	10	48	1	1	
All other diseases and causes of death.																				
10 to 19,	2		1		2		4		2								1			
20 to 29,	1		1		2		1		1								1			1
30 to 39,	1		1		2		1		1								1			1
40 to 49,	1		1		2		1		1								1			1
50 to 59,	1		1		2		1		1								1			1
60 to 69,	1		1		2		1		1								1			1
70 to 79,	1		1		2		1		1								1			1
80 and over,	1		1		2		1		1								1			1
Totals,	4	1	8		20	9	1		6	4		2		1	3	4	7	6	3	
Summary.																				
10 to 19,	2		3		3		5		2			1					4			3
20 to 29,	1		2		2		1		1								1			1
30 to 39,	1		2		2		1		1								1			1
40 to 49,	1		2		2		1		1								1			1
50 to 59,	1		2		2		1		1								1			1
60 to 69,	1		2		2		1		1								1			1
70 to 79,	1		2		2		1		1								1			1
80 and over,	1		2		2		1		1								1			1
Totals,	63	38	90		248	126	17	6	55	24		34		10	*46	59	62	107	36	8

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Motormen.	Officials and superintendents.	Switchmen, flagmen and yardmen.	Ticket and station agents.	Other pursuits.	Express, Post, Telegraph and Telephone.	Express messengers and railway mail clerks.	Linenmen.	Mail carriers.	Telegraph operators.	Telephone operators.	Other pursuits.
Violent deaths (suicide excepted).												
10 to 19.												
20 to 29.												
30 to 39.												
40 to 49.												
50 to 59.												
60 to 69.												
70 to 79.												
80 and over.												
Totals.												
Suicide.												
10 to 19.												
20 to 29.												
30 to 39.												
40 to 49.												
50 to 59.												
60 to 69.												
70 to 79.												
80 and over.												
Totals.												
All other and disease causes of death.												
10 to 19.												
20 to 29.												
30 to 39.												
40 to 49.												
50 to 59.												
60 to 69.												
70 to 79.												
80 and over.												
Totals.												
Summary.												
10 to 19.												
20 to 29.												
30 to 39.												
40 to 49.												
50 to 59.												
60 to 69.												
70 to 79.												
80 and over.												
Totals.	43	10	72	22	59	13	17	19	22	21	23	

AGE GROUPS, NEW JERSEY, 1924—Continued.

TRADE.	Bankers, brokers and moneylenders.	Clerks in stores.	Deliverymen.	Laborers.	Real estate and insurance agents and officials.	Salesmen and saleswomen.	Undertakers.	Wholesale and retail dealers.	Other pursuits.	PUBLIC SERVICE (NOT ELSEWHERE CLASSIFIED).	Firemen (fire department).	Laborers (public service).	Marshals, sheriffs, detectives, etc.	Officials and inspectors (city, county, state, U. S.).	Policemen.	Soldiers, sailors and marines.	Other pursuits.
10 to 19.																	
20 to 29.																	
30 to 39.																	
40 to 49.																	
50 to 59.																	
60 to 69.																	
70 to 79.																	
80 and over.																	
Totals.																	
Violent deaths (suicide excepted).																	
10 to 19.																	
20 to 29.																	
30 to 39.																	
40 to 49.																	
50 to 59.																	
60 to 69.																	
70 to 79.																	
80 and over.																	
Totals.																	
All other and disease causes of death.																	
10 to 19.																	
20 to 29.																	
30 to 39.																	
40 to 49.																	
50 to 59.																	
60 to 69.																	
70 to 79.																	
80 and over.																	
Totals.																	
Summary.																	
10 to 19.																	
20 to 29.																	
30 to 39.																	
40 to 49.																	
50 to 59.																	
60 to 69.																	
70 to 79.																	
80 and over.																	
Totals.	81	70	81	28	183	298	28	900	72		30	42	24	75	99	27	248

TABLE 21.—DEATHS BY OCCUPATIONS AND

		PROFESSIONAL SERVICE.	Architects.	Authors, editors and reporters.	Chemists, assayers, etc.	Civil and mining engineers and surveyors.	Clergymen.	Doctors.	Designers, draftsmen and inventors.	Lawyers, judges and justices.	Musicians and teachers of music.	Photographers.	Physicians and surgeons.	Teachers and other educators.	
Suicide.	10 to 19.							1							
	20 to 29.													1	
	30 to 39.													1	
	40 to 49.			1						1				1	
	50 to 59.									1				1	
	60 to 69.													1	
	70 to 79.						1							1	
	80 and over.													1	
	Totals.		1				1		1	2	2				4
	Violent deaths (suicide excepted).	10 to 19.													1
20 to 29.														1	
30 to 39.			1					2						1	
40 to 49.														1	
50 to 59.														1	
60 to 69.														3	
70 to 79.							2							1	
80 and over.														1	
Totals.			1		2	1	3	1	4	2	4			3	8
All other diseases and causes of death.		10 to 19.													2
	20 to 29.			3										5	
	30 to 39.		1											5	
	40 to 49.													5	
	50 to 59.			1										1	
	60 to 69.			3										4	
	70 to 79.			1										1	
	80 and over.													1	
	Totals.		1	5	4	9	1	1	5	6	2	11	11	16	
	Summary.	10 to 19.													23
20 to 29.														19	
30 to 39.														29	
40 to 49.				1										29	
50 to 59.														34	
60 to 69.														34	
70 to 79.														10	
80 and over.														10	
Totals.			11	21	29	25	32	11	43	69	53	13	79	141	

AGE GROUPS, NEW JERSEY, 1924—Continued.

		Other professional and semi-professional pursuits.	DOMESTIC AND PERSONAL SERVICE.	Barbers, hairdressers and manicurists.	Bar-tenders.	Hotel keepers and managers.	Housekeepers and stewards.	Janitors and sextons.	Laundresses and handresses.	Porters (except in stores).	Restaurant, cafe and lunch room keepers.	Schoolkeepers.	Servants.	Walters.	Other pursuits.	CLERICAL OCCUPATIONS.	Agents, canvassers and collectors.	Bookkeepers, cashiers and accountants.	Clerks (except clerks in stores).	Other clerical pursuits.	Total.			
Suicide.	10 to 19.																							
	20 to 29.																							
	30 to 39.																							
	40 to 49.																							
	50 to 59.																							
	60 to 69.																							
	70 to 79.																							
	80 and over.																							
	Totals.		3	5			61	4	1	5		6	4				2	2	9			361		
	Violent deaths (suicide excepted).	10 to 19.																						
20 to 29.																								
30 to 39.																								
40 to 49.																								
50 to 59.																								
60 to 69.																								
70 to 79.																								
80 and over.																								
Totals.			11	5	2	5	272	5	4	8	1	22	9	8			1	4	42	6	42	1715		
All other diseases and causes of death.		10 to 19.																						
	20 to 29.																							
	30 to 39.																							
	40 to 49.																							
	50 to 59.																							
	60 to 69.																							
	70 to 79.																							
	80 and over.																							
	Totals.		30	12	1	7	1279	10	6	3	9	1	47	7	4		5	23	50	12	2537			
	Summary.	10 to 19.																						
20 to 29.																								
30 to 39.																								
40 to 49.																								
50 to 59.																								
60 to 69.																								
70 to 79.																								
80 and over.																								
Totals.			110	23	60	9406	105	80	75	53	24	402	102	83		48	188	558	115	24762				

TABLE 22.—TABULATION OF DEATHS IN NEW JERSEY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table with columns: Abridged Interna-tional List No., Cause of Death, Male, Female, Color, Than white, Under 1 year, 1 year, 2 years, 3 years, 4 years, Under 5 years, 5 to 9, 10 to 19, 20 to 29, 30 to 39, 40 to 49, 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, Unknown. Total resident deaths, 40,531. Estimated population, 3,442,036.

TABULATION OF DEATHS IN ATLANTIC COUNTY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table with columns: Abridged Interna-tional List No., Cause of Death, Male, Female, Color, Than white, Under 1 year, 1 year, 2 years, 3 years, 4 years, Under 5 years, 5 to 9, 10 to 19, 20 to 29, 30 to 39, 40 to 49, 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, Unknown. Total resident deaths, 1,839. Estimated population, 80,487.

Abridged Internat. Cause of Death.	AGE PERIODS.										Total.	Color, if other than white.	Female.	Male.	Total.			
	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.						40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.	Unknown.
1 Typhoid fever.	1																	
2 Typhus fever.																		
3 Malaria.																		
4 Smallpox.																		
5 Cholera.																		
6 Scarlet fever.																		
7 Whooping cough.																		
8 Diphtheria and croup.																		
9 Influenza.																		
10 Measles.																		
11 Cholera nostras.																		
12 Other epidemic diseases.																		
13 Tuberculosis of the lungs.	2	12	12															
14 Tuberculosis meningitis.																		
15 Other forms of tuberculosis.																		
16 Cancer and other malignant tumors.	17	13	4															
17 Simple meningitis.	11	8																
18 Cerebral hemorrhage and softening.	17	17																
19 Organic diseases of the heart.	17	21																
20 Pneumonia.	10	15																
21 Other diseases of the respiratory system (tuberculosis excepted).	18	11																
22 Diseases of the stomach (cancer excepted).	10	6																
23 Diarrhea and enteritis (under 2 years).	2	9																
24 Appendicitis and typhlitis.	7	3																
25 Hernia, intestinal obstruction.	2	1																
26 Chlorosis of the liver.	1	1																
27 Acute nephritis and Bright's disease.	12	6																
28 Chronic diseases of the urinary organs.	1																	
29 Puerperal septicemia (puerperal fever, peritonitis).	1																	
30 Congenital debility and malformations.	14	7																
31 Scalds.	3	3																
32 Violent death (suicide excepted).	28	12																
33 Unknown or ill-defined diseases.	1																	
Total.	211	128	81	48	8	2	4	1	43	7	10	10	21	21	25	22	13	3

Estimated population, 23,030.

Total resident deaths, 211.

Rate per 1,000 population, 8.92.

TABULATION OF DEATHS IN HACKENSACK CITY FOR 1894, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Internat. Cause of Death.	AGE PERIODS.										Total.	Color, if other than white.	Female.	Male.	Total.			
	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.						40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.	Unknown.
1 Typhoid fever.																		
2 Typhus fever.																		
3 Malaria.																		
4 Smallpox.																		
5 Cholera.																		
6 Scarlet fever.																		
7 Whooping cough.																		
8 Diphtheria and croup.																		
9 Influenza.																		
10 Measles.																		
11 Cholera nostras.																		
12 Other epidemic diseases.																		
13 Tuberculosis of the lungs.																		
14 Tuberculosis meningitis.																		
15 Other forms of tuberculosis.																		
16 Cancer and other malignant tumors.																		
17 Simple meningitis, and softening.																		
18 Organic diseases of the heart.																		
19 Pneumonia.																		
20 Other diseases of the respiratory system (tuberculosis excepted).																		
21 Diseases of the stomach (cancer excepted).																		
22 Diarrhea and enteritis (under 2 years).																		
23 Appendicitis and typhlitis.																		
24 Hernia, intestinal obstruction.																		
25 Chlorosis of the liver.																		
26 Acute nephritis and Bright's disease.																		
27 Chronic diseases of the urinary organs.																		
28 Puerperal septicemia (puerperal fever, peritonitis).																		
29 Congenital debility and malformations.																		
30 Scalds.																		
31 Violent death (suicide excepted).																		
32 Unknown or ill-defined diseases.																		
Total.	259	131	118	31	33	4	4	3	47	37	51	17	15	22	20	40	48	18

Estimated population, 19,342.

Total resident deaths, 246.

Rate per 1,000 population, 12.87.

TABULATION OF DEATHS IN WEST HOBOKEN TOWN FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna- tional List No.	CAUSE OF DEATH.	AGE PERIODS.													Total.	Color, if other than white.	Female.	Male.		
		Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.	50 to 59.	60 to 69.					70 to 79.	80 to 89.	90 and over.
1	Typhoid fever.																		1	
2	Typhus fever.																			
3	Malaria.																			
4	Smallpox.																			
5	Scarlet fever.																			
6	Whooping cough.																			
7	Diphtheria and croup.																			
8	Infuenza, influenza.																			
9	Cholera nostras.																			
10	Other epidemic diseases.																			
11	Tuberculosis of the lungs.																			
12	Tuberculosis meningitis.																			
13	Tuberculosis of other organs.																			
14	Cancer and other malignant tumors.																			
15	Simple meningitis.																			
16	Cerebral meningitis.																			
17	Cerebral hemorrhage and softening.																			
18	Organic diseases of the heart.																			
19	Pneumonia.																			
20	Other diseases of the respiratory system (tuberculosis excepted).																			
21	Diseases of the stomach and intestines (except typhoid).																			
22	Diarrhoea and enteritis (under 2 years).																			
23	Appendicitis and typhlitis.																			
24	Hernia, intestinal obstruction.																			
25	Chlorosis of the liver.																			
26	Other chronic diseases of the liver.																			
27	Non-neoplastic tumors and other diseases of the female genital organs.																			
28	Puerperal septicemia (puerperal fever, puerperal gonorrhoea).																			
29	Other diseases of the genital organs.																			
30	Constitutional debility and malformations.																			
31	Senility.																			
32	Violent death (suicide, accidental).																			
33	Violent death (suicide excepted).																			
34	Violent death (suicide excepted).																			
35	Unknown or ill-defined diseases.																			
	Total.	410	233	177	1	45	0	1	0	4	62	30	11	236	361	211	72	80	252	21

Estimated population, 42,239. Total resident deaths, 410. Rate per 1,000 population, 9.74.

TABULATION OF DEATHS IN WEST NEW YORK TOWN FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna- tional List No.	CAUSE OF DEATH.	AGE PERIODS.													Total.	Color, if other than white.	Female.	Male.			
		Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.	50 to 59.	60 to 69.					70 to 79.	80 to 89.	90 and over.
1	Typhoid fever.																				
2	Typhus fever.																				
3	Malaria.																				
4	Smallpox.																				
5	Scarlet fever.																				
6	Whooping cough.																				
7	Diphtheria and croup.																				
8	Infuenza, influenza.																				
9	Cholera nostras.																				
10	Other epidemic diseases.																				
11	Tuberculosis of the lungs.																				
12	Tuberculosis meningitis.																				
13	Tuberculosis of other organs.																				
14	Cancer and other malignant tumors.																				
15	Simple meningitis.																				
16	Cerebral meningitis.																				
17	Cerebral hemorrhage and softening.																				
18	Organic diseases of the heart.																				
19	Pneumonia.																				
20	Other diseases of the respiratory system (tuberculosis excepted).																				
21	Diseases of the stomach and intestines (except typhoid).																				
22	Diarrhoea and enteritis (under 2 years).																				
23	Appendicitis and typhlitis.																				
24	Hernia, intestinal obstruction.																				
25	Chlorosis of the liver.																				
26	Other chronic diseases of the liver.																				
27	Non-neoplastic tumors and other diseases of the female genital organs.																				
28	Puerperal septicemia (puerperal fever, puerperal gonorrhoea).																				
29	Other diseases of the genital organs.																				
30	Constitutional debility and malformations.																				
31	Senility.																				
32	Violent death (suicide, accidental).																				
33	Violent death (suicide excepted).																				
34	Violent death (suicide excepted).																				
35	Unknown or ill-defined diseases.																				
	Total.	329	162	107	2	365	5	5	4	50	0	91	32	335	441	51	69	251	157	21	

Estimated population, 37,311.

Total resident deaths, 329.

Rate per 1,000 population, 8.77.

TABULATION OF DEATHS IN OCEAN COUNTY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna-tional List No.	AGE PERIODS.										Color, if other than white.	Female.	Male.	Total.			
	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.					40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.
1 Typhoid fever.	1																
2 Typhus fever.																	
3 Maltaia.																	
4 Smallpox.																	
5 Measles.																	
6 Scarlet fever.																	
7 Whooping cough.																	
8 Diphtheria and croup.																	
9 Influenza.																	
10 Asiatic cholera.																	
11 Other epidemic diseases.																	
12 Tuberculosis of the lungs.																	
13 Tuberculosis meningitis.																	
14 Other forms of tuberculosis.																	
15 Other forms of malignant tumors.																	
16 Simple meningitis.																	
17 Cerebral hemorrhage and softening.																	
18 Organic diseases of the heart.																	
19 Hemiplegia.																	
20 Paralysis.																	
21 Other diseases of the respiratory system (tuberculosis excepted).																	
22 Diseases of the stomach (cancer excepted).																	
23 Diarrhea and enteritis (under 2 years).																	
24 Diseases of the intestines.																	
25 Hernia, interstitial obstruction.																	
26 Chirrhosis of the liver.																	
27 Acute nephritis and Bright's disease.																	
28 Chronic nephritis and other diseases of the renal pelvis and other diseases of the kidney.																	
29 Puerperal septicemia (puerperal fever, puerperal fever).																	
30 Other puerperal accidents and labor.																	
31 Septicemia (puerperal fever, puerperal fever).																	
32 Other puerperal accidents and labor.																	
33 Spontaneous debility and malformations.																	
34 Stillbirth.																	
35 Violent deaths (outside excepted).																	
36 Other diseases.																	
37 Unknown or ill-defined diseases.																	
Total.	340	188	152	12	31	4	1	36	6	11	41	18	32	43	69	56	31

Estimated population, 25,512.

Total resident deaths, 340.

Rate per 1,000 population, 15.48.

TABULATION OF DEATHS IN PASSAIC COUNTY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna-tional List No.	AGE PERIODS.										Color, if other than white.	Female.	Male.	Total.					
	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.					40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.
1 Typhoid fever.																			
2 Typhus fever.																			
3 Maltaia.																			
4 Smallpox.																			
5 Measles.																			
6 Scarlet fever.																			
7 Whooping cough.																			
8 Diphtheria and croup.																			
9 Influenza.																			
10 Asiatic cholera.																			
11 Other epidemic diseases.																			
12 Tuberculosis of the lungs.																			
13 Tuberculosis meningitis.																			
14 Other forms of tuberculosis.																			
15 Other forms of malignant tumors.																			
16 Simple meningitis.																			
17 Cerebral hemorrhage and softening.																			
18 Organic diseases of the heart.																			
19 Hemiplegia.																			
20 Paralysis.																			
21 Other diseases of the respiratory system (tuberculosis excepted).																			
22 Diseases of the stomach (cancer excepted).																			
23 Diarrhea and enteritis (under 2 years).																			
24 Diseases of the intestines.																			
25 Hernia and typhilitis.																			
26 Appendicitis and typhilitis.																			
27 Other diseases of the alimentary tract.																			
28 Chirrhosis of the liver.																			
29 Acute nephritis and Bright's disease.																			
30 Chronic nephritis and other diseases of the renal pelvis and other diseases of the kidney.																			
31 Puerperal septicemia (puerperal fever, puerperal fever).																			
32 Other puerperal accidents and labor.																			
33 Septicemia (puerperal fever, puerperal fever).																			
34 Other puerperal accidents and labor.																			
35 Spontaneous debility and malformations.																			
36 Stillbirth.																			
37 Violent deaths (outside excepted).																			
38 Other diseases.																			
39 Unknown or ill-defined diseases.																			
Total.	2,812	1,379	1,396	57	410	78	37	21	57	66	98	153	223	270	370	485	372	164	24

Estimated population, 279,241.

Total resident deaths, 2,815.

Rate per 1,000 population, 10.08.

TABULATION OF DEATHS IN CLIFTON CITY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table with columns: Abridged Internat. Health List No., Cause of Death, Total, Male, Female, Color, Age Periods (Under 1 year to 80+), Total resident deaths, 329. Rate per 1,000 population, 0.02.

Estimated population, 33,238.

Total resident deaths, 329.

Rate per 1,000 population, 0.02.

TABULATION OF DEATHS IN PASSAIC CITY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table with columns: Abridged Internat. Health List No., Cause of Death, Total, Male, Female, Color, Age Periods (Under 1 year to 80+), Total resident deaths, 540. Rate per 1,000 population, 8.06.

Estimated population, 48,045.

Total resident deaths, 540.

Rate per 1,000 population, 8.06.

TABULATION OF DEATHS IN PATERSON CITY FOR 1984, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH		AGE PERIODS											Total	Color, If other than white	Female	Male	Total				
	CAUSE OF DEATH		Under 1 year	1 year	2 years	3 years	4 years	Under 5 years	5 to 9	10 to 19	20 to 29	30 to 39	40 to 49						50 to 59	60 to 69	70 to 79	80 to 89	90 and over	Unknown
1	Typhoid fever		1	1					1					1								
2	Typhus fever																					
3	Malaria																					
4	Dysentery																					
5	Smallpox																					
6	Scarlet fever		4																			
7	Whooping cough		4	5	1																	
8	Diphtheria and croup		4	3	1																	
9	Influenza		11	11	2																	
10	Epidemic typhus		23	12	11																	
11	Cholera nostras																					
12	Other epidemic diseases		12	7	5																	
13	Tuberculosis of the lungs		83	53	40																	
14	Tuberculosis meningitis		11	8	3																	
15	Tuberculosis of the meninges		10	8	3																	
16	Cancer and other malignant tumors		153	84	86																	
17	Simple meningitis		7	7	3																	
18	Organic hemorrhage and softening		125	56	69																	
19	Diseases of the heart		246	134	112																	
20	Bronchitis		30	4	6																	
21	Emphysema		88	40	48																	
22	Other diseases of the respiratory system (tuberculosis excepted)		75	41	34																	
23	Other diseases of the stomach (cancer excepted)		8	0	2																	
24	Diarrhoea and enteritis (under 2 years)		9	10	14																	
25	Dysentery		8	10	14																	
26	Typhoid and typhus		17	4	3																	
27	Other diseases of the liver		18	12	6																	
28	Acute nephritis and Bright's disease		138	68	70																	
29	Noncancerous tumors and other diseases of the nervous system		0		0																	
30	Other diseases of the respiratory system (tuberculosis excepted)		8	8	7																	
31	Puerperal septicaemia (puerperal fever, puerperal tonsitis)		7																			
32	Other puerperal accidents of pregnancy and labor		30	13	4																	
33	Congenital debility and malformations		41	30	25																	
34	Scurvy		23	17	16																	
35	Violent deaths (suicide excepted)		84	61	23																	
36	Other diseases		271	128	103																	
37	Unknown or ill-defined diseases		1	1	1																	
38	Total		1,340	805	735	391	179	40	14	14	4	25	31	42	84	120	144	225	262	229	104	18

Estimated population, 140,657.

Total resident deaths, 1,540.

Rate per 1,000 population, 10.85.

TABULATION OF DEATHS IN SALEM COUNTY FOR 1984, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH		AGE PERIODS											Total	Color, If other than white	Female	Male	Total				
	CAUSE OF DEATH		Under 1 year	1 year	2 years	3 years	4 years	Under 5 years	5 to 9	10 to 19	20 to 29	30 to 39	40 to 49						50 to 59	60 to 69	70 to 79	80 to 89	90 and over	Unknown
1	Typhoid fever		1	1					1													
2	Typhus fever																					
3	Malaria																					
4	Dysentery																					
5	Smallpox																					
6	Scarlet fever		4																			
7	Whooping cough		4	5	1																	
8	Diphtheria and croup		4	3	1																	
9	Influenza		11	11	2																	
10	Epidemic typhus		23	12	11																	
11	Cholera nostras																					
12	Other epidemic diseases		12	7	5																	
13	Tuberculosis of the lungs		83	53	40																	
14	Tuberculosis meningitis		11	8	3																	
15	Tuberculosis of the meninges		10	8	3																	
16	Cancer and other malignant tumors		153	84	86																	
17	Simple meningitis		7	7	3																	
18	Organic hemorrhage and softening		125	56	69																	
19	Diseases of the heart		246	134	112																	
20	Bronchitis		30	4	6																	
21	Emphysema		88	40	48																	
22	Other diseases of the respiratory system (tuberculosis excepted)		75	41	34																	
23	Other diseases of the stomach (cancer excepted)		8	0	2																	
24	Diarrhoea and enteritis (under 2 years)		9	10	14																	
25	Dysentery		8	10	14																	
26	Typhoid and typhus		17	4	3																	
27	Other diseases of the liver		18	12	6																	
28	Acute nephritis and Bright's disease		138	68	70																	
29	Noncancerous tumors and other diseases of the nervous system		0		0																	
30	Other diseases of the respiratory system (tuberculosis excepted)		8	8	7																	
31	Puerperal septicaemia (puerperal fever, puerperal tonsitis)		7																			
32	Other puerperal accidents of pregnancy and labor		30	13	4																	
33	Congenital debility and malformations		41	30	25																	
34	Scurvy		23	17	16																	
35	Violent deaths (suicide excepted)		84	61	23																	
36	Other diseases		271	128	103																	
37	Unknown or ill-defined diseases		1	1	1																	
38	Total		474	264	210	90	88	17	6	8	1	87	11	15	29	24	45	42	70	89	40	10

Estimated population, 41,009.

Total resident deaths, 474.

Rate per 1,000 population, 11.55.

TABULATION OF DEATHS IN N. PLAINFIELD BOROUGH FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Internat- ional List No.	CAUSE OF DEATH.		AGE PERIODS.											Total						
	Male.	Female.	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.		50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.	Unknown.
1																				
2																				
3																				
4																				
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25																				
26																				
27																				
28																				
29																				
30																				
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
Total.	104	83	51	1	8	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Total resident deaths, 104.

Rate per 1,000 population, 14.27.

Estimated population, 7,285.

TABULATION OF DEATHS IN SOMERVILLE BOROUGH FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Internat- ional List No.	CAUSE OF DEATH.		AGE PERIODS.											Total						
	Male.	Female.	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.		50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.	Unknown.
1	1																			
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
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29																				
30																				
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
Total.	113	61	52	0	11	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Total resident deaths, 113.

Rate per 1,000 population, 15.00.

Estimated population, 7,484.

CAUSES OF DEATH.

Abridged Interna-tional List No.	Total		Male.		Female.		Color, If Other than white.		AGE PERIODS.										Total			
	Male.	Female.	Male.	Female.	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.	50 to 59.	60 to 69.	70 to 79.		80 to 89.	90 and over.	Unknown.
1	2				1			1	1													
2																						
3																						
4																						
5	3	1	1	1	3																	
6																						
7	8	4	4	4	2	2																
8	4	1	3	1																		
9	25	12	13	12	13	12																
10																						
11																						
12																						
13	4	3	4	3	4	3																
14	7	5	6	5	6	5																
15	8	3	5	3	5	3																
16	98	42	54	42	52	42																
17	34	18	16	18	16	18																
18	85	40	45	40	45	40																
19	21	11	10	11	10	11																
20	187	112	75	85	121	75																
21	22	12	10	12	10	12																
22	78	49	29	31	37	29																
23	102	58	44	60	42	56																
24	35	22	13	9	15	9																
25	13	9	4	2	2	2																
26	15	10	5	4	14	11																
27	13	9	4	5	15	11																
28	3	2	1	3	5	3																
29	5	3	3	3	5	3																
30	17	9	18	11	2	2																
31	133	63	70	53	27	3																
32	175	83	92	72	103	70																
33	402	188	214	188	214	188																
Total	1,080	588	492	48	151	27	13	14	10	215	352	41	71	88	124	129	170	129	60	3		

Estimated population, 195,231.

Total resident deaths, 1,080.

Rate per 1,000 population, 10.16.

TABULATION OF DEATHS IN PLAINFIELD CITY FOR 1934, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna-tional List No.	Total		Male.		Female.		Color, If other than white.		AGE PERIODS.										Total			
	Male.	Female.	Male.	Female.	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.	40 to 49.	50 to 59.	60 to 69.	70 to 79.		80 to 89.	90 and over.	Unknown.
1	1																					
2																						
3																						
4																						
5	1																					
6																						
7	2	1	1	2																		
8	1																					
9	1																					
10																						
11																						
12	2	1	1	2																		
13	26	12	14	7	7	7																
14	3	3	3	3	3	3																
15	4	1	1	2	3	1																
16	27	9	18	4	7	3																
17	1	1	1	1	1	1																
18	43	13	30	5	3	3																
19	2	1	1	2																		
20	18	11	4	3	1	1																
21	3	1	1	4	3	1																
22																						
23																						
24	6	6	1	7	2	1																
25	8	5	3	4	7	3																
26	2	1	1	2	1	1																
27	3	1	2	1	2	1																
28	43	13	30	5	3	3																
29	1	1	1	1	1	1																
30	33	18	15	5	3	1																
31	2	2	2	2	2	2																
32	4	4	4	4	4	4																
33	21	11	10	4	21	11																
34	2	2	2	2	2	2																
35	28	15	13	5	15	7																
36	25	16	9	5	3	1																
37	2	2	2	2	2	2																
38																						
Total	346	167	179	40	44	8	3	5	4	61	5	8	20	31	37	42	48	62	21	6		

Estimated population, 31,012.

Total resident deaths, 346.

Rate per 1,000 population, 11.15.

TABULATION OF DEATHS IN WESTFIELD TOWN FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table showing death causes and age periods for Westfield Town in 1924. Columns include Cause of Death, Total, Male, Female, Color (if other than white), and age periods (Under 1 year, 1 year, 2 years, 3 years, 4 years, Under 5 years, 5 to 9, 10 to 19, 20 to 29, 30 to 39, 40 to 49, 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, Unknown). Total deaths are 320.

Rate per 1,000 population, 13.21.

Total resident deaths, 128.

Estimated population, 10,288.

TABULATION OF DEATHS IN WARREN COUNTY FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Table showing death causes and age periods for Warren County in 1924. Columns include Cause of Death, Total, Male, Female, Color (if other than white), and age periods (Under 1 year, 1 year, 2 years, 3 years, 4 years, Under 5 years, 5 to 9, 10 to 19, 20 to 29, 30 to 39, 40 to 49, 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, Unknown). Total deaths are 372.

Rate per 1,000 population, 12.40.

Total resident deaths, 573.

Estimated population, 45,921.

TABLE OF DEATHS IN PHILIPBURG TOWN FOR 1924, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	Cause of Death	Total		Male		Female		Color, if other than white		AGE PERIODS										Rate per 1,000 population, 11-46.													
		1924	Total	1924	Total	1924	Total	1924	Total	Under 1 year.	1 year.	2 years.	3 years.	4 years.	Under 5 years.	5 to 9.	10 to 19.	20 to 29.	30 to 39.		40 to 49.	50 to 59.	60 to 69.	70 to 79.	80 to 89.	90 and over.	Unknown.						
1	Typhoid fever.	1	1	1	1																												
2	Dysentery.	1	1	1	1																												
3	Typhoid fever.	1	1	1	1																												
4	Smallpox.	1	1	1	1																												
5	Scarlet fever.	1	1	1	1																												
6	Diphtheria and croup.	1	1	1	1																												
7	Indiense.	1	1	1	1																												
8	Anaemic cholera.	1	1	1	1																												
9	Cholera infantum.	1	1	1	1																												
10	Cholera infantum.	1	1	1	1																												
11	Other forms of cholera.	1	1	1	1																												
12	Tuberculosis of the lungs.	11	11	6	6	5	5	1	1																								
13	Tuberculosis of the larynx.	2	2	2	2																												
14	Tuberculosis meningitis.	2	2	2	2																												
15	Other forms of tuberculosis.	21	21	8	8	13	13																										
16	Cancer and other malignant tumors.	13	13	8	8	5	5	3	3																								
17	Cancer of the stomach.	3	3	3	3																												
18	Cervical carcinoma.	1	1	1	1																												
19	Cerebral carcinoma.	1	1	1	1																												
20	Organic diseases of the heart.	18	18	10	10	8	8																										
21	Bronchitis.	1	1	1	1																												
22	Pneumonia.	27	27	15	15	12	12																										
23	Other diseases of the respiratory system (tuberculosis excepted).	6	6	3	3	3	3																										
24	Diseases of the stomach (cancer excepted).	5	5	3	3	2	2																										
25	Diseases of the intestine (cancer excepted).	3	3	2	2	1	1																										
26	Dysentery and typhoid.	2	2	2	2																												
27	Appendicitis.	1	1	1	1																												
28	Hepatitis.	1	1	1	1																												
29	Cirrhosis of the liver.	1	1	1	1																												
30	Acute nephritis and Bright's disease.	16	16	9	9	7	7																										
31	Nephroses of other than Bright's type.	1	1	1	1																												
32	Noncalculous tumor and other diseases of the female genital organs.	1	1	1	1																												
33	Gonorrhoea.	1	1	1	1																												
34	Genital syphilis.	1	1	1	1																												
35	Other venereal diseases.	1	1	1	1																												
36	Other diseases.	1	1	1	1																												
37	Unknown or ill-defined diseases.	1	1	1	1																												
38	Total.	210	210	120	120	90	90	21	21	31	31	2	2	1	1	42	42	7	7	5	5	8	8	9	9	22	22	36	36	15	15		

Total resident deaths, 210.

Estimated population, 18,922.

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