

Forty-Ninth Annual Report

OF THE

Department of Health

OF THE

STATE OF NEW JERSEY

1926



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Department of Health of the State of New Jersey

- THOMAS B. LEE, M. D., President, Camden
- CLYDE POTTS, C. E., Vice-President, Morristown
- DAVID D. CHANDLER, Newark
- CHARLES I. LAFFERTY, Atlantic City
- J. E. H. GUTHRIE, D. D. S., Newark
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- MISS MARGARET McNAUGHTON, Jersey City
- HENRY SPENCE, M. D., Jersey City
- MRS. ALICE M. VAN HORNE, Trenton
- HOWARD E. WINTER, V. M. D., Plainfield

HENRY B. COSTILL, M. D., Director.

The offices of the Department are in the State House,
Trenton, N. J.

TRENTON, N. J., June 30th, 1926.

To His Excellency A. Harry Moore, Governor of New Jersey:

Sir: I am transmitting herewith the Forty-Ninth Annual Report of the Department of Health of the State of New Jersey for the year ending June 30th, 1926, in accordance with Chapter 288 of the Laws of 1915.

Very respectfully,

H. B. COSTILL, *Director.*

Report of the Director

In former reports of the Director of Health, it has been the custom to comment on the important features brought forth in the several Bureau statements which make up the annual report of the Department. In the present recital of the year's activities we have omitted from the accounts of each bureau of the State Department of Health all but the important records, hence it is unnecessary to emphasize them in this introduction. Instead it is my purpose to present a brief statement of the most pressing problem in public health administration in New Jersey—rural sanitation. The consideration of any phase of public health administration, be it in the control of communicable diseases, the improvement of sanitation, or better personal hygiene for infants and adults, leads inevitably to the same conclusion; viz., that the greatest obstacle in the path of sanitary progress in New Jersey is the lack of efficient rural health service.

Rural sanitation is supposed by most people to be the concern of the inhabitants of suburban areas only. On the contrary, it is everybody's problem. For instance, the city dweller's water supply, his milk supply, and green vegetable supply usually come from farming districts; and he goes into the country when

motoring and on vacations. The sanitary inspection of his food supply and the rural eating places which he occasionally patronizes are health problems as real and important to the city resident as to the suburbanite. But it is upon the rural inhabitants themselves that the deficiencies in the existing system of health administration fall the hardest. A few brief illustrations will make this point clear.

The disposal of domestic wastes in the rapidly growing rural and suburban real estate developments is one of the most perplexing problems in rural sanitation. In some real estate subdivisions the developers contract to dispose of domestic sewage, which they do by connecting the lots to centrally located cesspools or tanks with blind drains. Frequently these units are inadequate for the load which they have to bear when houses are built upon the development. Then the unhappy householders find themselves the victims of an intolerable sanitary condition, and as they have no legal redress, for the developers have fulfilled the legal obligations of the contract, they appeal, too late, to the State Department of Health. In those real estate developments in which no modern improvements are guaranteed, sanitary conditions are even worse, for each house owner maintains a private water supply, usually from a shallow well, and disposes of his own sewage in leaching cesspools or privy vaults. In porous types of soil, where houses are built closely together, frequently it is impossible to prevent the contamination of the householder's own and neighboring water supplies by such methods of sewage disposal.

The remedy for these insanitary conditions lies in more effective rural health administration, for the local board of health, if it will, can prevent these dangers to health before they occur. But under the existing New Jersey health law, each municipality—no matter how small or meagre its finances—is a sanitary unit; hence, it is impossible for the boards of health in sparsely settled or small communities to employ a trained staff to look after the sanitary projects, and the members themselves are without the necessary knowledge and experience.

Water supplies for suburban real estate developments are also becoming an increasingly grave sanitary problem. In past years

there were sections of the State from which water supplies practically free from pollution could be obtained. Today, with the widespread use of the automobile and our improved system of roads to facilitate travel, there are no watersheds which are not subject to dangerous human pollution. The safeguarding of water supplies for the numerous suburban communities is still another responsibility of rural health boards which, as a rule, they are failing to meet.

Again, repeated investigations by representatives of the State Department of Health have revealed insanitary conditions in summer resorts and camps in mountain and lake regions—conditions undoubtedly responsible for the cases of "vacation typhoid" which occur much too frequently in the autumn among persons returning from summer vacations. The fact that the conditions generally are improved when brought to the attention both of the owners and the local boards of health indicates the need for, and value of, continuous supervision by local officials. Sporadic clean-ups will never take the place of a system of continuous supervision to prevent the creation or occurrence of dangerously insanitary conditions. Roadside refreshment stands in rural districts continue to be a sanitary problem, for in most instances they are without effective supervision and casual inspections have revealed insanitary conditions menacing to the health of the motoring public. These are a few of the conditions which indicate that rural sanitation is not alone the concern of the suburbanite.

The deficiencies in rural health administration are not confined to sanitation. For instance, the control of outbreaks of communicable diseases is equally dependent upon the existence of an adequately trained health department staff competent to find the cases responsible for the spread of disease and to prevent them from transmitting the infection to others. As the health boards of the great majority of small boroughs and townships lack the funds to employ trained sanitary officials, the State Department of Health has on record many fruitless attempts at communicable disease control by rural health board members who were totally unfitted to cope with the problem. The usual experience is that only when the disease has spread and most of

the damage is done is the help of the epidemiologists of the State Department of Health sought to stamp out the contagion, perhaps after lives have been needlessly sacrificed and much unnecessary suffering has occurred.

The promotion of child health, in which New Jersey has been a conspicuous pioneer, needs for its continued improvement better rural health administration. Safe milk supplies, sanitary conditions in home and school, and the education of the parents in matters of health are all essential to the welfare of the child. The activities of the nurses, who are so ably carrying on the continuous child hygiene program in New Jersey, should be supplemented by effective local health administration.

The remedy for all these conditions is the creation of health districts sufficiently large to provide funds adequate for the employment of a full-time staff of trained local health officials. What the unit should be and what is the best plan to obtain these units are matters in need of study and discussion. The important point at present is that the public, and the officials who represent the public, shall appreciate the need for trained health officials in rural as well as urban communities.

Not to paint too dark a picture, it should be noted that public health administration in New Jersey has shown some progress, for more and more the cities are realizing the need for adequately trained, full-time health officials. To meet the need for health officers, inspectors, and nurses trained in the rudiments of sanitary science, the State Department of Health has joined with the State University in offering at the summer session a course in public health administration. This course, as planned, calls for two summer sessions, and the first or preliminary session was begun during the present fiscal year. The progress made by the students was such that we are reassured of the value of the course and plan to carry it on in the future. It is important to emphasize to all local boards of health the value of the training offered to their employees who have not had the advantages of such instruction.

Report of the Bureau of Administration

Report of the Bureau of Administration

CHARES J. MERRELL, CHIEF.

The terms of the following five members of the Department expired July 1st, 1926: Mrs. Alice M. Van Horne, of Trenton; Miss Margaret McNaughton, of Jersey City; Charles I. Lafferty, of Atlantic City; Howard E. Winter, V. M. D., of North Plainfield, and J. E. H. Guthrie, D. D. S., of Newark. These members were all reappointed by the Governor, and therefore the membership of the Board remains the same as last year.

Clyde Potts, C. E., Morristown, was reelected President at the reorganization of the Department on July 13th, 1926. Mr. David D. Chandler, of Newark, declined reelection as Vice-President, and nominated Charles I. Lafferty, of Atlantic City, who was elected Vice-President in his place.

APPROPRIATIONS.

An appropriation of \$333,780 was granted by the Legislature for the work of the Department for the year beginning July 1st, 1926. This is slightly in excess of the amount granted for the previous year. The appropriation of \$3,000 previously allowed for special indexing in the Bureau of Vital Statistics was made a part of the regular appropriation, as the work carried on under the temporary appropriation for the last few years proved to be of such value that the request of the Department was granted and provision made for continuing this feature as a part of the permanent work of the Department.

An appropriation of \$10,000 was granted by the Legislature during the past two years for specific work by the Department in relation to tuberculosis, and very encouraging progress was being made in the setting up of a program of effective work in

this direction. Unfortunately the Appropriation Committee felt that this work was being duplicated by other organizations and refused to grant the appropriation for the year beginning July 1st, 1926. It was therefore necessary to discontinue the work, and the Department was forced to abandon the program which was being so successfully carried out. There is undoubtedly a real need for special work along this line by the Department, and it is felt that with a better understanding of the situation by the Appropriations Committee and the Legislature an appropriation will be again granted for the work.

In accordance with the provisions of Chapter 126 of the Laws of 1920, a joint appropriation of \$10,000 was granted for the year beginning June 1st, 1921, to the Agricultural Experiment Station and the State Department of Health, \$5,000 to each body, to conduct an investigation of the biology of sewage disposal, to the end that more effective methods of sewage purification may be discovered and applied to the purification of sewage in this State. This appropriation has been granted each year since 1921, and the amount was increased to \$14,000 for the year 1925.

In checking up the results accomplished in these investigations, the Department did not feel that it should continue to request appropriations from the Legislature for this work, and therefore adopted the following preamble and resolution:

WHEREAS, For some years an experiment station for the study of sewage treatment processes has been conducted jointly by the New Jersey Agricultural Experiment Station and the State Department of Health of New Jersey, and for the conduct of the same the Legislature has appropriated various sums ranging from \$10,000 to \$14,000; and

WHEREAS, The State Department of Health feels that these experiments, as conducted, being of a purely scientific character, can best be conducted under the direction of the Agricultural Experiment Station; and

WHEREAS, The State Department of Health is in sympathy with sewage experimental work for the determination of suitable processes and methods of sewage treatment, and feels that the sum allotted is not sufficient for the conduct of sewage treatment works as a practical proposition, but does not desire to hamper the work as conducted by the New Jersey Agricultural Experiment Station; therefore,

Be it Resolved, That the Department recommends to the Budget Commission of the State of New Jersey that the appropriation of \$14,000 be continued to the Agricultural Experiment Station for the conduct of the

work as now carried on in order that the work may be conducted until such time as the finances of the State will permit of a larger and broader investigation of sewage disposal works along more practical and comprehensive lines.

BOARD OF EXAMINERS AND EXAMINATIONS.

A. I. Goehrig, James J. Hagan, Andrew J. McGookin and R. S. Patterson were reappointed as members of the Board of Examiners of the Health Officers and Sanitary Inspectors for the year ending March 31st, 1927. Edwin H. Coward, M. D., of Northfield, Atlantic County, was appointed in place of William T. Eakins, of the State Department of Health, as the fifth member of the Board. The Board, in organizing for the year, elected James J. Hagan, of Jersey City, as President, and A. I. Goehrig, of Trenton, as Secretary. Four regular examinations were held as usual during the year, and on August 14th, 1925, a special examination was held for applicants who took the summer course given by the Department in conjunction with Rutgers College in the college buildings at New Brunswick.

Of the 162 applicants examined, 89 succeeded in securing a general average of 70 per cent or more, as required by the Board of Examiners, and the Department voted to issue licenses to this number as recommended. Applicants were examined and licenses issued as follows: Health Officers—examined 41, licensed 30; Sanitary Inspectors of the First Class—examined 46, licensed 15; Sanitary Inspectors of the Second Class—examined 2, licensed 2; Sanitary Inspectors of the Third Class—examined 8, licensed 2; Meat Inspectors—examined 1, licensed none; Milk Inspectors—examined 5, licensed 5; Food and Drug Inspectors—examined 9, licensed 9; Plumbing Inspectors—examined 50, licensed 26.

It will be noted that while a fairly large percentage of those applying for license as Health Officer passed the examination, only about one-half of those applying for license as Plumbing Inspector succeeded in passing the examination, and a much smaller percentage of those applying for license as Sanitary Inspector of the First and Third Classes obtained the necessary average.

In addition to the examination conducted by the Board of Examiners, the Bureau of Engineering of the State Department of Health examined 27 applicants for license as Sewage Plant Operators, and granted licenses to 22 of these. Fifteen were examined for licenses to serve as Water Plant Inspectors, and of this number 13 were licensed.

The Department co-operated again this year with Rutgers College in giving a summer course for health officials, and the Board of Examiners as a further aid to applicants prepared for distribution information sheets, the object being to place in the hands of each applicant information concerning the best course of study to pursue in preparing for the particular examination in which the applicants may be interested. This will doubtless prove of considerable aid to those who wish to take these examinations.

CONFERENCES.

The Sixteenth Annual Conference of State and Local Health Officials held in the State House, Trenton, February 19th, 1926, proved to be one of the best health conferences thus far held. The afternoon program consisted of round table discussions of public health administration problems. Should Placarding of Houses Quarantined for Communicable Diseases, and Terminal Disinfection be abandoned by Local Health Authorities was the first subject for discussion. This problem was ably discussed by John N. Ryan, M. D., Health Officer of Passaic; Alton S. Fell, M. D., Health Officer of Trenton; and D. C. Bowen, of the State Department of Health. The Operation of Swimming Pools and the Standard Set by the American Public Health Association was next discussed by N. J. R. Chandler, Health Officer of Plainfield, and C. W. Sparmaker, I. R. Riker, C. E., and H. P. Croft, C. E., of the State Department of Health. The question Should Milk and other Food Handlers be Required to Submit to Periodic Examinations, and of What Should the Examinations consist as a Minimum was discussed by C. V. Craster, M. D., Health Officer of Newark; F. P. Lee, M. D., Health Officer of Paterson, and J. V. Mulcahy, of the State Department of Health. General discussions from the floor followed the talks in this round table conference.

In the evening, papers on the following subjects were given by the well-known health experts named: The Training of Sanitarians, by A. W. Freeman, M. D., of John Hopkins University; Studies in the Treatment and Prevention of Scarlet Fever, by William H. Park, M. D., of the New York City Laboratories; Report on the Status of Cancer Studies, by George A. Soper, Ph. D., Director of the American Society for the Prevention of Cancer.

At the Annual Meeting of the Health Officers' Association of New Jersey, on Saturday morning, February 20th, Miss Lenore Young, Health Officer of Orange, was elected President; A. S. Fell, M. D., Health Officer of Trenton, Vice-President; Eugene H. Sullivan, Health Officer of Nutley, Secretary, and N. J. R. Chandler, Health Officer of Plainfield, Treasurer.

At the Fifty-First Annual Meeting of the New Jersey Sanitary Association, held on December 4th and 5th, 1925, Henry B. Costill, M. D., Director of Health of New Jersey State Department, was elected Chairman of Executive Council. A meeting of the Executive Council was called by Dr. Costill in Trenton on May 11th, 1926, at which time a program for the Fifty-Second Annual Meeting of the Association, to be held in Asbury Park on December 3d and 4th, 1926, was outlined. The New Jersey Sanitary Association is the oldest voluntary health organization in New Jersey, and one of the oldest in the country. It has always been an important factor in the promotion of health within the State, and the obtaining of legislation to give official organizations power to cope with the problems of health administration in New Jersey.

SANITARY REGULATIONS.

The attention of the Department was especially directed during the year to the insanitary condition of eating and drinking utensils at many of the wayside stands, soda fountains, restaurants and other places where food and drink is dispensed. Chapter 231 of the Laws of 1909 gives definite authority to the State Department of Health to make uniform rules and regulations for carrying out the provisions of this act which is designed to secure the purity of food and drink, and, in accordance with

power given under said act, the following resolution, the provisions of which are enforceable by local Boards of Health as well as the State Department, was adopted:

Be it Resolved, That additional rules and regulations be adopted under the powers of the State Sanitary Act to the effect that all hotels, restaurants, cafes, soda fountains, and other places where food is produced, manufactured, stored, cooked, prepared, distributed and sold, or intended for sale for human consumption, shall be provided with adequate facilities for the treatment of cooking and eating utensils by boiling water, or steam under pressure; or by other means which shall yield the same results; and all utensils intended for a second use, including pots, pans, dishes, plates, cups, saucers, glasses, and other containers repeatedly used for food, and all knives, forks and food implements shall be subjected to treatment with boiling water or steam under pressure for at least three minutes after each service, or by such other method that effective sterilization of each article shall be properly carried out between each use. Where sufficient or adequate sterilizing equipment has not been or cannot be installed as above specified, sanitary single service receptacles (paper cups and utensils) which are to be thrown away after being used may be adopted and used in whole or in part as a service.

As the result of several outbreaks of typhoid fever due to polluted water supplies, the attention of the Department was particularly drawn to the danger of cross connections, and after careful consideration the following preamble and resolutions were adopted:

WHEREAS, It has been shown to the satisfaction of the Department of Health of the State of New Jersey that cross connections between approved water supplies for potable purposes and water supplies from other sources have been the cause of a number of outbreaks of typhoid fever and other water-borne diseases in this State; and

WHEREAS, Chapter 253 of the P. L. of 1909 states that no person, corporation or municipality shall deliver to any consumer water for potable purposes from a supply not approved by the Department of Health of the State of New Jersey; therefore,

Be it Resolved, That no physical connections shall be permitted between an approved public potable water supply and any other supply, except as follows: (a) With another approved public potable water supply; and (b) with an approved potable water supply which is regularly examined as to its purity by those in charge of the approved potable public water supply to which the connection is made and by the Department of Health of the State of New Jersey; provided, that there shall be no connection between the approved private potable water supply and water supplied from a source polluted or subject to pollution; and

Be it Further Resolved, That where the physical connection between an approved public potable water supply and any other water supply includes two gate valves with indicator posts, two check valves of the Special Factory Mutual Fire Insurance Design, or equivalent with drip cocks and gaugings for testing, all located in a water-tight construction accessible for ready inspection, the date of discontinuance may be extended until January 1st, 1928.

CEMETERIES, CREMATORIALS, HOSPITALS.

Application was made to the Department in July, 1925, on behalf of the Russian Orthodox Greek Catholic Three Saints Society of Garfield, Bergen County, for reversal of the decision of the local authorities of Garfield, in refusing to grant consent to said society to locate and maintain a cemetery in Garfield, and a public hearing on said application to be given by the Department was fixed for September 1st, 1925. Prior to the date set for the hearing, however, the application was withdrawn, and therefore no further action was taken by the Department.

An application was also filed on behalf of Saint Marks's Catholic Church Association for reversal of the decision of the Township Committee of Scotch Plains, Union County, in refusing to grant consent to said Association to use certain lands in the township for cemetery purposes. A hearing to be given by the Department on this application was fixed for May 4th, 1926, but the applicants requested postponement of the hearing, and the case is still being held in abeyance pending an effort on the part of the parties concerned to adjust the matter satisfactorily without bringing the same before the Department for settlement.

Chapter 285 of the Laws of 1911 provides that it shall not be lawful for any person, firm or corporation to engage in or carry on the business of cremating dead human bodies without first obtaining a permit from the State Department of Health. In accordance with the provisions of this act, application was made to the Department in November last by the Crematorium Company of America, Incorporated, of Union City, for permission to erect a crematory in the mausoleum of said company now in the course of construction at Fairview, Bergen County. Letters of protest against the granting of said permit were received by

the Department from the authorities of Fairview Borough and from North Bergen Township, Hudson County, the proposed site of the crematory in Bergen County being within thirty feet of the line of said township in Hudson County. A hearing on the application was set by the Department for February 2d, 1926, but on account of some business complication which later arose the company notified the Department that it did not wish to push the application at this time, and action in this case, is, therefore, held in abeyance awaiting further request from the company.

Plans and specifications for extensions and alterations to the Monmouth County Tuberculosis Hospital at Allenwood, the alterations being made to provide better pantry and dining room facilities, and also to provide patients with better toilet facilities on the second floor, which is utilized by women patients, were approved by the Department.

LEGISLATION.

The following bills of interest to Health Officials were introduced at the last session of the Legislature:

Senate Bill No. 98. This bill increases the fee for the issuing of a marriage license by local registrar of vital statistics from \$1 to \$2. The bill became a law, Chapter 202. A companion bill, Senate Bill No. 99, fixing a penalty of \$25 for the first offense against registrars issuing marriage licenses illegally, and placing a fine of \$50 upon witnesses giving false answers to questions for marriage licenses, passed the Senate, but failed to pass the House.

Senate Bill No. 170, requiring the vaccination of children attending school as a protection against smallpox, was defeated by the anti-vaccinationists and failed to become a law.

Senate Bill No. 221, permitting complete return of all records of vital statistics which have not been made to the registrar of vital statistics, clerks of counties being required to transcribe all records of births, marriages and deaths for the county, and clerks for municipalities, failed to pass.

Senate Bill No. 240 prohibits, after May 1st, 1930, discharge of sewage into Hackensack River. The State Health Department

is empowered to institute suits. This bill became a law, Chapter 173.

Senate Bill No. 245 allows Chief of Police or chairman of police committee of township or village to impound dogs not registered and have them destroyed. This bill merely gives more explicit authority for the impounding of dogs found running at large, and makes certain requirements in reference to destruction of the animals.

Assembly Bill No. 193. The object of this bill was to permit justices of the peace to solemnize marriages. This bill was contrary to the provisions of the present marriage laws of the State, and failed to become a law.

Assembly Bill No. 204 gives control of the investigation of sewage disposal to the State Agricultural Station. This bill became a law, Chapter 45, and was in line with the resolution adopted by the Department recommending that the work of investigation of the biology of sewage be placed entirely within the jurisdiction of the New Jersey Agricultural Experiment Station.

Assembly Bill No. 267, requiring the inoculation of dogs against rabies before they are licensed, was not reported out of committee, but a similar bill, Assembly No. 268, requiring inoculation of dogs against rabies, was, after considerable opposition, passed in the House. The bill, however, on account of the fact that the session was near an end, failed to pass the Senate. The bill was strongly endorsed by the New Jersey Sanitary Association and the Health Officers Association of New Jersey, as well as by other health officials throughout the State, but the strong opposition of members and representatives of Societies for the Prevention of Cruelty to Animals was sufficient to prevent the bill becoming a law. It is difficult to understand why members of the organizations which profess a particular desire to protect animals should so strenuously oppose the most safe and effective method known for protecting dogs and other animals from the horrible and fatal disease of rabies.

Assembly Bill No. 320, controlling bathing in sources of supply of potable water, failed to become a law.

Report of the Bureau of Local Health Administration

D. C. BOWEN, CHIEF.

On November 1st, 1925, the two District Health Officers, who were formerly attached to the Bureau of Local Health Administration, were transferred to work under direct supervision of the Director, and early in February, 1926, the District Health Nurse who had been attached to this Bureau for a period of eight years was similarly transferred. Therefore, the official acts of these three employees are included in this report only up to the dates on which they were transferred. The personnel of the Bureau at the close of the fiscal year consisted of the Bureau Chief, two epidemiologists, and seven clerks.

EPIDEMICS AND OUTBREAKS OF COMMUNICABLE DISEASES INVESTIGATED.

Typhoid Fever.—During the year, forty-four outbreaks of typhoid fever were investigated by this Bureau. Only five of these outbreaks included more than five cases and affected more than one municipality. The largest outbreak included cases in fifteen municipalities in Bergen, Hudson and Passaic Counties. Twenty-nine cases were investigated in this explosive outbreak. All gave a history of having visited the Palisades Interstate Park near Nyack, New York, and having drunk spring water which discharged from a pipe near the Park boundary at Hook Mountain bathing beach. Water from this same spring was found by the New York State Department of Health to be the vector of infection for a number of cases of typhoid fever which developed among residents of that State at about the same time the outbreak occurred in New Jersey. This is the second extensive outbreak of typhoid fever in the metropolitan section of

New Jersey within the past year, due to failure on the part of the public to realize the danger of drinking water from unprotected springs and streams.

The second largest outbreak of typhoid fever investigated during the year included a total of 20 cases in three municipalities in Warren County. Owing to unusual delay in making diagnoses in the earliest cases in this outbreak, the State Department of Health had no knowledge of its occurrence until after most of the cases had developed. Our investigation showed that 13 of the 20 cases were infected by contact. If the true character of the disease had been recognized at the start and proper action taken by the local boards of health concerned, these 13 cases, at least, could have been prevented.

An outbreak of 9 cases; 6 in Westfield, 2 in Elizabeth and one in Newark, is of particular interest. The epidemiological investigation of this outbreak showed that raw milk produced on a nearby dairy was the vector of infection and that infection was probably introduced by an employee on the dairy who had continued his work while suffering from a mild, unrecognized case of typhoid fever. This outbreak again demonstrated the fact that even though a dairyman may comply with substantially all sanitary requirements of the local health authorities of the communities in which his product is sold, there is still danger of the transmission of disease through unpasteurized milk.

Several of the smaller outbreaks of typhoid fever investigated during the year were traced to known typhoid carriers. One such outbreak included 9 cases and the vector of infection was shown to be potato salad. In two other outbreaks traced to chronic typhoid carriers, the infection was spread by direct contact. As a result of more careful epidemiologic investigations, it becomes increasingly evident each year that a vastly larger number of isolated cases and small, restricted outbreaks of typhoid fever are due to unrecognized carriers of the causative agent of this disease than was formerly appreciated.

The etiology of typhoid fever is so well established, and practical methods for preventing its spread are so generally understood, that there is no longer any justification for failure on the part of local health officials to promptly and thoroughly in-

investigate every outbreak of this disease, no matter how small the number of cases involved. Perhaps no other epidemic disease, with the possible exception of smallpox, can be so readily controlled by epidemiologic methods as typhoid fever. Therefore, in so far as the facilities of the Bureau will permit, assistance is always extended to local health officials in the investigation of outbreaks of typhoid fever, particularly those that occur in municipalities where the local health officials are not prepared to perform this highly important duty.

Scarlet Fever.—Six outbreaks of scarlet fever were investigated during the year, all connected with schools. Should scarlet fever streptococcus toxin prove to be as valuable for identifying those who are susceptible to scarlet fever and in establishing immunity against this disease as it is reasonable to assume it may, within the next few years there should be a marked diminution in the morbidity and mortality rates from this cause.

Septic Sore Throat.—An explosive outbreak of septic sore throat comprising 74 known cases occurred in Chatham in September and October, 1925. The disease was marked by a sudden onset and high fever, with marked enlargement of the lymph nodes of the neck and by the development of peritonsillar abscesses in about one-fifth of the cases. Examination of throat cultures and pus from abscesses indicated that hæmolytic Streptococci were the principal organisms involved.

The epidemiologic investigation conducted by this Bureau showed that the first symptoms in a majority of cases occurred within a period of four days, and that the only probable vector of infection common to the group was milk distributed by one large dealer. However, no source of infection was identified on the six farms which supplied this milk or among the workers at the dairy from which it was distributed. Although the presumptive evidence that milk was the cause of the outbreak was good in most respects, it was somewhat weakened by the fact that in Summit, a neighboring city where more milk from the suspected dairy was used than in Chatham, a similar outbreak did not occur.

Diphtheria.—Since it is now practical to immunize children against diphtheria, this Bureau devotes very little time in con-

ducting epidemiologic investigations of outbreaks of this disease unless an infected food supply, such as milk, is suspected to have been the vector of infection. On the other hand, local health officials are urged to concentrate their efforts on getting all children in their respective communities immunized, placing special emphasis on the advantage of having the preventive treatments given before the children reach school age.

The number of municipalities in which immunization against diphtheria is being offered in public schools is increasing each year. The general practice is for the local boards of health and school officials to co-operate in the work, and in most communities the custodians of public funds are generally disposed to appropriate the necessary funds. That it has not progressed more rapidly in rural districts, as well as in many urban communities, has been mainly due to the lack of a local health organization equipped to carry on the work, a deficiency which has been supplied in many instances by the State Department of Health. Aside from the question as to whether or not it is a legitimate use of public funds to immunize at public expense all school children against diphtheria whose parents request it, there can be no question but that this is the most effectual as well as the most economical method of reducing the morbidity and mortality from this disease.

During the past year the Bureau has, upon request, rendered assistance to the local health officials of a number of municipalities in which outbreaks of diphtheria have occurred and directed them in diphtheria prevention campaigns. In this work the Bureau has made use of a motion picture film when giving talks before groups of parents, teachers, or influential citizens, and circulars explaining the use of the Schick test and immunization for the prevention of diphtheria have been used to advantage. In places which lacked a well-organized local health department, the Bureau has performed the Schick test, recorded the results and supervised the giving of three injections of toxin-antitoxin. Among the larger municipalities in which such assistance has been given during the year were Somerville, Bound Brook, Princeton and Hightstown. In these four boroughs 3,086 children

were Schick tested and 1,594 received three immunizing doses of toxin-antitoxin.

Other Epidemic Diseases.—During the year restricted outbreaks of other diseases were investigated by the Bureau, as follows: three outbreaks of poliomyelitis and four outbreaks of acute intestinal disorder of unknown origin.

Laboratory Specimens.—In connection with the epidemiologic work of the Bureau, a total of 644 specimens were collected for laboratory examination.

Diagnoses.—In each succeeding year the Department receives an increasingly large number of requests to assist local health officials and private practitioners in making differential diagnoses in cases of illness suspected of being communicable. Since no diagnostician is regularly employed by the Department, such requests have usually been referred to this Bureau, but on account of limited personnel it has not been possible to comply with all such requests received during the past year. However, assistance has been rendered in establishing a diagnosis in 35 such cases.

Communicable Diseases on Dairy Premises.—During the year cases of communicable disease transmissible by milk were reported directly to the State Department of Health on forty-three premises located in thirty-six municipalities or townships, in eleven counties of the State. The total number of cases was 58, divided as follows: scarlet fever, 41; diphtheria, 6; typhoid fever, 8; tuberculosis, 2, and poliomyelitis, 1. On thirty-eight premises precautionary measures were instituted by local boards of health under instructions from this Bureau, and in the remaining five representatives of this Bureau personally directed the precautionary measures necessary to prevent the distribution of infected milk. On four of the forty-three premises the sale of milk was temporarily prohibited, while on the remaining dairies it was possible to successfully safeguard the milk supply by less drastic action.

SANITARY SURVEYS AND INVESTIGATIONS.

Seventy-seven special investigations or sanitary surveys, other than those dealing with outbreaks of communicable diseases,

were made by this Bureau during the past fiscal year. These investigations included twelve summer camps located in the rural sections of the State, and in most instances the inspections were made at the request of some official of the organization under whose auspices the camps were conducted. That there was need of such an inspection was evident from the conditions found. At practically every camp visited some defect of sanitation was discovered which was potentially dangerous to the health of the campers. Recommendations for correction of these defects were made on the grounds and followed up by letters from the Department.

The use of the rural sections of New Jersey for camping purposes is rapidly growing, and it is, indeed, regrettable that the State Department of Health is unable, because of limited personnel, to inspect all camps in which any considerable number of people are gathered. It is true that Chapter X of the State Sanitary Code makes it the duty of local boards of health to inspect camps and see that sanitary regulations are observed. However, most camps of any considerable size are located in the townships of the State, where the local boards of health are seldom prepared to handle such problems. Therefore, if such camps are to receive adequate sanitary supervision, it will probably have to be given by the State through the State Department of Health.

The most extensive surveys undertaken by the Bureau during the year related to the water supply and sewage disposal at hotels, boarding houses, refreshment stands, camps and private dwellings located on the shores of Budd's Lake, Morris County; Culver's Lake, Sussex County, and Greenwood Lake, Passaic County.

The survey of Budd's Lake showed that the lake itself was receiving little pollution from the 2,000 summer residents except that resulting from bathing, but that the large number of shallow wells which supply drinking water to these people are menaced, in many instances, by nearby privies and cesspools. Except in a few minor cases, the lake water was not being used for domestic purposes. The use of the safeguarded public or semi-public water systems which supply less than one-third of the dwellings at this summer resort should be extended. Insanitary privies

open to flies formed the most common type of nuisance, but overflowing cesspools and uncovered garbage dumps were also among the nuisances which the local board of health was required to abate. The ever present roadside refreshment stand was found to be quite as numerous in this locality as in other parts of the State, attracting tourists, children and flies.

At Culver's Lake one semi-public water supply, derived from partially protected mountain springs, was found serving a group of houses near the northeast end of the lake. The greater part of the two hundred and seventeen cottages, however, obtain drinking water from community wells, which are usually located at safe distances from privies and cesspools. Water for other domestic uses is obtained from the lake. The eight hotels also use lake water for washing and for flushing toilets, but secure drinking water from private wells or springs. The chance of polluting the lake with sewage is ever present during the summer season since many bungalows are located near the shore, and the cesspool, if any, is commonly placed within forty or fifty feet of the shore line. The cesspools which received sewage from two hotels were found overflowing directly into the lake, which, at times, is used as the source of water supply for the Borough of Branchville. Although flush toilets and chemical closets are to be found in many bungalows and at the hotels, the most common type of toilet is the pit privy, and the majority of these were improperly built, and constituted potential health hazards. Refreshment stands were few in number at this resort, but where they did exist there were always found one or more insanitary privies provided for public use.

The survey at Greenwood Lake included three hotels, one boarding house, eight food vending establishments, two hundred and thirteen private dwellings and two camps. Analyses of the water furnished especially for drinking purposes at two of the hotels showed it to be unsafe for such use. In addition, lake water is supplied to wash basins, bath tubs and other drainage fixtures in these hotels, and is doubtless used to a greater or less extent by the patrons for drinking purposes. Analysis of the lake water showed the presence of colon bacilli, indicating that the water was potentially dangerous for potable purposes. Exam-

ination of samples of water obtained from a spring which was used by a large bungalow colony and by passers-by showed it to be grossly polluted. Inspection of eight food vending establishments showed that five had a satisfactory water supply, but only two maintained toilets which met the minimum requirements of the State Sanitary Code. On the two hundred and thirteen private premises inspected one hundred and sixty-five privies were found. Only thirty-one, or about 19%, were fly-tight and conformed in other respects to the standards established in the State Sanitary Code. Insanitary conditions disclosed by this and the other surveys were called to the attention of the local boards of health of the townships in which they were located, whose duty it is under the law to abate such nuisances.

In the annual report of this Bureau for the year ending June 30, 1925, reference was made to conditions whereby the patrons of hotels, boarding houses, refreshment stands and similar places on the shores of Lake Hopatcong were being served or unknowingly obtaining polluted lake water for drinking purposes. A reinspection of these places in July, 1925, showed that very little progress had been made by local boards of health in prohibiting such use of lake water. Accordingly, in August the boards of health of the two boroughs and two townships, which were concerned in the problem, met with representatives of the State Department of Health to discuss the necessity for prompt and thorough action to safeguard the health of the thousands of summer visitors who patronize this resort. As a temporary measure, it was agreed that notices be placed at all points where potentially dangerous water was available for drinking purposes, warning the public against such use of the water, and a committee was appointed to study the problem and present a comprehensive plan for providing safe and abundant water supplies for the entire summer population at the lake. Thus far, however, little, if any, progress has been made in this direction.

The salient sanitary features disclosed in the surveys above alluded to are given merely to demonstrate the great need that exists for better supervision over the sanitation of the large and rapidly increasing numbers of summer resorts that abound throughout this State, many of which are now and are likely

to remain unsupervised by local health departments as these departments are now constituted in townships and small incorporated municipalities. Theoretically, this work should be done by local health officials at the expense of the municipalities in which the resorts are located. For the State to assume this burden would not only call for a relatively large expenditure of money but would likewise be counter to the principle of home rule to which our citizens are so strongly wedded.

MORBIDITY AND MORTALITY REPORTS FOR THE CALENDAR YEAR 1925.

The number of reports of cases of communicable diseases received from local boards of health and tabulated by the Bureau of Local Health Administration during the calendar year 1925 was 54,038, a decrease of 12,016 from the number reported in 1924. This decrease is largely accounted for by the fact that reports of venereal diseases, which physicians are required to make directly to the State Department of Health, are not included in this total as in former years. On January 1st, 1925, the handling of these reports was transferred from this Bureau to the Bureau of Venereal Disease Control.

The records for 1925 show that marked reductions from the figures for 1924 took place in the case rates of chickenpox, diphtheria, measles, pneumonia and smallpox. Slight decreases occurred in the malaria and whooping cough rates, while higher rates were recorded for poliomyelitis, scarlet fever and typhoid fever. The tuberculosis and influenza case rates were practically the same as in 1924.

Diphtheria.—A new, low record for diphtheria mortality and morbidity was established in 1925. The number of cases reported was 4,139, and the number of deaths recorded was 327, giving a case rate of 118 and a death rate of 9 per 100,000 population. The fatality rate was 7.90. Each year since 1921 there has been a reduction in the number of cases and deaths from diphtheria and a corresponding annual decrease in both the case and death rates. The fatality rate has, however, remained practically the same during this five-year period. The more extensive use of

toxin-antitoxin as a diphtheria preventive should result in further reduction of the diphtheria rates.

Scarlet Fever.—The number of cases reported in 1925 was 8,603, an increase over the 1924 total, which was 6,461. The case rate was 245 per 100,000 population, the highest annual rate since 1922, when the figure was 273. The number of deaths recorded in 1925 was 66 and the death rate was 1.8, the same as in 1924. The fatality rate for 1925 was 0.76, the lowest recorded in New Jersey. The average annual morbidity rate for the five-year period 1921-1925 has been much higher than that for the previous five-year period, 1916-1920.

Typhoid Fever.—Seven hundred and seventy-three cases of typhoid fever were reported during 1925, an increase of 129 cases over the 1924 total. The case rate per 100,000 population was 22 against 18 in 1924. The death rate for 1925 was 3.1 against 2.5 the previous year. The fatality rate for 1925 was 14.10, indicating that cases of typhoid fever are not as completely reported as they should be.

Smallpox.—The number of reported cases of smallpox fell from 340 in 1924 to 189 in 1925. The corresponding case rates per 100,000 population were 9.8 and 5.6. The number of deaths, however, increased from 15 in 1924 to 48 in 1925. This increase in the number of deaths was due to the continuance of an outbreak of virulent smallpox which began in Camden and vicinity late in 1924. Histories of the 189 cases of smallpox reported in 1925 showed that 129, or 68.2 per cent, of the cases occurred in persons who had never been successfully vaccinated; 54, or 28.6 per cent, among persons who had been successfully vaccinated more than seven years prior to their attack, and only 6, or 3.2 per cent of the cases, were in persons who had been successfully vaccinated within the seven years prior to their attack. The occurrence of so many cases among persons who had been successfully vaccinated demonstrates the necessity of re-vaccination. Forty-one of the forty-eight persons who died from smallpox during 1925 had never been successfully vaccinated, and the seven other decedents had been vaccinated more than eighteen years prior to their attack of smallpox.

Measles.—The number of cases of measles reported during 1925 was 10,746, a decrease of 5,041 from the number reported in 1924. The number of deaths recorded was 119. The case rate per 100,000 population was 306, and the death rate was 3. The fatality rate was 1.10. The importance of measles as a cause of death can be realized when it is noted that it caused more deaths in 1925 than typhoid fever, and more than scarlet fever and infantile paralysis combined.

Poliomyelitis.—Reports of this disease increased from 86 in 1924 to 166 in 1925. There was a corresponding increase in the deaths from 17 to 34. The latter figure is the highest number of deaths from poliomyelitis recorded since 1921, when 47 deaths occurred. The case rate per 100,000 population for 1925 was 4, the death rate 0.9 and the fatality rate 20.48.

Tuberculosis.—The tuberculosis case rate has decreased each year since 1916, except in 1922, and 1925 was no exception, but the annual decrease was not as great as in previous years. The number of cases reported in 1925 was 4,984, and the case rate per 100,000 population was 142. In 1924 the case rate was 143. The number of deaths from tuberculosis recorded in 1925 was 2,907, the death rate being 82 per 100,000 population. This is the lowest death rate from tuberculosis recorded in New Jersey. The fatality rate for the year was 58.2, indicating that cases of this disease are very incompletely reported.

Whooping Cough.—Case reports for 1925 numbered 7,929, practically the same number as was reported in 1924. The case rate for 1925 was 226 per 100,000 population. The number of deaths recorded in 1925 was 245, equal to the death rate of 6 per 100,000 population. The fatality rate was 3.08. That whooping cough is an important factor in the communicable disease death rate is shown by the fact that this disease caused as many deaths in 1925 as scarlet fever, measles, infantile paralysis and epidemic cerebrospinal meningitis combined.

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 1925 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,	257	40	28	17	22	28	15	8	3	8	9	27	52
1 year,	395	41	32	27	23	38	28	13	1	5	18	25	34
2 years,	421	50	45	29	37	39	40	16	10	4	16	49	79
3 years,	446	73	45	31	36	42	36	16	8	6	13	56	84
4 years,	572	70	62	39	50	47	54	19	12	8	26	64	121
Under 5 years,	2001	274	213	143	168	194	179	72	34	31	82	221	390
5 to 9 years,	4483	536	410	397	342	359	428	92	18	17	219	661	988
10 to 14 years,	768	100	54	64	83	77	64	4	2	3	29	74	147
15 to 19 years,	101	22	16	6	7	7	8	2	1	0	0	13	19
20 to 24 years,	59	8	2	6	8	4	3	1	0	0	0	10	8
25 to 34 years,	72	17	8	7	4	3	5	3	0	0	0	3	13
35 to 44 years,	20	4	0	2	2	4	0	0	0	0	2	2	4
45 to 54 years,	8	1	0	1	0	1	1	0	0	0	1	1	1
55 to 64 years,	2	1	0	0	0	0	0	1	0	0	0	0	0
65 years and over,	8	1	1	1	1	2	0	0	0	0	0	1	1
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	7424	964	704	627	615	651	688	176	55	53	336	994	1571

REPORTED CASES AND DEATHS FROM CHICKENPOX IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	138	2	119	1	257	3
1 year,	158	0	147	0	305	0
2 years,	204	0	217	0	421	0
3 years,	249	1	197	0	446	1
4 years,	284	0	288	0	572	0
Under 5 years,	1023	3	968	1	2001	4
5 to 9 years,	2278	0	2191	0	4469	0
10 to 14 years,	396	0	337	0	703	0
15 to 19 years,	35	0	46	0	101	0
20 to 24 years,	39	0	29	0	59	0
25 to 34 years,	43	0	29	0	72	0
35 to 44 years,	13	0	7	0	20	0
45 to 54 years,	4	0	4	0	8	0
55 to 64 years,	1	0	1	0	2	0
65 years and over,	3	0	5	0	8	0
Age not stated,	0	0	0	0	0	0
Total,	3826	3	3608	1	7434	4

REPORTED CASES OF DIPHTHERIA IN NEW JERSEY

For the Calendar Year 1925 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,	75	11	9	7	3	9	2	4	2	7	5	10	
1 year,	221	19	16	18	25	11	13	15	12	19	28	20	25
2 years,	309	37	39	31	32	25	16	23	16	24	24	28	
3 years,	408	53	31	40	34	30	27	21	22	38	27	52	
4 years,	387	41	27	38	33	32	32	20	19	25	46	34	40
Under 5 years,	1400	161	122	124	129	107	90	83	73	95	143	110	153
5 to 9 years,	1663	175	142	126	98	111	115	113	84	103	203	190	203
10 to 14 years,	492	48	65	60	34	40	30	42	16	22	58	33	44
15 to 19 years,	158	17	22	21	16	12	9	9	12	3	10	18	
20 to 24 years,	138	14	17	16	9	11	9	8	12	7	8	14	
25 to 34 years,	168	12	22	20	15	14	10	12	9	12	10	22	
35 to 44 years,	60	13	11	7	2	3	9	3	4	6	7	1	3
45 to 54 years,	21	2	4	3	3	1	0	0	1	1	2	1	
55 to 64 years,	9	2	0	0	2	0	1	1	1	0	0	0	2
65 years and over,	5	1	0	0	2	0	0	0	0	0	1	0	0
Age not stated,	16	0	2	5	2	0	2	0	1	1	1	2	0
Total,	4139	445	407	392	313	301	276	269	212	266	457	371	460

REPORTED CASES AND DEATHS FROM DIPHTHERIA IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	40	11	35	11	75	22
1 year,	132	25	89	22	221	47
2 years,	163	17	146	18	309	35
3 years,	234	24	174	23	408	52
4 years,	199	16	188	14	387	30
Under 5 years,	768	93	632	93	1400	188
5 to 9 years,	824	67	839	45	1663	112
10 to 14 years,	222	5	270	12	492	17
15 to 19 years,	55	1	103	3	158	4
20 to 24 years,	38	0	105	0	138	0
25 to 34 years,	40	0	123	3	163	3
35 to 44 years,	26	1	43	1	69	2
45 to 54 years,	2	0	19	1	21	1
55 to 64 years,	3	1	6	1	9	2
65 years and over,	2	0	3	0	5	0
Age not stated,	7	0	9	0	16	0
Total,	1932	168	2187	159	4139	327

REPORTED CASES OF DYSENTERY IN NEW JERSEY

For the Calendar Year 1925 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,	3	0	0	1	0	0	0	0	0	1	0	1	0
1 year,	2	0	0	1	0	0	0	0	0	1	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,	1	0	0	0	0	0	0	1	0	0	0	0	0
Under 5 years,	9	0	0	2	0	0	1	1	1	2	1	1	0
5 to 9 years,	1	0	0	1	0	0	0	0	0	0	0	0	0
10 to 14 years,	1	0	0	1	0	0	0	0	0	0	0	0	0
15 to 19 years,	1	0	0	0	0	0	0	0	0	1	0	0	0
20 to 24 years,	1	0	0	1	0	0	0	0	0	0	0	0	0
25 to 34 years,	0	0	0	2	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	0
45 to 54 years,	2	0	0	0	0	0	0	1	0	1	0	0	0
55 to 64 years,	2	0	0	0	0	0	0	0	0	1	0	0	1
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,	20	0	0	7	0	0	1	1	2	5	1	1	1

REPORTED CASES AND DEATHS FROM DYSENTERY IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

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

REPORTED CASES OF GERMAN MEASLES IN NEW JERSEY

For the Calendar Year 1925 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,	48	9	6	6	4	8	6	1	2	0	1	2	1
1 year,	74	6	6	10	4	17	9	3	1	4	1	6	4
2 years,	72	4	10	11	16	10	12	1	1	1	1	2	3
3 years,	73	1	8	4	14	13	16	6	1	1	3	2	4
4 years,	112	6	8	13	29	26	15	2	1	0	3	4	5
Under 5 years,	377	26	38	44	70	74	58	13	6	6	9	16	17
5 to 9 years,	1132	41	110	168	175	320	234	13	3	3	17	27	21
10 to 14 years,	517	22	42	92	39	172	85	3	1	0	0	4	7
15 to 19 years,	170	4	31	31	33	44	23	1	0	0	0	1	2
20 to 24 years,	163	13	18	27	36	21	10	2	0	0	1	0	0
25 to 34 years,	67	2	8	9	16	21	10	2	0	0	1	0	0
35 to 44 years,	19	1	1	6	4	1	1	1	0	0	0	0	0
45 to 54 years,	8	0	0	1	3	2	2	0	0	0	0	0	0
55 to 64 years,	1	0	0	0	0	1	0	0	0	0	0	0	0
65 years and over,	1	0	0	0	0	1	0	0	0	0	0	0	0
Age not stated,	10	0	1	2	4	3	0	0	0	0	0	0	0
Total,	2465	109	247	380	420	692	436	35	12	9	27	50	48

REPORTED CASES AND DEATHS FROM GERMAN MEASLES IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	19	0	27	0	46	0
1 year,	33	0	39	0	74	0
2 years,	36	0	38	0	72	0
3 years,	33	0	40	0	73	0
4 years,	53	0	59	0	112	0
Under 5 years,	176	0	201	0	377	0
5 to 9 years,	545	0	587	0	1132	0
10 to 14 years,	237	0	280	0	517	0
15 to 19 years,	81	0	89	0	170	0
20 to 24 years,	67	0	96	0	163	0
25 to 34 years,	22	0	45	0	67	0
35 to 44 years,	9	0	10	0	19	0
45 to 54 years,	2	0	6	0	8	0
55 to 64 years,	0	0	1	0	1	0
65 years and over,	0	0	1	0	1	0
Age not stated,	2	0	8	0	10	0
Total,	1141	0	1324	0	2465	0

REPORTED CASES OF INFLUENZA IN NEW JERSEY

For the Calendar Year 1925 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,	9	1	1	6	1	0	0	0	0	0	0	0	0
1 year,	8	0	0	3	3	0	0	0	0	0	0	2	0
2 years,	8	1	1	3	1	1	0	0	0	0	0	1	0
3 years,	13	2	3	3	4	0	0	0	0	0	2	1	0
4 years,	10	0	3	1	2	1	0	0	0	0	1	1	1
Under 5 years,	50	4	8	16	11	2	0	0	0	0	5	8	1
5 to 9 years,	53	2	14	15	5	5	1	0	1	1	3	2	4
10 to 14 years,	42	4	13	10	6	3	0	0	0	1	2	1	0
15 to 19 years,	55	2	23	11	6	3	0	4	0	1	1	4	0
20 to 24 years,	51	4	15	14	7	0	1	2	0	2	1	2	3
25 to 34 years,	129	9	25	32	22	9	1	1	1	3	6	10	10
35 to 44 years,	116	20	18	27	14	11	2	0	0	2	8	4	10
45 to 54 years,	33	13	25	16	13	1	1	2	0	3	3	4	3
55 to 64 years,	47	6	10	13	3	3	0	0	2	2	5	1	2
65 years and over,	41	10	9	8	5	2	0	0	0	0	2	5	0
Age not stated,	2	0	0	0	0	1	0	0	0	0	0	0	1
Total,	669	74	160	162	92	89	8	7	5	16	35	37	84

REPORTED CASES AND DEATHS FROM INFLUENZA IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	5	27	1	22	6	49
1 year,	5	13	3	12	8	25
2 years,	3	5	5	0	8	5
3 years,	6	1	9	1	15	2
4 years,	7	3	3	2	10	5
Under 5 years,	26	49	24	57	60	86
5 to 9 years,	33	4	20	7	63	11
10 to 14 years,	30	5	12	4	42	9
15 to 19 years,	36	5	19	4	55	9
20 to 24 years,	33	3	23	7	51	10
25 to 34 years,	74	9	53	12	129	21
35 to 44 years,	53	19	63	19	116	38
45 to 54 years,	32	37	50	18	83	55
55 to 64 years,	27	28	20	21	47	49
65 years and over,	20	52	21	65	41	117
Age not stated,	1	0	1	0	2	0
Total,	361	211	308	184	669	405

REPORTED CASES OF MALARIA IN NEW JERSEY

For the Calendar Year 1925 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,	2	0	0	0	0	0	0	0	1	0	0	0	1
20 to 24 years,	6	0	1	3	0	1	2	0	0	0	0	0	0
25 to 34 years,	6	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	0
45 to 54 years,	2	0	0	0	0	0	0	0	0	1	1	0	0
55 to 64 years,	1	0	0	0	0	0	0	0	0	1	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,	16	0	0	0	0	0	1	3	2	5	1	2	2

REPORTED CASES AND DEATHS FROM MALARIA IN NEW JERSEY

For the Calendar Year 1925 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	1	0	2	0
20 to 24 years,	4	0	1	0	5	0
25 to 34 years,	5	0	1	0	6	0
35 to 44 years,	0	0	0	0	0	0
45 to 54 years,	0	1	2	0	2	1
55 to 64 years,	1	1	0	0	1	1
65 years and over,	0	1	0	0	0	1
Age not stated,	0	0	0	0	0	0
Total,	11	3	5	0	16	3

REPORTED CASES OF MEASLES IN NEW JERSEY

For the Calendar Year 1925 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,	281	18	21	23	39	48	36	10	13	2	9	23	39
1 year,	654	50	43	56	64	125	107	62	17	12	9	24	85
2 years,	819	44	52	72	85	155	136	63	27	8	6	49	122
3 years,	843	38	35	60	84	163	137	65	24	10	12	58	154
4 years,	1001	47	60	75	133	190	172	56	13	6	11	65	173
Under 5 years,	3601	195	211	286	415	681	588	256	94	38	47	217	573
5 to 9 years,	5759	189	285	565	770	1173	832	245	40	30	101	391	1138
10 to 14 years,	654	62	70	100	149	164	99	15	5	3	4	33	131
15 to 19 years,	233	16	22	21	35	39	25	3	1	1	0	6	34
20 to 24 years,	137	7	7	28	11	17	22	4	0	0	0	4	14
25 to 34 years,	119	12	14	19	20	21	18	3	0	0	2	1	9
35 to 44 years,	34	2	6	6	9	3	1	1	1	0	0	0	5
45 to 54 years,	11	0	0	1	4	4	0	0	0	1	0	1	0
55 to 64 years,	6	0	0	2	1	0	1	0	0	0	0	0	0
65 years and over,	7	1	0	0	2	1	0	2	0	0	0	1	0
Age not stated,	24	0	2	2	6	6	3	2	0	0	0	2	1
Total,	10746	484	617	1060	1422	2109	1539	531	141	72	161	654	1906

REPORTED CASES AND DEATHS FROM MEASLES IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	149	19	132	14	281	33
1 year,	346	26	308	18	654	44
2 years,	413	6	406	9	819	15
3 years,	410	5	438	6	848	11
4 years,	506	1	495	2	1001	3
Under 5 years,	1824	57	1777	49	3601	106
5 to 9 years,	2865	4	2894	3	5759	7
10 to 14 years,	394	1	441	2	835	3
15 to 19 years,	116	0	117	1	233	0
20 to 24 years,	60	0	67	0	127	0
25 to 34 years,	86	1	83	1	119	2
35 to 44 years,	10	0	24	0	34	0
45 to 54 years,	2	0	9	0	11	0
55 to 64 years,	2	0	4	0	6	0
65 years and over,	6	0	1	0	7	0
Age not stated,	12	0	12	0	24	0
Total,	5327	63	5419	58	10746	119

REPORTED CASES OF EPIDEMIC CEREBROSPINAL MENINGITIS IN NEW JERSEY

For the Calendar Year 1925 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,	16	0	0	3	1	3	2	0	2	0	1	2	2
1 year,	8	0	1	1	1	1	1	0	2	0	0	0	0
2 years,	4	0	0	0	0	0	0	0	4	0	0	0	0
3 years,	4	0	0	0	0	0	0	1	1	0	0	2	0
4 years,	2	0	0	1	1	0	0	0	0	0	0	0	0
Under 5 years,	34	0	1	5	3	4	3	0	3	2	1	4	2
5 to 9 years,	11	0	1	1	1	1	1	1	1	0	1	0	2
10 to 14 years,	10	0	2	1	0	1	1	1	0	1	0	1	2
15 to 19 years,	5	0	0	0	1	0	0	1	2	0	0	1	0
20 to 24 years,	1	0	0	0	0	0	0	0	0	0	1	0	0
25 to 34 years,	8	1	0	0	0	0	1	1	1	0	3	0	1
35 to 44 years,	4	0	0	2	1	0	1	0	0	0	0	0	0
45 to 54 years,	3	0	1	1	0	1	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,	2	0	0	0	0	0	0	0	0	1	1	0	0
Age not stated,	1	0	0	1	0	0	0	0	0	0	0	0	0
Total,	79	1	4	11	8	6	7	10	6	5	6	8	7

REPORTED CASES AND DEATHS FROM EPIDEMIC CEREBROSPINAL MENINGITIS IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	7	7	9	7	16	14
1 year,	6	3	2	0	8	3
2 years,	2	1	2	0	4	1
3 years,	2	0	2	1	4	1
4 years,	1	0	1	1	2	1
Under 5 years,	18	11	16	9	34	20
5 to 9 years,	5	1	6	3	11	4
10 to 14 years,	8	1	2	1	10	2
15 to 19 years,	3	1	2	0	5	1
20 to 24 years,	1	0	0	0	1	0
25 to 34 years,	6	0	2	0	8	0
35 to 44 years,	4	2	0	0	4	2
45 to 54 years,	1	1	2	1	3	2
55 to 64 years,	0	0	0	0	0	0
65 years and over,	0	0	0	0	0	0
Age not stated,	1	0	0	0	1	0
Total,	49	16	30	14	79	30

REPORTED CASES OF PARATYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1925 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	1	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,	1	0	0	0	0	0	0	0	0	1	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,	5	1	1	0	0	0	0	1	0	0	0	0	1
20 to 24 years,	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 34 years,	3	0	1	1	0	0	0	0	0	0	1	0	0
35 to 44 years,	3	1	0	0	0	0	0	0	0	1	0	1	0
45 to 54 years,	1	0	0	0	0	0	0	0	0	0	0	1	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,	13	2	1	2	0	0	1	1	0	2	1	2	1

REPORTED CASES AND DEATHS FROM PARATYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1925 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,	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	1	0	1	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,	3	0	2	0	5	0
20 to 24 years,	1	0	1	0	2	0
25 to 34 years,	1	1	2	1	3	2
35 to 44 years,	3	0	0	0	3	0
45 to 54 years,	0	0	1	0	1	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,	8	1	6	1	13	2

REPORTED CASES OF PNEUMONIA IN NEW JERSEY

For the Calendar Year 1925 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,	530	115	90	61	51	51	33	19	10	16	27	29	58
1 year,	506	96	53	45	39	52	51	21	15	11	29	29	33
2 years,	801	49	27	29	48	38	30	10	9	4	13	11	33
3 years,	239	42	20	36	25	29	13	9	8	5	8	13	31
4 years,	210	35	16	29	20	22	22	6	3	6	9	13	19
Under 5 years,	1788	337	176	300	203	202	149	65	48	42	77	95	194
5 to 9 years,	683	88	64	72	85	94	54	16	10	25	38	65	72
10 to 14 years,	278	37	35	51	18	37	19	5	6	10	16	16	28
15 to 19 years,	240	27	36	36	23	23	13	8	8	14	22	13	17
20 to 24 years,	207	32	41	21	26	14	7	6	6	7	7	21	19
25 to 34 years,	504	63	69	59	65	43	32	7	10	12	45	54	54
35 to 44 years,	592	78	60	88	59	47	26	5	18	22	39	48	72
45 to 54 years,	445	64	61	53	60	29	25	9	9	13	26	37	57
55 to 64 years,	385	59	44	46	40	25	11	10	3	12	24	35	46
65 years and over,	498	71	53	76	61	32	14	4	10	12	49	56	60
Age not stated,	14	3	0	4	3	1	1	0	0	0	0	1	1
Total,	5604	859	639	708	673	532	351	135	128	189	340	452	620

REPORTED CASES AND DEATHS FROM PNEUMONIA IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	239	24	231	21	500	45
1 year,	278	3	259	2	508	5
2 years,	169	2	132	2	301	4
3 years,	130	1	109	4	239	5
4 years,	116	2	94	2	210	4
Under 5 years,	992	32	796	31	1788	63
5 to 9 years,	365	3	318	8	683	11
10 to 14 years,	157	1	121	0	278	1
15 to 19 years,	147	3	95	2	240	5
20 to 24 years,	132	7	75	3	207	10
25 to 34 years,	301	6	269	8	594	14
35 to 44 years,	411	12	181	6	592	18
45 to 54 years,	281	11	164	3	445	14
55 to 64 years,	209	10	146	8	355	18
65 years and over,	214	19	284	27	498	46
Age not stated,	7	0	7	0	14	0
Total,	5216	104	2888	96	5804	200

REPORTED CASES OF POLIOMYELITIS IN NEW JERSEY

For the Calendar Year 1925 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,	12	0	0	0	0	2	3	2	1	1	1	2	0
1 year,	27	1	0	0	1	0	5	9	3	2	1	1	2
2 years,	24	0	0	0	0	0	2	7	12	0	1	1	1
3 years,	11	0	0	1	0	1	1	4	1	2	1	0	0
4 years,	18	0	1	0	0	0	1	5	9	0	2	0	0
Under 5 years,	92	1	1	1	1	11	28	32	4	7	2	3	3
5 to 9 years,	42	0	1	1	3	1	2	11	11	6	1	3	2
10 to 14 years,	21	0	0	1	0	1	1	2	5	7	3	1	0
15 to 19 years,	2	0	0	0	0	0	0	1	0	1	0	0	0
20 to 24 years,	5	0	0	1	0	0	0	1	1	2	0	0	0
25 to 34 years,	1	0	0	0	0	0	0	0	0	1	0	0	0
35 to 44 years,	1	0	0	0	0	0	0	1	0	0	0	0	0
45 to 54 years,	1	0	0	0	0	0	0	0	1	0	0	0	0
55 to 64 years,	1	0	0	0	0	0	0	1	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,	166	1	2	4	4	3	14	45	50	21	11	6	5

REPORTED CASES AND DEATHS FROM POLIOMYELITIS IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	8	2	4	1	12	3
1 year,	16	1	11	2	27	3
2 years,	11	2	13	1	24	3
3 years,	8	1	3	1	11	2
4 years,	6	0	12	1	18	1
Under 5 years,	49	6	43	6	92	12
5 to 9 years,	23	3	19	4	42	7
10 to 14 years,	12	6	9	4	21	10
15 to 19 years,	1	0	1	0	2	0
20 to 24 years,	2	1	3	2	5	3
25 to 34 years,	1	0	1	0	2	0
35 to 44 years,	0	0	1	0	1	0
45 to 54 years,	0	0	1	0	1	0
55 to 64 years,	0	0	1	0	1	0
65 years and over,	0	0	0	1	0	1
Age not stated,	0	0	0	0	0	0
Total,	88	16	78	18	166	34

REPORTED CASES OF SCARLET FEVER IN NEW JERSEY

For the Calendar Year 1925 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,	37	5	7	11	5	0	3	0	1	1	1	2	1
1 year,	112	16	15	22	15	13	1	6	3	4	4	6	7
2 years,	323	47	47	66	51	31	14	7	8	5	13	20	29
3 years,	528	92	68	75	77	51	33	12	7	8	18	33	51
4 years,	639	87	80	99	82	63	40	18	17	14	27	44	63
Under 5 years,	1639	247	217	263	230	158	94	43	31	32	63	105	156
5 to 9 years,	3660	451	307	536	450	445	220	76	56	82	166	291	339
10 to 14 years,	1865	138	818	398	277	235	107	33	15	33	63	120	116
15 to 19 years,	622	72	121	121	104	62	23	12	3	6	17	39	42
20 to 24 years,	304	33	40	62	47	30	22	10	7	3	7	20	23
25 to 34 years,	245	38	49	58	51	29	33	5	4	2	9	24	32
35 to 44 years,	120	13	20	17	6	24	10	5	0	1	5	6	13
45 to 54 years,	21	3	7	2	2	1	3	0	1	0	0	0	1
55 to 64 years,	10	0	2	3	1	0	2	0	0	0	0	0	1
65 years and over,	1	0	0	0	0	1	0	0	0	0	0	0	0
Age not stated,	16	2	1	2	6	2	0	0	0	0	0	0	2
Total,	8603	1027	1282	1492	1174	997	514	182	116	157	330	600	723

REPORTED CASES AND DEATHS FROM SCARLET FEVER IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	25	2	12	0	37	2
1 year,	86	1	36	3	112	4
2 years,	182	3	141	5	323	8
3 years,	299	6	229	3	528	9
4 years,	324	2	315	5	639	7
Under 5 years,	898	14	753	18	1659	30
5 to 9 years,	179	5	183	8	360	13
10 to 14 years,	901	1	964	4	1865	5
15 to 19 years,	318	2	304	1	622	3
20 to 24 years,	116	3	188	4	304	7
25 to 34 years,	128	2	220	3	345	5
35 to 44 years,	43	1	77	1	120	2
45 to 54 years,	11	1	10	0	21	1
55 to 64 years,	4	0	6	0	10	0
65 years and over,	0	0	1	0	1	0
Age not stated,	4	0	12	0	16	0
Total,	4187	29	4416	37	8603	66

REPORTED CASES OF SMALLPOX IN NEW JERSEY

For the Calendar Year 1925 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,	9	4	0	0	1	2	0	2	0	0	0	0	0
1 year,	2	0	0	1	1	0	0	0	0	0	0	0	0
2 years,	6	2	0	1	2	1	0	0	0	0	0	0	0
3 years,	10	3	0	2	2	1	2	0	0	0	0	0	0
4 years,	5	1	0	1	1	0	1	0	1	0	0	0	0
Under 5 years,	32	10	0	5	7	4	3	2	1	0	0	0	0
5 to 9 years,	17	0	1	2	2	3	2	0	0	0	0	0	0
10 to 14 years,	3	1	0	0	1	1	0	0	0	0	0	0	0
15 to 19 years,	14	1	0	2	2	2	2	0	0	0	0	0	0
20 to 24 years,	16	4	2	5	2	2	1	0	0	0	0	0	0
25 to 34 years,	41	8	4	13	5	6	3	2	0	0	0	0	0
35 to 44 years,	30	7	8	6	3	2	1	0	0	0	0	0	0
45 to 54 years,	21	2	1	3	4	2	1	0	0	0	0	0	0
55 to 64 years,	11	1	2	4	2	2	0	0	0	0	0	0	0
65 years and over,	4	1	1	1	0	1	0	0	0	0	0	0	0
Age not stated,	0	0	0	0	0	0	0	0	0	0	0	0	0
Total,	189	35	19	41	27	37	17	11	2	0	0	0	0

REPORTED CASES AND DEATHS FROM SMALLPOX IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	5	1	4	4	9	5
1 year,	1	1	1	1	2	2
2 years,	1	1	5	2	6	3
3 years,	6	3	4	1	10	4
4 years,	5	1	0	0	5	1
Under 5 years,	18	7	14	8	32	15
5 to 9 years,	8	0	9	1	17	1
10 to 14 years,	0	0	3	0	3	0
15 to 19 years,	0	0	7	1	7	1
20 to 24 years,	12	2	4	3	16	5
25 to 34 years,	21	6	20	3	41	9
35 to 44 years,	16	5	14	5	30	10
45 to 54 years,	9	4	12	2	21	6
55 to 64 years,	4	0	6	0	10	0
65 years and over,	2	0	2	1	4	1
Age not stated,	0	0	0	0	0	0
Total,	98	24	91	24	189	48

REPORTED CASES OF TUBERCULOSIS IN NEW JERSEY

For the Calendar Year 1925 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,	23	4	1	3	2	1	1	0	1	3	3	3	1
1 year,	42	5	3	5	3	3	3	3	5	3	4	1	2
2 years,	35	3	3	0	4	3	2	3	0	0	0	0	0
3 years,	30	3	3	0	6	1	4	5	1	2	2	8	0
4 years,	24	5	4	1	2	3	2	3	1	2	0	1	0
Under 5 years,	154	25	14	6	19	11	12	14	11	12	13	12	5
5 to 9 years,	150	21	11	18	9	17	13	10	7	13	9	10	12
10 to 14 years,	208	18	20	25	22	20	27	17	7	19	12	13	8
15 to 19 years,	443	37	27	33	51	42	57	39	41	39	26	27	24
20 to 24 years,	760	59	70	57	77	55	82	71	60	70	64	62	33
25 to 34 years,	1254	109	97	132	86	113	120	110	113	92	96	97	85
35 to 44 years,	982	63	69	92	86	82	83	85	72	81	75	77	77
45 to 54 years,	583	49	67	56	57	46	50	49	38	44	43	41	43
55 to 64 years,	310	25	28	27	34	15	32	27	20	27	24	27	24
65 years and over,	153	10	13	15	10	16	23	11	14	13	9	7	12
Age not stated,	17	1	2	1	2	1	2	1	2	3	1	0	1
Total,	4984	417	448	462	450	425	491	417	364	417	373	361	329

REPORTED CASES AND DEATHS FROM TUBERCULOSIS IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	14	21	9	16	23	37
1 year,	25	17	17	17	42	34
2 years,	17	12	18	15	35	27
3 years,	11	7	19	10	30	17
4 years,	14	10	10	4	24	14
Under 5 years,	81	67	73	62	154	129
5 to 9 years,	73	13	72	21	150	34
10 to 14 years,	94	28	114	36	208	64
15 to 19 years,	191	73	232	143	443	216
20 to 24 years,	338	154	424	210	760	373
25 to 34 years,	634	329	630	339	1254	668
35 to 44 years,	597	334	355	204	952	558
45 to 54 years,	395	317	188	121	583	438
55 to 64 years,	231	150	79	29	310	161
65 years and over,	89	93	61	68	153	161
Age not stated,	11	0	6	0	17	0
Total,	2737	1608	2247	1239	4984	2907

REPORTED CASES OF TYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1925 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	1	0	0	0	0	0	0	0
1 year,	6	0	0	1	1	0	1	0	0	2	0	0	0
2 years,	8	0	1	1	0	0	2	0	1	3	0	0	0
3 years,	9	0	0	4	0	0	0	3	1	1	0	0	0
4 years,	10	0	0	0	1	0	0	3	2	1	2	0	1
Under 5 years,	34	0	1	6	2	0	4	6	4	7	2	1	1
5 to 9 years,	95	2	8	6	2	4	4	14	12	15	15	5	8
10 to 14 years,	151	10	2	9	3	3	1	21	21	31	23	4	3
15 to 19 years,	107	5	2	6	2	4	4	19	18	19	17	7	2
20 to 24 years,	89	9	2	3	4	4	4	12	13	11	15	5	4
25 to 34 years,	129	10	7	5	5	6	4	13	19	21	22	4	13
35 to 44 years,	116	9	3	3	3	6	9	9	11	23	16	10	9
45 to 54 years,	45	1	1	3	3	1	2	4	2	15	3	5	5
55 to 64 years,	29	2	0	1	0	0	0	1	0	1	0	1	0
65 years and over,	6	0	0	1	0	0	0	0	0	1	0	0	0
Age not stated,	1	0	0	0	0	0	0	0	0	0	0	0	0
Total,	773	48	26	43	25	28	34	102	101	146	121	44	50

REPORTED CASES AND DEATHS FROM TYPHOID FEVER IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	1	0	0	0	1	0
1 year,	4	0	2	1	6	2
2 years,	4	1	4	1	8	0
3 years,	5	0	4	0	9	0
4 years,	8	0	2	0	10	0
Under 5 years,	22	1	12	1	34	2
5 to 9 years,	45	3	50	4	95	7
10 to 14 years,	72	6	59	4	131	10
15 to 19 years,	62	12	54	5	116	17
20 to 24 years,	59	5	48	9	107	14
25 to 34 years,	51	8	38	5	89	13
35 to 44 years,	56	12	73	11	129	23
45 to 54 years,	24	8	21	6	45	14
55 to 64 years,	10	6	10	1	20	7
65 years and over,	4	1	2	1	6	2
Age not stated,	1	0	0	0	1	0
Total,	406	62	367	47	773	109

REPORTED CASES OF WHOOPING COUGH IN NEW JERSEY

For the Calendar Year 1925 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,	704	91	77	110	81	73	84	61	45	27	21	14	20
1 year,	738	86	76	93	95	69	79	79	54	45	20	13	22
2 years,	913	120	74	128	128	113	103	97	57	42	16	9	26
3 years,	925	120	100	133	113	112	89	89	62	45	21	18	23
4 years,	1000	114	92	166	142	110	103	93	68	43	26	16	28
Under 5 years,	4273	631	419	630	559	477	458	419	234	202	104	75	120
5 to 9 years,	3254	454	417	634	485	391	294	243	92	76	50	64	74
10 to 14 years,	259	39	43	46	88	39	17	14	5	11	2	3	2
15 to 19 years,	19	1	0	3	6	2	2	1	1	1	1	1	0
20 to 24 years,	13	1	0	1	1	1	1	1	1	1	1	1	0
25 to 34 years,	33	5	5	4	4	3	5	5	2	2	1	2	0
35 to 44 years,	28	4	1	3	4	2	6	6	1	1	0	0	0
45 to 54 years,	10	1	1	1	3	1	1	1	0	1	0	0	0
55 to 64 years,	3	0	0	0	0	1	0	0	2	0	0	0	0
65 years and over,	3	0	0	1	4	1	0	0	1	0	0	0	0
Age not stated,	19	1	2	4	4	3	3	1	1	0	0	0	0
Total,	7929	1037	888	1327	1035	924	791	691	391	295	158	145	197

REPORTED CASES AND DEATHS FROM WHOOPING COUGH IN NEW JERSEY

For the Calendar Year 1925 by Age Groups and Sex.

AGE GROUPS.	Male		Female		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Under 1 year,	353	81	346	61	704	142
1 year,	355	22	381	25	736	47
2 years,	421	16	492	16	913	32
3 years,	415	4	510	4	925	8
4 years,	472	5	528	4	1000	9
Under 5 years,	2021	128	2257	110	4278	238
5 to 9 years,	1526	4	1728	3	3254	7
10 to 14 years,	111	0	148	0	259	0
15 to 19 years,	10	0	9	0	19	0
20 to 24 years,	5	0	8	0	13	0
25 to 34 years,	7	0	31	0	38	0
35 to 44 years,	6	0	22	0	28	0
45 to 54 years,	7	0	3	0	10	0
55 to 64 years,	1	0	2	0	3	0
65 years and over,	2	0	6	0	8	0
Age not stated,	11	0	8	0	19	0
Total,	3707	132	4222	113	7929	245

REPORTED CASES OF ANTHRAX IN NEW JERSEY

For the Calendar Year 1925 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	6	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,	2	0	2	0	0	0	0	0	0	0	0	0	0
20 to 24 years,	4	0	0	0	1	0	0	1	0	1	0	0	1
25 to 34 years,	5	0	3	0	0	1	0	0	0	1	0	0	0
35 to 44 years,	3	0	0	1	0	0	0	0	0	0	2	0	0
45 to 54 years,	2	0	1	0	1	0	0	0	0	0	0	0	0
55 to 64 years,	2	0	0	1	1	0	0	0	0	0	0	0	0
65 years and over,	1	0	0	0	0	0	0	0	0	0	0	0	0
Age not stated,	1	0	0	1	0	0	0	0	0	0	0	0	0
Total,	19	0	6	3	3	1	0	1	0	1	0	4	0

REPORTED CASES AND DEATHS FROM ANTHRAX IN NEW JERSEY

For the Calendar Year 1925 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,	2	0	0	0	2	0
20 to 24 years,	4	0	0	0	4	0
25 to 34 years,	5	0	0	0	5	0
35 to 44 years,	3	0	0	0	3	0
45 to 54 years,	2	1	0	0	2	1
55 to 64 years,	2	0	0	0	2	0
65 years and over,	0	0	0	0	0	0
Age not stated,	1	0	0	0	1	0
Total,	19	1	0	0	19	1

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925, FOR CHICKENPOX AND DIPHThERIA.

COUNTIES.	CHICKENPOX.				DIPHThERIA.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	173	1.90	0	0	68	0.72	7	10.60
Bergen,	904	3.58	0	0	347	1.37	28	8.06
Burlington,	189	2.20	0	0	108	1.19	13	12.03
Camden,	426	1.95	0	0	252	1.15	24	9.52
Cape May,	47	2.41	0	0	16	0.82	1	6.25
Cumberland,	49	0.75	0	0	35	0.53	2	5.71
Essex,	2808	3.84	0	0	655	0.89	56	8.54
Gloucester,	225	4.13	0	0	47	0.86	11	23.40
Hudson,	587	0.86	2	0.34	1214	1.78	72	5.93
Hunterdon,	44	1.33	0	0	14	0.42	2	14.28
Mercer,	158	0.88	0	0	103	0.57	9	8.73
Middlesex,	73	0.38	1	1.36	186	0.98	21	11.29
Monmouth,	315	2.54	0	0	53	0.47	3	5.66
Morris,	378	3.18	0	0	36	0.41	2	5.55
Ocean,	7	0.30	0	0	11	0.48	2	18.18
Passaic,	359	1.26	1	0.27	647	2.28	47	7.26
Salem,	16	0.46	0	0	7	0.20	1	14.28
Somerset,	88	1.65	0	0	97	1.32	11	11.34
Sussex,	37	1.48	0	0	9	0.36	0	0
Union,	641	2.73	0	0	184	0.78	10	5.43
Warren,	0	0	0	0	52	1.12	5	9.61
State,	7434	2.12	4	0.05	4139	1.18	327	7.90

REPORTED CASES AND DEATHS BY COUNTIES FOR 1925 FROM DYSENTERY, LEPROSY, OPHTHALMIA NEONATORUM AND PARATYPHOID FEVER.

COUNTIES.	DYSENTERY.		LEPROSY.		OPHTHALMIA NEONATORUM.		PARATYPHOID.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Atlantic,	0	2	0	0	0	0	0	0
Bergen,	0	0	0	0	0	0	1	0
Burlington,	0	1	0	0	1	0	0	0
Camden,	1	2	0	0	2	0	0	0
Cape May,	0	0	0	0	0	0	0	0
Cumberland,	0	0	0	0	0	0	0	0
Essex,	11	5	2	0	15	0	7	1
Gloucester,	0	0	0	0	0	0	0	0
Hudson,	2	4	0	0	8	0	1	0
Hunterdon,	0	0	0	0	0	0	0	0
Mercer,	0	2	0	0	2	0	0	0
Middlesex,	2	2	0	0	0	0	0	0
Monmouth,	0	0	0	0	3	0	0	0
Morris,	0	2	0	0	0	0	1	0
Ocean,	0	0	0	0	0	0	0	0
Passaic,	2	2	0	0	5	0	2	0
Salem,	0	0	0	0	0	0	0	0
Somerset,	0	0	0	0	1	0	0	0
Sussex,	1	0	0	0	0	0	0	0
Union,	1	2	0	0	2	0	1	1
Warren,	0	1	0	0	0	0	0	0
State,	20	25	2	0	37	0	13	2

REPORTED CASES AND DEATHS, DEATH RATES, AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 FOR INFLUENZA AND PNEUMONIA.

COUNTIES.	INFLUENZA.				PNEUMONIA.			
	Cases.	Deaths.	Deaths per 1000 Pop.	Per Cent. Fatality.	Cases.	Deaths.	Deaths per 1000 Pop.	Per Cent. Fatality.
Atlantic,	1	9	0.09	*	41	122	1.34	*
Bergen,	44	27	0.10	61.36	311	251	0.99	80.70
Burlington,	10	24	0.21	45.23	113	106	1.17	89.83
Camden,	10	24	0.11	*	248	297	1.86	*
Cape May,	39	1	0.05	2.56	6	31	1.53	*
Cumberland,	6	15	0.23	*	43	55	0.84	*
Essex,	39	44	0.96	12.97	3167	776	1.06	24.50
Gloucester,	8	12	0.22	*	73	72	1.32	98.53
Hudson,	52	67	0.09	*	299	814	1.13	*
Hunterdon,	1	5	0.15	*	13	39	1.18	*
Mercer,	53	27	0.15	50.94	256	202	1.12	78.90
Middlesex,	1	22	0.11	*	72	181	0.95	*
Monmouth,	9	15	0.13	*	120	120	1.08	100.00
Morris,	10	10	0.11	100.00	147	93	1.06	63.26
Ocean,	6	8	0.35	*	3	23	1.23	*
Passaic,	46	38	0.13	82.60	323	261	0.92	80.80
Salem,	0	13	0.37	*	14	41	1.19	*
Somerset,	1	5	0.09	*	29	57	1.07	*
Sussex,	0	10	0.40	*	62	36	1.44	58.06
Union,	6	28	0.11	*	260	278	1.18	*
Warren,	0	6	0.13	*	2	57	1.23	*
State,	669	405	0.11	60.53	5604	3917	1.11	69.89

* More deaths than cases reported.

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 FOR MALARIA AND EPIDEMIC CEREBROSPINAL MENINGITIS.

COUNTIES.	MALARIA.				EPIDEMIC CEREBROSPINAL MENINGITIS.			
	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.	Cases.	Cases per 1000 Pop.	Deaths.	Per Cent. Fatality.
Atlantic,	0	0	0	0	0	0	0	0
Bergen,	3	0.01	0	0	9	0.03	1	11.11
Burlington,	0	0	0	0	1	0.01	0	0
Camden,	0	0	0	0	1	0.004	0	0
Cape May,	0	0	0	0	0	0	0	0
Cumberland,	0	0	0	0	0	0	0	0
Essex,	5	0.008	0	0	28	0.03	8	28.57
Gloucester,	0	0	0	0	1	0.01	1	100.00
Hudson,	0	0	0	0	10	0.01	6	60.00
Hunterdon,	0	0	0	0	0	0	0	0
Mercer,	1	0.005	0	0	3	0.01	1	33.33
Middlesex,	0	0	0	0	5	0.02	3	60.00
Monmouth,	1	0.009	0	0	6	0.05	0	0
Morris,	0	0	0	0	1	0.01	1	100.00
Ocean,	0	0	0	0	0	0	0	0
Passaic,	4	0.01	2	50.00	7	0.02	3	42.85
Salem,	0	0	0	0	0	0	0	0
Somerset,	0	0	1	*	1	0.01	1	100.00
Sussex,	0	0	0	0	0	0	1	*
Union,	2	0.008	0	0	6	0.02	4	66.66
Warren,	0	0	0	0	0	0	0	0
State,	16	0.004	3	18.75	79	0.02	30	37.97

* More deaths than cases reported.

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 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,	324	3.57	1	0.30	6	0.06	0	0
Bergen,	1143	4.53	3	0.26	93	0.35	0	0
Burlington,	337	7.04	6	0.94	110	1.21	0	0
Camden,	1325	6.07	41	3.09	81	0.37	0	0
Cape May,	221	11.35	2	0.90	5	0.25	0	0
Cumberland,	49	0.75	0	0	3	0.04	0	0
Essex,	3035	4.17	9	0.29	856	1.17	0	0
Gloucester,	390	7.17	2	0.51	43	0.79	0	0
Hudson,	922	1.35	14	1.51	57	0.08	0	0
Hunterdon,	14	0.42	1	7.14	4	0.12	0	0
Mercer,	265	1.47	12	4.52	27	0.15	0	0
Middlesex,	77	0.40	0	0	13	0.06	0	0
Monmouth,	244	2.20	0	0	31	0.28	0	0
Morris,	70	0.80	1	1.42	429	4.91	0	0
Ocean,	103	4.55	2	1.94	13	0.57	0	0
Passaic,	1077	3.79	13	1.20	12	0.04	0	0
Salem,	93	2.70	1	1.07	13	0.37	0	0
Somerset,	61	1.14	0	0	20	0.37	0	0
Sussex,	14	0.56	0	0	88	3.53	0	0
Union,	586	2.50	6	1.02	561	2.39	0	0
Warren,	76	1.64	5	6.57	0	0	0	0
State,	10,746	3.06	119	1.10	2485	0.70	0	0

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 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,	3	0.03	0	0	644	7.09	9	1.39
Bergen,	15	0.05	3	20.00	793	3.16	2	0.25
Burlington,	2	0.02	0	0	250	2.76	1	0.40
Camden,	2	0.009	0	0	855	3.92	8	0.93
Cape May,	0	0	0	0	81	4.16	1	1.23
Cumberland,	0	0	0	0	148	2.28	2	1.35
Essex,	56	0.07	14	25.00	2021	2.76	7	0.34
Gloucester,	0	0	0	0	170	3.12	1	0.58
Hudson,	37	0.05	4	10.81	997	1.46	9	0.90
Hunterdon,	0	0	0	0	54	1.64	1	1.85
Mercer,	9	0.05	3	33.33	215	1.19	1	0.46
Middlesex,	6	0.03	3	50.00	171	0.90	4	2.33
Monmouth,	4	0.03	0	0	172	1.55	4	2.32
Morris,	3	0.03	0	0	232	3.23	1	0.35
Ocean,	0	0	0	0	35	1.54	1	2.85
Passaic,	14	0.04	4	28.57	720	2.53	8	1.11
Salem,	2	0.05	0	0	153	4.44	2	1.30
Somerset,	3	0.05	1	33.33	69	1.29	1	1.44
Sussex,	4	0.15	1	25.00	108	4.25	0	0
Union,	6	0.02	1	16.66	626	2.67	1	0.15
Warren,	0	0	0	0	38	0.82	2	5.26
State,	168	0.04	34	20.48	8903	2.45	66	0.76

REPORTED CASES AND DEATHS BY COUNTIES FOR 1925 FROM RABIES, TRACHOMA AND TRICHINOSIS.

COUNTIES.	RABIES.		TRACHOMA.		TRICHINOSIS.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Atlantic,	0	0	0	0	0	0
Bergen,	1	1	3	0	0	0
Burlington,	0	0	0	0	0	0
Camden,	0	0	0	0	0	0
Cape May,	0	0	0	0	0	0
Cumberland,	1	1	0	0	0	0
Essex,	0	1	11	0	11	2
Gloucester,	0	0	0	0	0	0
Hudson,	0	0	1	0	0	0
Hunterdon,	0	0	0	0	0	0
Mercer,	0	0	1	0	0	0
Middlesex,	0	0	2	0	1	1
Monmouth,	0	0	1	0	0	0
Morris,	0	0	0	0	0	0
Ocean,	0	0	0	0	0	0
Passaic,	0	0	3	0	0	0
Salem,	0	0	0	0	0	0
Somerset,	0	0	0	0	0	0
Sussex,	0	0	0	0	0	0
Union,	0	0	0	0	2	0
Warren,	0	0	0	0	0	0
State,	3	3	22	0	14	3

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 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,	17	0.18	2	11.76	106	1.16	90	84.90
Bergen,	1	0.003	0	0	291	1.15	180	61.85
Burlington,	1	0.01	1	100.00	99	1.09	71	71.71
Camden,	117	0.53	43	36.75	234	1.30	132	64.98
Cape May,	0	0	0	0	11	0.56	15	*
Cumberland,	0	0	0	0	50	0.77	47	94.00
Essex,	2	0.002	0	0	1339	1.81	622	44.46
Gloucester,	4	0.007	1	25.00	83	0.97	35	56.03
Hudson,	33	0.04	0	0	871	1.27	563	64.63
Hunterdon,	0	0	0	0	25	0.76	18	72.00
Mercer,	4	0.02	0	0	335	1.96	198	59.10
Middlesex,	3	0.01	0	0	222	1.17	140	63.06
Monmouth,	0	0	0	0	204	1.84	104	50.98
Morris,	0	0	0	0	207	2.37	99	47.82
Ocean,	1	0.04	0	0	19	0.83	21	*
Passaic,	0	0	0	0	360	1.26	208	57.77
Salem,	3	0.08	1	33.33	29	0.84	20	68.96
Somerset,	0	0	0	0	58	1.09	36	62.06
Sussex,	0	0	0	0	19	0.76	23	*
Union,	3	0.01	0	0	830	1.40	205	62.12
Warren,	0	0	0	0	12	0.28	30	*
State,	189	0.05	48	25.39	4984	1.42	2907	58.32

*More deaths than cases reported.

REPORTED CASES AND DEATHS, CASE INCIDENCE AND INDICATED FATALITY RATES BY COUNTIES FOR 1925 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,	22	0.24	4	18.18	66	0.72	4	6.06
Bergen,	91	0.86	6	6.59	663	2.63	15	2.26
Burlington,	26	0.28	4	15.38	219	2.42	10	4.56
Camden,	59	0.27	8	13.55	372	1.70	31	8.33
Cape May,	3	0.15	0	0	56	2.87	2	3.57
Cumberland,	30	0.46	7	23.33	59	0.90	10	16.94
Essex,	101	0.13	9	8.91	3851	5.26	37	0.96
Gloucester,	27	0.49	5	18.51	148	2.72	6	4.05
Hudson,	108	0.15	22	21.35	324	0.47	38	11.72
Hunterdon,	6	0.18	2	33.33	6	0.18	0	0
Mercer,	49	0.27	7	14.28	127	0.70	20	15.74
Middlesex,	40	0.21	6	15.00	63	0.33	13	20.63
Monmouth,	62	0.56	4	6.45	497	4.43	10	2.01
Morris,	22	0.25	3	13.63	258	2.95	5	1.93
Ocean,	3	0.13	0	0	7	0.30	2	28.57
Passaic,	32	0.11	7	21.87	432	1.52	20	4.62
Salem,	13	0.37	2	15.38	5	0.14	1	20.00
Somerset,	18	0.33	5	27.77	31	0.58	2	6.45
Sussex,	6	0.24	1	16.66	3	0.12	1	33.33
Union,	45	0.19	7	15.55	742	3.16	14	1.88
Warren,	15	0.32	0	0	0	0	4	*
State,	773	0.22	109	14.10	7929	2.26	245	3.08

* More deaths than cases reported.

Report of the Bureau of Engineering

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

The annual report of this bureau for the fiscal year of 1925 contains the duties—moral and legal—lodged in the Bureau of Engineering. There are additional duties in the field of sanitary engineering that should be performed under the police powers vested in the Department, but, as pointed out in the report for 1925, the increased work required by the organic laws of the Department—the examination of plans, etc., for sewage and water projects—and transitory work have for the year just ended prevented not only the fulfillment of certain moral obligations, but, it is believed, has influenced the legal obligations lodged in the Department.

It has been for some time the policy of the Bureau to only enter or develop new fields of public health work, from the engineering standpoint, when it is fulfilling all its obligations in those fields already opened. The assumption of multifarious duties, improperly performed, although it may be good propagandism at the time, in the end reacts in the respect for the police powers, in this branch of health work, and lulls the inhabitants of the State into false security.

In the last annual report of the Bureau there is contained in table form certain data including that upon the number of employees at the close of the several fiscal years. This table brought up to date follows, and it is believed that it presents a sufficiently clear picture to those inhabitants of the State who are not selfish, ignorant or careless, so that no enlargement by text is required:

Number of employees:	1914	1915	1924	1925	1926
Clerical,	4	3	3	3	4
Technical,	10	7	7	6	5
Number of sewage treatment plants,	150	237	334	347	358
Total number of water supplies,	230	256	263	273	301
Number of water treatment plants,	55	64	70	78	84
Laws enforced by the Bureau,	8	12	16	16	16
Number of plans examined for sewer systems, sewage treatment plants, sewer extensions and water systems and water treatment plants, ..	108	86	180	335	448

This is a pertinent point to quote from the report on "Pollution Affecting Navigation or Commerce on Navigable Waters," transmitted by the Secretary of War to the House of Representatives under date of June 4th, 1926: "As a general rule the pollution density of the waters in any locality is directly proportionate to the population density of the contiguous territory," and "With the growth and development of the United States the total area so affected" (by pollution) "will be continually enlarged unless the treatment and disposition of sewage and trade wastes are better controlled."

The monthly bulletin, "Public Health News," contains, under "Official Action Taken by the Department—Prepared by the Bureau of Administration," information upon plans, etc., reported upon by this Bureau to the Board. The bulletin also contains at various times engineering reprints of special interest to those engaged in sanitation. For these reasons such material is omitted from the annual report of the Bureau. In addition to the work included in the foregoing table, and in line with the report of the last several fiscal years, there have been made during the year the following inspections relating to:

Water supplies,	236
Sewage treatment plants,	366
Industrial waste treatment plants,	24
Reinspections of stream pollutions,	15
Shellfish areas,	2
Swimming pools:	
Private,	3
Public,	7
Complaints on water supplies,	17
Complaints on sewage plants,	20
Complaints on stream pollutions,	11

Eighty-four certificates were prepared for the use of water upon interstate carriers; 140 water tests and 803 sewage tests were made in the field. Twenty-two days were spent on the investigation of the Hackensack sewage treatment works; fifty-five and one-half days were spent on the investigation of the Merchantville-Pensauken sewage treatment plant, for the purpose of investigating the Link-Belt Tark settling unit and to determine the capacity of the sewage treatment plant, as authorized by the Board; seven days were spent on the investigation of the Millville sewage treatment plant, for the purpose of shellfish work; ten days were spent on the investigation of sewage treatment plants in Canada and New York State, authorized by the Board; ninety-eight days were spent upon survey work at the sewage treatment plants in the Camden County metropolitan district, authorized by the Director; five days were spent on the investigation of the water treatment plant at the State Village for Epileptics, Skillman; one hundred and twenty-six and one-half days were spent upon the preparation of material for the South Jersey Exposition, Camden, authorized by the Director.

Report of the Bureau of Food and Drugs

WALTER W. SCOFIELD, CHIEF.

In the work of the Bureau of Food and Drugs during the past year particular emphasis has been placed upon the sanitary conditions under which foods are produced, prepared, packed, handled and stored in order that clean and wholesome food may reach the consumer. The Sanitary Act of this State is broad in scope and provides that food shall not be handled under unclean conditions. Local boards of health have been granted authority to enforce this Act within the limits of their jurisdiction and the agents of this Bureau have attempted to interest local officials in the sanitary inspection of food establishments in order that this work may receive a proportionate share of their time and thought with a view toward obtaining more frequent inspection of food establishments by local authorities.

The collection of samples of foods and drugs has been continued for chemical examination to enforce the provisions of the Food and Drugs Act which defines and prohibits adulteration and misbranding. During the year 4,344 samples of milk, foods and drugs were collected for the purpose of analysis by inspectors of the Bureau.

The adulteration of milk with preservatives or water in New Jersey is rarely practiced. The percentage of samples found to be below the legal standard for fat or total solids, however, has not changed materially during recent years and continues too high. The maintenance of more and more cows of the Holstein-breed, the chief characteristic of which is large volume of milk of low fat content, barely meeting the legal standard, accounts in a large measure for this low standard milk. Where such milk is tampered with by the removal of a portion of the cream or by imperfect mixing prior to bottling and distribution, a sub-standard

product is almost certain to be delivered to the consumer. While most distributors are honest and may be trusted, the temptation to tamper with a food which cannot be judged accurately by the housewife is too great for the few, unless close supervision is maintained. With the exception of the larger cities of the State this phase of milk control falls upon the State as it is difficult for the smaller municipalities to maintain laboratories and chemists to perform this work. From our experience we believe that it is necessary to continue the routine collection and examination of samples of milk and cream in order that the people of this State may secure milk and cream of standard quality which has not been adulterated and which is not misbranded.

DAIRY INSPECTION.

During the past year dairy farms in the State have been inspected under a new system. In the past inspections were made by agents of the Department with representatives of the local municipalities in which the milk from the farms was sold, or inspections were made of farms which supplied a particular receiving station. During the past year a start was made to inspect all the dairy farms in the State by counties. Burlington and Warren Counties were selected in starting this work and our representatives have been making inspections in these counties. Under this system of inspection all dairy farms are inspected where milk is produced for sale without regard to the place of distribution of the product. Much of the milk produced in this State is shipped to other States, and, in other cases, large quantities of milk distributed within New Jersey is produced in other States. This Bureau is confining its activities, as far as sanitation of dairy farms is concerned, to those premises located in New Jersey. In general, it seems essential for each State to supervise the production and handling of milk within its boundaries, and then it is the duty of the Federal authorities to regulate the interstate traffic in this sensitive food so that an adulterated or unwholesome product will not be shipped to a point far distant from the place of production.

In our dairy inspection work we have continued to follow the policy of requiring only those changes in equipment or methods which are essential to secure a clean and wholesome milk. The necessity of protecting milk from contamination from flies, dust and dirt by adhering to cleanly methods at all stages of handling has been emphasized. Clean cows, clean milk handlers, clean stables, clean utensils and proper cooling of milk are essential. The health of cows is most important and an annual physical examination by a competent veterinarian is required by the law. The interest in the eradication of tuberculosis from cattle is increasing at a rapid rate as is demonstrated by the fact that 2,800 dairymen of this State have entered into agreement with the State and Federal officials to have official tuberculin tests made of their cattle under the "Accredited Herd" plan.

In Burlington County our investigations show that many wells on dairy premises are located within a few feet of the cow yards or privy vaults. Samples of water were collected from a number of these wells, and where contamination was found the dairymen have been instructed to provide a safe water supply.

The Bureau has continued to recommend the adoption by the local boards of health of the ordinance which was prepared in 1922, and which has the endorsement of the New Jersey Department of Agriculture. The provisions of this ordinance are limited to simple and reasonable requirements which have a direct bearing upon the quality of the milk. This ordinance requires the pasteurization of all milk excepting that produced by cows which have successfully passed the tuberculin test within one year of the sale of the milk. It is our opinion that the adoption and enforcement of this ordinance will result in marked improvement in milk supplies and will eliminate conflicting requirements of different municipalities which secure milk from one source. The provisions of the ordinance are reasonable and will not add to the financial burdens of the farmer.

As pointed out in previous reports, there are approximately 10,000 farms in New Jersey where milk is produced for sale to the public. The two men employed by this Department to make dairy farm inspections are unable to visit the farms as frequently as is necessary if satisfactory results are to be obtained, and it

is recommended that additional men be employed to perform this work.

Creameries and Milk Pasteurizing Plants.—The pasteurization of milk, once considered a means of preventing the premature souring of milk, has now become the generally accepted method of treating milk. Pasteurization of milk offers the greatest safeguard against the possibility of the transmission of disease through the medium of milk and also insures a satisfactory marketable product.

There are at present 168 milk pasteurizing plants in New Jersey in addition to 51 other establishments used as milk receiving stations and cheese factories. All of these plants, under the law, are classed as "Creameries." Agents of the Department ascertain if the sanitary conditions of handling milk are in compliance with the regulations and if the temperature to which milk is heated and the time of holding the milk during pasteurization are satisfactory.

Our experience in the past in creamery inspection and the checking of methods employed in the process of pasteurization of milk shows the need for frequent inspection of these plants. At the present time one inspector is available for this work. Because of the rapid extension of the use of the process of pasteurization it has become practically impossible for one man to supervise the plants now in operation. It is urgently requested that an additional inspector be employed to assist in the supervision of this work.

The regulations of the Department define pasteurized milk as "milk which has been heated to a temperature of 142 to 145 degrees F., and held at that temperature for thirty minutes." Late in 1923 the work of testing all of the so-called "continuous flow" or "pocket" type pasteurizers in the State was started. The results of these tests showed that nearly all of the pasteurizers of this type then in operation did not meet the requirements of the Department as to holding time. The owners were notified to replace them with outfits of a more positive nature as soon as practicable. More drastic action was not deemed wise at the time for fear of an unfavorable reaction in the public mind toward pasteurization. However, about one-half of the owners of the

objectionable types of pasteurizers have now voluntarily replaced them with satisfactory ones. The necessity of fixing a specified time in which the remaining owners must provide equipment that will meet the requirements of the Department, as to correct holding time during pasteurization, is now being considered.

During the year investigations were made of the water supplies of the creameries in this State. The sources of water supplies at these places are generally deep driven wells or springs. The samples examined up to this time have been found to be satisfactory.

Investigation of Milk Supplied to Schools.—The work of investigating the milk supplied to the school children was again undertaken this year, and it is gratifying to report an improvement in the supply both as to selection by the school authorities and analysis by the Department.

In this investigation 111 schools were visited, inquiry being made into the source of the milk supply, whether raw or pasteurized, whether statements on the bottle caps were correct, the amount of milk distributed to the pupils and the method of handling it at the schools. The total amount of milk handled in the schools visited was 2,684 quarts daily. Almost 90 per cent of the schools distribute milk to the children in half-pint bottles, a straw being furnished with each bottle. In the remainder of the schools the milk is either poured from the original container into glasses or mugs or used in the preparation of hot cocoa. At 88 of the schools pasteurized milk is used. At 17 schools raw milk from cows that have successfully passed a tuberculin test within one year is used, while six schools use raw milk not produced by tuberculin tested cows.

At each school visited samples of milk were taken for chemical analysis. A total of 227 samples were collected and examined. The average total solids content of the milk samples collected was 12.20 per cent, while the average fat content was 3.5 per cent. Twenty-one samples, or 9.2 per cent, were found to be below the State standard in either total solids or butter fat. The percentage of samples below the standard this year is much less than last year, when the percentage of low-standard milk was 17 per cent. This shows greater interest on the part of the school authorities

as well as increased effort on the part of milk dealers to furnish a satisfactory supply.

In eight schools visited the caps used on bottles of pasteurized milk did not comply with our regulations, and in one case an ordinary raw milk was falsely labeled "Pasteurized."

Whenever any unsatisfactory conditions were found in connection with any school milk supply, the facts were communicated to the proper school official, recommending such action as seemed necessary. Follow-up work invariably showed correction of faulty methods and improvement in the supply.

In general, these school investigations have had the hearty co-operation and endorsement of school principals and others interested in furnishing clean, safe milk to the children. Local boards of health in several municipalities have been sufficiently interested in this work to collect samples from their schools regularly. This investigational work will be continued by the Bureau during the coming school year and the milk supply of each school in the State will be investigated.

CREAM INVESTIGATION.

From time to time complaints have been received that cream supplied to manufacturers of ice cream in wholesale quantities has contained less milk fat than that represented by the dealers. It has been learned that cream is delivered to ice cream manufacturers in many cases in cans which are not labeled with the fat content of the cream, and no bills or other written statement is made as to the milk fat content. In many cases the smaller manufacturers of ice cream have bought materials such as cream, condensed milk, "ice cream mix" and gelatine without specifications, and yet all of these materials vary greatly in quality. In several instances ice cream manufacturers have been advised, in cases where materials have been found to differ from the legal standard or below the standard represented, to purchase milk products on a definite fat specification and to insist that the percentage of milk fat in the product be stated upon the tag or label of all containers delivered to them.

It has also been reported that much of the sour cream which is sold quite extensively in this State does not contain 16 per cent of milk fat required by the legal standard for cream. This product is used as a substitute for meats and other hearty foods by certain classes of people. A large number of samples of sour cream have been collected and prosecutions have been instituted in those cases in which the product has been found to differ from the legal standard.

INVESTIGATION OF RESIDUE ON FRUITS FROM SPRAYING.

During August, 1925, considerable publicity through the press was given to certain cases of illness which were attributed by certain physicians to the consumption of fruit which was alleged to have contained poisonous residues containing arsenic, resulting from spraying fruit. These cases of illness were carefully investigated by the District Health Officer of this Department and also by agents of the U. S. Department of Agriculture. The conclusions of these investigations were in agreement that it had not been demonstrated that the cases of illness were caused by arsenical poisoning.

Following these investigations, samples of grapes, peaches and apples were collected from the markets or the farms for the purpose of finding out how much arsenic remained upon the fruit, and for the additional purpose of taking such action as was deemed necessary to protect the public in case dangerous amounts of arsenic was found.

Our agents learned that fruit had been sprayed with solutions containing arsenate of lead repeatedly, and that much of the fruit which was being prepared for market contained residues of spray material which was noticeable to the eye. It was also learned that growers of fruit in the area in which the Japanese beetle was prevalent, and in an area in the vicinity of Glassboro in which the codling moth had gained a foothold, were applying sprays containing arsenate of lead in quantities far in excess of those recommended in the bulletins issued by the Agricultural Experiment Station. We also learned that the warnings given in these bulletins against the application of sprays after a specified

date and near the time of harvesting, had been disregarded, and, in fact, no systematic records had been made in many cases as to spraying by the growers.

Samples of grapes examined in this laboratory were found to contain amounts of arsenic calculated as $As_2 O_3$, varying from a trace up to six parts per million. Samples of apples collected from the vicinity of Glassboro were examined and found to contain arsenic as $As_2 O_3$ in amounts varying from a trace up to thirteen parts per million. In the collection of samples care was exercised to secure specimens which appeared most heavily coated, as it seemed important to find out the most dangerous condition rather than the average condition generally sought after in the sampling of foods.

Conferences were held with officials of the Bureau of Chemistry of the United States Department of Agriculture and also with the officials of the New Jersey Department of Agriculture. As a result of these conferences letters were sent by this Department to all persons or firms having apples containing material quantities of poisonous spray residue, directing them to wipe or brush the fruit before offering the fruit for sale. Similar warnings were given by the County Agricultural Agents. However, certain dealers did not heed these warnings, and two lots of apples from New Jersey were seized in Pennsylvania by the Bureau of Chemistry of the United States Department of Agriculture, on the ground that the apples were adulterated within the meaning of the Federal Food and Drug Act, because they contained an added poisonous ingredient. Following this seizure, an order was issued by this Department to those having apples in their possession which had been sprayed with poisonous material to refrain from selling the fruit until the residue had been removed.

A later conference was called by the officials of the New Jersey Department of Agriculture and the New Jersey Agricultural Experiment Station, at which the State Department of Health was represented, for the purpose of formulating plans for meeting this problem during the summer of 1926. The position of this Department, that fruit containing material quantities of poisonous material should not be distributed or sold, and that the sale or possession of such fruit with intent to sell would result in

prosecution, was explained. The County Agricultural Agents and the New Jersey Experiment Station are co-operating in advising fruit growers as to the ways and times of spraying fruit to avoid the marketing of fruit containing material quantities of poisonous spray residue.

Restaurant Inspection.—A systematic inspection of the sanitary conditions of restaurants and hotel kitchens, together with a general investigation of the operations carried on in them, has been undertaken during the past year. New Jersey is noted for its shore resorts, and multitudes of people from distant points spend vacations at these places. The fluctuations in the numbers to be fed, from a very few during the winter months to thousands during the vacation season, renders the task difficult for the restaurateur, as it is not possible in many cases to keep a permanent organization during the entire year.

This work was undertaken because it was regarded as a public health measure. The possibility of the spread of certain diseases through the medium of contaminated eating utensils or by contaminated food is not questioned. Several years ago the common drinking cup was banned, but inspections of hotel and restaurant kitchens were made only by representatives of certain of the local boards of health. As the number of restaurants and hotels in the State is very great, it was decided to carry on the inspections in co-operation and in conjunction with the boards of health of the different municipalities.

During the year, 1,832 inspections have been made of hotel and restaurant kitchens. The following matters were given special attention: The condition of the floors, ceilings and side-walls, the condition of the refrigerators, the condition of utensils and ranges and the methods used in cleansing eating and cooking utensils, the quality of the food, the conditions under which food is stored, the screening of the rooms, the removal of garbage and the condition of the clothing worn by employees.

On April 6th, 1926, the Department adopted a regulation, under authority contained in Chapter 231 of the Laws of 1909, which requires the sterilization of all eating, cooking or drinking utensils intended for a second use at public eating places, by treatment with boiling water, steam under pressure or by such

other methods that effective sterilization shall be accomplished. Copies of this regulation have been forwarded to the local boards of health who have authority to enforce the provisions of the Sanitary Act and the regulations adopted by the State Department of Health under it.

Local boards of health have generally co-operated heartily in the work of inspecting restaurant kitchens by detailing an inspector to accompany our agents and by issuing such orders as seemed necessary to bring the establishments up to the desired condition. Follow-up work has also been carried on by several local boards of health.

The question of the physical examination of employees who handle food has been carefully considered, and it has been deemed impracticable at this time to undertake this work on a State-wide scale. The physical examination of individuals by physicians without making laboratory examinations will not eliminate "carriers" of typhoid fever and diphtheria. These "carriers" are probably a greater source of danger in connection with the handling of food than are persons actually affected with most diseases. It is common knowledge that the workers employed in hotels and restaurants are continually moving from place to place for employment. The laboratory examination of specimens from the multitude of workers handling foods in these places does not seem possible with the facilities available or likely to be furnished in the near future. It would be extremely difficult to enforce a regulation providing for a thorough physical examination, including laboratory examinations of specimens by physicians.

During the year, 4,344 samples of food and drugs were collected for examination to determine 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,	2,715	398	3,113
Foods,	937	100	1,037
Drugs,	133	61	194
Totals,	3,785	559	4,344

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

Dairies,	2,350
Creameries,	384
Milk depots,	159
Ice cream factories,	491
Slaughterhouses,	326
Cold storage warehouses,	83
Restaurants and hotel kitchens,	1,832
Egg-breaking plants,	18
Bottling plants,	354
Canning factories,	91
Miscellaneous inspections,	14

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

	CARCASSES.		PARTS OF CARCASSES.	
	<i>Passed.</i>	<i>Condemned.</i>	<i>Passed.</i>	<i>Condemned.</i>
Beef,	590	18	Beef,	1,240 lbs.
Calves, ...	561	1	Veal, ....	.....
Sheep,	93	.....	Lamb, ....	.....
Hogs,	53	.....	Pork,	2,500 "
			Poultry, ..	2,500 "
Totals, ..	1,297	19		6,240 lbs.

The above table represents inspections made in connection with the post mortem investigation of dairy cattle slaughtered as a result of physical examinations of dairy cattle 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 foodstuffs held in cold storage warehouses in this State each month during the past year:

DEPARTMENT OF HEALTH.

SUMMARY OF KINDS AND AMOUNTS OF FOODSTUFFS HELD IN COLD STORAGE IN NEW JERSEY ON THE LAST DAY OF EACH MONTH DURING THE YEAR 1925 AND 1926.

ARTICLE	July 1925	Aug. 1925	Sept. 1925	Oct. 1925	Nov. 1925	Dec. 1925	Jan. 1926	Feb. 1926	Mar. 1926	April 1926	May 1926	June 1926
Eggs, cases,	717,165	710,746	606,789	455,335	296,679	132,427	54,660	4,946	24,842	183,033	366,366	468,575
Eggs, broken, lbs.,	252,470	381,502	511,457	593,184	909,304	1,140,900	898,196	909,488	922,660	823,706	951,498	860,039
Cheese, lbs.,	925,943	1,136,396	522,496	1,134,318	886,076	770,036	730,764	583,694	273,252	271,324	458,910	719,419
Butter, lbs.,	2,348,879	2,474,670	2,176,738	1,508,992	1,057,109	690,439	474,608	327,205	335,133	546,995	806,562	3,248,747
Poultry, lbs.,	3,785,796	3,702,514	3,539,550	3,585,824	4,827,217	5,600,652	5,095,812	4,566,277	3,574,074	2,292,218	2,062,938	1,354,583
Meats, fresh, lbs.,	3,727,368	3,554,015	2,395,766	1,840,494	2,212,167	3,254,379	4,169,299	4,266,059	4,417,451	4,419,158	4,456,971	4,316,985
Fish, fresh, lbs.,	2,246,624	2,154,724	3,227,301	2,296,185	2,940,127	2,448,761	2,018,073	832,463	229,587	444,513	1,451,695	1,800,458
Milk and milk products, lbs.,	548,720	430,224	305,662	468,284	209,340	126,765	108,540	46,125	28,613	54,090	223,100	926,041
Edible fats and oils, lbs.,	10,019	40,578	7,941	4,520	44,825	4,409	3,759	11,245	8,055	5,147	3,018	1,360
Game, lbs.,	92,235	87,698	63,616	76,320	30,621	25,979	33,977	55,846	77,135	73,816	72,510	68,660
Miscellaneous articles, pkgs.,	158,041	60,407	260,979	591,315	830,574	669,644	522,247	297,650	129,276	85,163	44,446	35,645

Report of the Bureau of Bacteriology

J. V. MULCAHY, CHIEF.

The report of the operations of the Bureau of Bacteriology for the year ending June 30th, 1926, is respectfully submitted. This Bureau is responsible for the examinations of bacteriological and serological specimens submitted for examination by the physicians and local health officials of the State, besides those sent from employees on certified dairy premises located in the State. Many specimens are also received from State institutions and the Bureau of Local Health Administration of our Department when the epidemiologists of that Bureau are investigating the source of infection in outbreaks, principally of diphtheria and typhoid fever.

It will be seen from Table I that the number of examinations is steadily increasing, indicating that the facilities of the laboratory are being more largely used by the physicians of the State to aid them in making or confirming diagnosis in these various diseases shown in the following tables. Each year there has been a steady increase in the number of blood specimens submitted for the Wassermann test for syphilis, taxing our limited force and available space for this work to the utmost. To meet this increasing demand of the physicians for assistance in the diagnosis and treatment of syphilis by this test, it is absolutely essential that quarters be provided to allow for the expansion of this important work, which is now carried on in a very small room, not large enough for the three technicians to move around in without interfering with each other.

With the increased work of the technical staff in this Bureau, and the additional activities of the Bureau of Chemistry in the examination of the drinking water of the schools of the State, together with glassware and culture media supplied the Bureau of

Engineering to enable them to carry on their field work on both water and sewage plants, an added burden is placed on our wash room force. The room where the work is done is a small one with one wash sink, and the work has been handicapped by its crowded condition and lack of space to provide sufficient sterilizers to take care of this work promptly.

The working conditions in this room are particularly bad, and in the summer, with the heat from all the sterilizers in use, the temperature of this room is intolerable to the four women who are obliged to work in close proximity to them.

It is earnestly requested that the attention of the Legislature be called to the crowded condition of these sections of the laboratory to the end that provision be made for larger quarters to properly carry on the work.

Another matter that requires legislation applies to requests made by health officials for information regarding reports on the results of examinations of blood specimens for syphilis submitted by physicians in their locality. This Bureau is frequently requested by local boards of health to furnish them with copies of the reports made to physicians in their districts on specimens of blood submitted to the laboratory by these physicians, which specimens are examined for syphilis by means of the Wassermann reaction.

For those communities doing efficient venereal disease work, it would be very desirable to furnish this information to the health officer to enable him to require the attendance at the venereal disease clinic of those persons who are affected with this disease, and who, while in the infectious stage, refuse or discontinue treatment by their attending physician.

The Attorney-General was asked for an opinion whether this Department making such examinations under the provision of a supplement to an act entitled "An Act to increase the efficiency of public health protection in this State, to abolish the State Board of Health and to create a State Department of Health, and prescribe and define the powers of such Department," being Chapter 232 of the Laws of 1917, has the right to comply with requests made by local health officers for copies of reports made

to physicians on specimens from suspected cases of venereal disease which have been examined by the Bureau of Bacteriology.

The Attorney-General submitted the following opinion:

"Chapter 232, P. L. 1917, requires every physician, nurse or other person treating or attempting to treat by prescription, etc., shall report immediately to the Department of Health of this State the name, sex, address, color and nationality of said person so affected, with such disease, etc., and section 3 of the act in part provides:

"Said Department of Health shall not disclose the name or address of such persons reported or treated to any person other than a prosecuting officer or in court in prosecutions under this or any other State law."

"The plain meaning of this language is that the Department of Health has no right to disclose the names or addresses of such persons reported or treated by any physician to any person other than those specified in the statute.

"Chapter 253, P. L. 1918, is an act for the control and prevention of infectious venereal diseases, but the provisions of this act in no way alter the prohibition against the Department of Health disclosing the names or addresses of such persons reported or treated by physicians, under the provisions of Chapter 232, P. L. 1917."

In view of the opinion of the Attorney-General that these reports cannot be disclosed, it will be necessary to have an amendment adopted by the Legislature authorizing the Department to furnish these reports when, in their opinion, it is in the interest of public health.

Attempts have been made for the past several years to have the Legislature pass a law providing for the state-wide regulation of dogs to control the spread of rabies in this State, without success. The need for the enactment of a law such as was introduced last year is apparent when it is seen that this disease amongst dogs is increasingly prevalent, exposing more persons to bites from these rabid animals.

This tabulation shows the increase in the number of animals examined by the Bureau of Bacteriology for the past ten years:

	1917	1918*	1919	1920	1921	1922	1923	1924	1925	1926
Positive,	32	27	18	16	36	46	36	125	160	202
Negative,	31	17	23	37	36	41	49	79	116	145
Unsatisfactory,	6	3	5	9	8	18	10	22	18	25

* 8 months.

The number of cases of rabies in the State is even more prevalent than shown by this tabulation, as a number of heads are examined in the city laboratory of Newark and the Hudson County laboratory at Jersey City, and others are sent to laboratories in Philadelphia and New York, while other animals are killed and no laboratory examination made.

It will be seen from Table VII that rabies has occurred in twenty counties of the State, the total number found to be rabid in this laboratory far exceeding the number found in any previous year. Of the 372 heads submitted for examination, 202 were found to be rabid. According to the figures shown in this table, the counties in the southern section of the State are the most affected with this disease at the present time. Examinations made showed that Mercer County had 39 rabid animals, Camden County 22, Burlington County 19, Middlesex County 24, Monmouth County 25, the rest of the cases being divided amongst the other fifteen counties.

The laboratory still receives specimens that have been improperly packed, and reach the laboratory after several days' delay in transit in a badly putrid condition, so that no satisfactory examination can be made. Before the specimen sent by express reaches the laboratory anxious parents of persons bitten are calling up over the telephone inquiring for the result of examination, and in many instances, when it is received, we are not able to examine it as the brain has become liquified by putrefaction, and has run out of the skull.

It cannot be too strongly emphasized that when a person is bitten by a suspected rabid dog and an examination is desired, the quickest way to obtain a report is to bring or send it by messenger directly to the laboratory, when a report may be obtained promptly, and Pasteur treatment of those persons bitten begun without delay.

Unless the animal shows unmistakable symptoms of rabies, it should not be killed, but should be securely confined and kept under observation by a veterinarian. Animals showing the typical symptoms either of the furious or dumb type will not live more than a few days if these symptoms are caused by rabies, and an examination of the brain at this time by laboratory methods is

much more reliable than in cases of animals killed early in the disease before sufficient change has taken place in the brain to be easily and promptly recognized.

A telegraphic report is sent prepaid on all specimens showing evidence of rabies. Animals are inoculated on all specimens showing no microscopical evidence of rabies, and, due to the large number of specimens received for examination for rabies, our animal room has been severely taxed, and the need for a larger animal room made very apparent. Additional cages were purchased and placed in every available space in this room, but it is very badly overcrowded.

The two additional amendments to the Sanitary Code, adopted by the Department during the past year have increased the number of examinations of feces and urine specimens.

Regulation 34A, relating to the supervision of cases of typhoid fever and para-typhoid requires:

"It shall be the duty of the local board of health, when a case of typhoid fever or para-typhoid occurs within its jurisdiction, to keep such case under supervision until the temperature has remained normal for seven successive days and until two successive specimens of both the intestinal discharges and the urine of the patient, taken at an interval of not less than seven days, have been found to be free from typhoid bacilli, said examinations to be made in the laboratory of the State Department of Health or in a laboratory approved by said Department for such examination."

The other amendments to Regulation 55 (55A and 55B) provide for the submission of feces and urine specimens from all employees on certified dairy premises, nose and throat swabs, and any other bacteriological specimens that may be indicated, such examinations to be made in the laboratory of the State Department of Health or in a laboratory approved by said Department for such examinations.

The large number of feces and urine specimens received resulted in classifying these specimens separately instead of including them in the miscellaneous table, as was the practice in other reports of this Bureau. It will be seen that 2,241 of these specimens were received for release from convalescent cases of typhoid fever, from certified dairy premises, and also specimens sub-

mitted for the detection of carriers in the search for the source of infection in investigations of typhoid fever.

A circular to be distributed to laboratories making examinations required by the State Sanitary Code to be done in laboratories approved by this Department is now in the hands of the printer. This circular contains methods for performing the various examinations required to be done in an approved laboratory, and a form of agreement that these methods and other conditions will be followed to obtain approval of this Department for such examinations.

By an arrangement with the New York City Bureau of Laboratories a large amount of various biological products has been sent to physicians and local health officials, and for use in State institutions. The laboratory distributes at cost Schick test material, toxin-antitoxin, smallpox virus and typhoid bacterin, upon application.

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 kind of specimens examined are shown in the following table:

TABLE I.

Diphtheria,	12,379	Gonorrhoea,	3,074
Tuberculosis,	6,648	Syphilis,	21,846
Typhoid Fever,	2,032	Miscellaneous diseases,	966
Typhoid bacilli (feces and urine),	2,241	Total,	49,186

The following tables give a summary by months of the specimens examined from July 1st, 1925, to June 30th, 1926, 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,	24	252	17	40	228	11	97	285	.....	61	113	3
August,	18	194	21	24	180	20	55	260	1	47	181	4
September,	27	217	20	32	150	14	63	225	1	55	161	1
October,	58	732	46	31	603	25	61	291	3	63	138	2
November,	52	538	22	47	467	15	51	264	21	38	98	.....
December,	34	1071	38	66	966	22	46	289	5	54	131	.....
January,	40	874	44	51	904	18	63	340	1	41	113	.....
February,	28	293	15	25	303	9	47	204	1	56	137	.....
March,	16	339	16	32	222	18	79	409	4	48	137	2
April,	25	299	23	21	198	4	65	246	1	70	158	.....
May,	49	370	24	108	376	15	54	336	1	32	166	1
June,	70	329	28	173	623	27	74	291	5	68	128	.....
Total,	441	5608	311	650	5176	193	757	3640	25	633	1879	14

*During the year 6 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.						TYPHOID BACILLI (feces and urin)					
	Primary.			Secondary.			Primary.			Secondary.		
	P	N	U	P	N	U	P	N	U	P	N	U
July,	22	161	10	4	15	2	2	114	6	5	52	1
August,	33	149	14	4	12	6	1	106	4	1	38	.....
September,	36	156	19	12	13	7	1	133	7	2	36	2
October,	32	112	17	18	11	11	4	134	10	3	39	4
November,	7	113	6	6	11	2	4	117	4	4	41	3
December,	10	106	2	10	13	.....	2	106	4	4	41	3
January,	15	88	8	1	7	.....	2	120	7	7	35	4
February,	3	62	6	8	7	.....	1	76	1	5	40	1
March,	13	148	11	5	8	.....	6	133	12	14	42	.....
April,	4	163	5	6	18	1	1	202	2	12	68	6
May,	4	102	4	1	16	1	1	130	3	3	37	1
June,	9	114	9	2	12	6	1	133	10	.....	46	3
Total,	188	1464	111	77	143	49	23	1504	70	63	555	26

TABLE III.

MONTH.	GONORRHEA.						MISCELLANEOUS.					
	Primary.			Secondary.			Primary.			Secondary.		
	P	N	U	P	N	U	P	N	U	P	N	U
July	84	149	6	8	28	2	28	36	4	2	3	.....
August	57	143	13	8	19	60	1	3	1	.....	.....	.....
September	85	118	17	15	18	34	5	.....	3	.....	.....	.....
October	73	150	8	14	22	32	4	.....	.....	.....	.....	.....
November	51	121	9	12	19	27	1	1	1	.....	.....	.....
December	56	131	7	13	18	29	.....	.....	4	3	.....	.....
January	32	143	8	10	40	55	3	3	2	.....	.....	.....
February	38	107	5	7	36	35	.....	1	1	4	.....	.....
March	57	133	3	17	61	36	2	1	2	.....	.....	.....
April	49	124	8	11	45	38	3	3	4	.....	.....	.....
May	57	153	13	9	43	41	7	7	2	.....	.....	.....
June	68	108	7	10	45	50	7	7	5	.....	.....	.....
Total	727	1640	104	134	441	28	304	473	37	32	30	.....

TABLE IV.

MONTH.	COMPLEMENT FIXATION FOR SYPHILIS. (Guinea pig heart antigen.)													
	Primary.						Secondary.							
	4+	3+	2+	+	±	-	U	4+	3+	2+	+	±	-	U
July	123	10	12	11	5	1245	84	31	6	9	9	6	223	10
August	103	7	7	9	1	1003	50	30	5	6	7	3	348	7
September	117	10	8	13	8	1213	56	42	9	3	8	6	237	23
October	123	8	15	15	8	1430	56	44	11	4	7	6	438	23
November	103	10	7	6	7	1147	49	41	4	11	13	6	315	12
December	100	6	5	7	6	1281	60	37	9	7	5	5	386	19
January	112	9	6	8	1	1065	50	53	5	3	8	9	343	18
February	97	5	5	5	1	932	55	38	5	3	4	4	258	20
March	116	14	15	4	2	1238	48	51	8	7	7	2	267	11
April	105	7	6	6	3	1365	53	43	6	10	5	5	300	19
May	100	8	11	2	.....	1215	51	66	11	16	9	.....	292	17
June	108	5	12	1	.....	1428	30	61	6	9	8	.....	325	8
Total	1307	99	109	83	42	14612	652	539	84	96	90	52	3892	189

TABLE IV—(Continued).

MONTH.	COMPLEMENT FIXATION FOR SYPHILIS. (Cholesterinized Antigen.)													
	Primary.						Secondary.							
	4+	3+	2+	+	±	-	U	4+	3+	2+	+	±	-	U
July	251	13	16	7	2	1117	94	105	10	8	7	5	149	10
August	288	12	17	8	1	804	50	294	15	14	4	.....	161	7
September	369	22	19	2	.....	958	56	201	17	14	4	1	168	23
October	328	42	18	16	3	1192	56	186	31	17	11	5	200	23
November	179	6	7	7	.....	1081	49	131	13	21	13	1	211	12
December	133	5	4	4	1	1258	60	77	8	7	14	5	338	19
January	134	7	4	1	1	1079	50	91	11	8	3	4	311	18
February	125	4	1	2	.....	933	35	72	6	6	4	3	221	20
March	163	4	3	.....	1	1218	48	98	6	8	3	2	225	11
April	136	3	1	.....	1	1352	53	86	11	7	2	1	328	19
May	134	2	3	1	.....	1196	51	113	6	6	.....	.....	269	17
June	135	2	1	.....	1416	30	100	4	2	.....	1	.....	302	8
Total	2375	122	94	48	9	13604	652	1464	138	113	65	28	2943	189

Table V.—The following table shows the number and various kinds of miscellaneous specimens examined from July 1st, 1925, to June 30th, 1926, inclusive:

Specimen for	Positive.	Negative	Unsatisfactory.
Rabies	202	145	25
Anthrax	.....	2	.....
B. tuberculosis (spinal fluid, feces, milk, pus, urine, etc.)	18	66	1
B. typhosus (blood and water)	1	11	.....
B. para-typhosus (blood, feces and urine)	.....	25	.....
Bacterial infection (blood, feces, pus, spinal fluid, sputum, etc.)	115	83	6
Gonococcus infection (urine)	.....	6	.....
Malaria	.....	119	4
Ophthalmia Neonatorum	53	6	1
*Pneumonia	5	6	.....
Treponema pallida	1	4	.....
Vincent's Angina	30	17	.....
Miscellaneous	1	13	.....
Total	426	503	37

* Five other specimens were examined for pneumonia, but were found to be positive for other organisms, and so are not included in this total.

Table VI.—The following table shows the number and species of animals examined for rabies from July 1st, 1925, to June 30th, 1926, inclusive:

Dogs—Positive, 196; negative, 134; unsatisfactory, 22.
Cats—Positive, 1; negative, 6; unsatisfactory, 2.
Cows—Positive, 5; negative, 2.
Horses—Negative, 2.
Hogs—Unsatisfactory, 1.
Monkeys—Negative, 1.

Table VII.—Following are the towns arranged by counties from which animals found to be rabid were received from July 1st, 1925, to June 30th, 1926, inclusive:

Atlantic County—Atlantic City, 2; Hammonton, 1.
Bergen County—Garfield, 3; Rochelle Park, 1.
Burlington County—Bordentown, 7; Columbus, 1; Maple Shade, 1; Medford, 1; Moorestown, 4; Mt. Holly, 3; Riverton, 1; Vincentown, 1.
Camden County—Barrington, 1; Berlin, 3; Camden, 10; Cedar Brook, 1; Clementon, 1; Haddonfield, 2; Kirkwood, 1; Merchantville, 1; Mt. Ephraim, 1; Waterford, 1.
Cape May County—Ocean City, 1; Sea Isle City, 1; Wildwood, 4; Wildwood Crest, 2.
Cumberland County—Bridgeton, 2; Greenwich, 1; Millville, 1; Vineland, 2.
Essex County—Orange, 2.
Gloucester County—Gibbstown, 1; Mt. Royal, 1; Thorofare, 1.
Hunterdon County—Lambertville, 1; Milford, 2; Raven Rock, 1; Sergeantsville, 1; White House, 1.
Mercer County—Hamilton Square, 2; Hightstown, 1; Hopewell, 2; Lawrence Station, 1; Lawrenceville, 2; Pennington, 2; Princeton, 10; Robbinsville, 1; Titusville, 1; Trenton, 17.
Middlesex County—Jamesburg, 2; Milltown, 1; Monmouth Junction, 2; New Brunswick, 7; Parlin, 1; Perth Amboy, 4; Plainsboro, 4; Sayreville, 2; South River, 1.
Monmouth County—Asbury Park, 6; Belford, 1; Englishtown, 1; Farmingdale, 2; Freehold, 2; Highlands, 1; Long Branch, 2; Matawan, 7; Middletown, 1; Neptune, 1; Ocean Grove, 1.
Morris County—Denville, 1; Mendham, 3; Morristown, 1.
Ocean County—Lakehurst, 1; Lakewood, 1; New Egypt, 1.
Passaic County—Pompton Lakes, 2.
Salem County—Quinton, 1; Salem, 1; Woodstown, 2.
Somerset County—Bernardsville, 2; Kingston, 2; Manville, 1; Neshanic, 2; Somerville, 3; Weston, 1.
Sussex County—Newton, 1; Stanhope, 1; Vernon, 1.
Union County—Hillside, 1; New Providence, 1; Plainfield, 1; Rahway, 2; Union, 1; Westfield, 2.
Warren County—Delaware, 1; Phillipsburg, 4.

Table VIII.—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, 1925, to June 30th, 1926, inclusive:

Diphtheria—Regular outfits,	13,167
Serum tubes and swabs,	1,927
Extra swabs,	1,494
	16,588
Tuberculosis outfits,	9,342
Typhoid fever outfits,	3,692
Malaria outfits,	837
Gonorrhœa outfits,	4,431
Syphilis outfits,	23,190
Feces and urine outfits,	2,879
Ophthalmia Neonatorum outfits,	585
	61,544
Total,	61,544

Report of the Bureau of Chemistry

J. E. BACON, CHIEF.

During the past fiscal year there have been analyzed 5,120 samples of foods and drugs and 4,934 samples of water and sewage. Three hundred more samples of foods and drugs were analyzed this year than last, but it is not anticipated that this phase of the chemical activities will materially increase. On the other hand, over 900 additional samples of water and sewage were analyzed, and it is to be expected that as municipalities install public water supplies and sewage disposal systems the work of the water laboratory will materially increase each year.

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, 1926.

<i>Character of Sample.</i>	<i>Above Standard.</i>	<i>Below Standard.</i>	<i>Total.</i>
Milk,	2,569	334	2,903
Cream,	266	12	278
Human milk,	20	..	20
Ice cream,	99	13	112
Butter,	85	11	96
Oleomargarine,	9	..	9
Meat products,	109	7	116
Tomato products,	76	9	85
Oysters,	174	..	174
Clams,	147	..	147
Water from shellfish grounds for salinity,	245	..	245
Fruits for spray poisons,	32	22	54
Olive oil,	25	..	25
Soft drinks,	317	3	320
Vinegar,	29	29	58

Character of Sample.	Above Standard.	Below Standard.	Total.
Alcoholic beverages,	81	113	194
Cocoa,	13	..	13
Cake,	13	2	15
Mud on oysters,	6	..	6
Miscellaneous,	32	16	48
Total foods,	4,347	571	4,918
<i>Drugs.</i>			
Hydrogen peroxide,	20	4	24
Tr. iodine,	11	..	11
Camphorated oil,	17	2	19
Fowlers solution,	3	7	10
Limewater,	23	6	29
Citrate of magnesia,	19	27	46
Hair tonic,	21	..	21
Miscellaneous,	7	2	9
Total drugs,	121	48	169
Number of urinalyses,	33	..	33
Total number of food, drug and urine samples examined,	4,501	619	5,120

Twelve and one-tenth 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, 1926.

MONTH	Total Samples		Public	Private	State Institutions	County Institutions	Railroad Certification	School	Bottled Water	Bathing Waters	Dairy	Sand	Sewage	Trade Wastes	Ice	Soda Waters	Special Investigations
	July,	500	135	65	12	2	1	6	6	17	3	252	7	8	7	1	8	1
August,	362	137	44	5	5	5	85	18	18	4	53	4	20	2	2	2	2
September,	521	181	27	2	2	2	265	18	18	2	20	2	7	2	2	2	2
October,	513	228	33	3	3	2	194	18	18	3	35	3	7	3	2	2	2
November,	411	141	9	55	3	3	127	127	3	3	74	2	3	3	2	2	2
December,	375	214	24	2	6	6	89	39	3	3	34	2	4	2	1	1	1
January,	214	115	15	7	1	2	39	1	1	1	29	4	2	3	1	1	1
February,	151	100	11	3	3	3	12	12	1	2	2	2	1	18	1	1	1
March,	311	132	24	1	3	3	109	109	28	2	2	2	2	12	4	4	4
April,	484	116	15	25	3	2	245	27	11	13	3	3	20	4	4	4	4
May,	733	180	20	10	2	2	130	30	1	24	3	3	12	8	8	8	8
June,	359	231	47	8	12	12	42	42	4	4	13	13	2	2	2	2	2
Total,	4934	1910	334	138	45	7	1343	59	54	78	30	534	76	3	8	313	313

School Water Supplies.—With the co-operation of the State Department of Public Instruction, this Bureau arranged for the collection of water samples from all the public schools of New Jersey which are not furnished with water from a public supply. One thousand three hundred and forty-three samples of water have been examined from such sources, and it is planned to make these tests a part of the regular work of this Bureau. The work was begun in August, 1925, and was repeated in March, 1926. The following tabulation shows the status of the school supplies when examined in 1925:

TABULATION GIVING THE TYPES OF SCHOOL WATER SUPPLIES AND RESULTS OF CHEMICAL AND BACTERIOLOGICAL EXAMINATIONS OF 740 SAMPLES.

<i>Type of Supply.</i>	<i>No. Samples Examined.</i>	<i>Number Unsafe.</i>	<i>Per Cent Unsafe.</i>
Dug wells,	237	199	84
Driven wells,	303	79	26
Springs,	74	51	69
Cisterns,	22	9	40
Not classified,	104	51	49
Percentage of all supplies considered safe,			47
Percentage of supplies obtained from premises other than school,			20

As shown in the preceding table, about one of every six dug wells is considered safe, which is the usual proportion found in the analyses of large numbers of samples of water from such supplies. As dug wells seldom have a proper and impervious curbing extending three feet below the ground level, many supplies which might otherwise be safe receive contamination because of defective curbing. Approximately three-quarters of the driven wells examined are considered safe for drinking purposes. This figure is undoubtedly too low, and indicates some contamination in sampling by inexperienced persons. One-fifth of the schools do not have water supplies on the premises, but obtain drinking water from neighboring residences or springs located some distance from the schools.

The following tabulation shows the status of the school supplies when examined in 1926:

TABULATION GIVING THE TYPES OF SCHOOL WATER SUPPLIES AND RESULTS OF CHEMICAL AND BACTERIOLOGICAL EXAMINATIONS OF 530 SAMPLES.

<i>Type of Supply.</i>	<i>No. Samples Examined.</i>	<i>Number Unsafe.</i>	<i>Per Cent Unsafe.</i>
Dug wells,	171	116	68
Driven wells,	245	34	14
Springs,	45	15	33½
Cisterns,	24	8	33½
Not classified,	45	16	35
Percentage of all supplies considered safe,			65

A comparison of the tabulations for these two years shows an increase from 47 per cent to 65 per cent of the samples analyzed as being considered safe. The considerable improvement in these supplies, indicated by the chemical and bacteriological examinations, has been brought about by the hearty co-operation of the State Department of Public Instruction and the local boards of education. Representatives of this Department have given papers on rural school water supplies before two meetings of the County Superintendents, and a comprehensive circular on the significance of the chemical and bacteriological findings and methods of abating pollutions has been prepared and distributed to all the interested school officials of the State. An appreciable number of dug wells have been replaced by driven wells and other improvements have been made whereby the supplies have been improved.

It is believed that the construction of a satisfactory well on the school premises will have considerable moral effect in the community, and, in addition to furnishing a safe supply of drinking water to the school children, probably will lead to improvement in the water supplies in the homes of these children.

Bottled Waters—The law requires that all establishments selling bottled water be licensed by this Department, and inspections have shown that these generally are in good condition and are selling a safe water. In two or three instances, however, it was found that the quality of the water as delivered by the spring was being impaired through improper handling. Proprietors of these establishments were cited for hearings, and as

a result of this action they are now equipped with facilities for washing containers, and the insanitary conditions have been remedied.

Industrial Nuisances.—The personnel of this Bureau are frequently called upon to make comprehensive investigations of manufacturing establishments in order to ascertain the cause of alleged industrial nuisances. It is generally found that these are of such nature that they are not deleterious to health, and the complainants therefore have redress in a civil action. However, there has been found a general spirit of co-operation on the part of manufacturers, and when the source of the nuisance has been made apparent, in most cases the companies have been willing to employ competent chemical engineering advice and to install the necessary apparatus for abatement of the nuisance.

Liquor Analyses.—As in the past, the facilities of this Bureau have been extended to the State Police in the analyses of samples of liquor to assist in the enforcement of the Prohibition Act.

Quantities of seized liquors analyzed upon orders of the proper county officials and found suitable for hospital purposes were distributed to the institutions and free hospitals of the State.

Shellfish Investigations.—The great amount of unfavorable publicity which the oyster industry received during the winter of 1924 and 1925 as a result of the outbreak of typhoid fever in the cities of New York, Washington and Chicago, attributed to the consumption of polluted oysters, greatly curtailed demand for shellfish all over the country. Following this typhoid outbreak, the Public Health Service received an appropriation from Congress which enabled them to take a very active part in the sanitary control of shellfish. A representative committee was appointed by the Surgeon General which drafted a comprehensive set of rules and regulations for the guidance of health officials in shellfish sanitation. These regulations require the issuing of certificates by the respective states to all shellfish dealers doing an interstate business, and one of the requisites before approval of such certificates by the Public Health Service is that the issuing state must have adequate sanitary supervision of the industry. As this Department have been investigating shellfish areas and supervising the industry with the aid of a well-equipped labora-

tory boat for the past thirteen years, the rules and regulations promulgated have not resulted in closing additional areas in New Jersey, as our investigations in the past had already been so comprehensive as to cover the principal shellfish areas of the State.

The chemical toilet installation for the Maurice River district, recommended during the fall of 1924, was installed by the Maurice River Oyster Growers' Protective Association during the summer of 1925 at a cost of \$16,000.00. This system has also been installed by the two shippers doing business out of Cohanse River, who, in addition, inaugurated a scavenger service for the boats leaving Greenwich Pier.

A conference has been held with the shellfish shippers at Bivalve, and the advantages of laying out or floating oysters in absolutely sterile water has been presented to them. These oysters are grown in the waters of the lower Delaware Bay, known as Maurice River Cove, in pure and safe waters approximating in quality drinking water furnished to most communities. The commercial practice is to lay them out in floats in the lower reaches of the Maurice River for cleansing and storage. The possibility of pollution of this river, due to a breakdown in the scavenger system serving the boats and to human discharges from some of the large numbers of persons working around the oyster docks and boats in close proximity to the waters where these oysters are laid out, introduces an element of potential danger. The protection of the public health suggests the storage of these oysters in closed floats where the water may be rendered absolutely safe by sterilization and thus remove any possibility of contaminating oysters which are harvested in the first place from waters which are beyond suspicion.

The grossly contaminated waterways west of Atlantic City are very prolific in hard clams, and the surreptitious removal of these has occurred in the past in spite of the efficient patrol of these waters undertaken by the Atlantic City Police Department. A plan was formulated whereby the area could be thrown open during the months of July and August, and the clams gathered and transplanted to pure waters where they would purify themselves. The rules and regulations as drawn received the hearty endorsement of Governor Silzer. The State boat "Inspector"

was stationed in these waters for a period of two months, and four policemen from Atlantic City were furnished to assist in this work. The system was as follows:

A Class "A" permit was given to anyone desiring to gather clams from these waters, which designated that all clams must be sold at the end of each day to holders of Class "B" permits. Class "B" permits were issued to all responsible persons desiring to purchase clams for transplant to approved waters, provided a bond in the sum of \$5,000.00 for the faithful performance of the rules and regulations was filed with this Department. The actual transplanting of the clams was done under the supervision of an inspector of this Department, who accompanied the boats to approved waters. Between three and four million large, marketable sized clams were harvested from these grossly polluted waters and transplanted. Considerable health menace was removed, large numbers of persons were afforded remunerative work for a period of two months and a valuable food product was conserved.

In Ventnor Canal, a portion of these condemned waters, due to the location of certain tide meets, it is common for large "strikes" of small seed clams to occur. As these are too small to be marketable, the Department has also thrown this area open on two different occasions for the harvesting of these small clams, and as a result millions of them have been removed and transplanted to pure waters, where in from two to three years they will attain marketable size.

This plan of throwing open condemned waters for limited periods of time, where it has been found that clams are particularly abundant, worked so successfully in the Atlantic City sector that it was repeated for a period of three weeks in the waterways west of Wildwood. This work was started the latter part of June.

A patrol of the Atlantic City waters is still maintained by the Atlantic City Police Department, but we are informed by the officers that the throwing open of the area during the past summer has so removed the incentive for the surreptitious gathering of clams, which are usually sold direct to the public, that there have been only three arrests made during the past year; this compares

with a total of twenty-nine arrests during the previous year.

At the request of certain baymen, this Department, in co-operation with the U. S. Public Health Service, has made an intensive study of the waters of a certain section of Raritan Bay, and as the bacteriological data indicated at the time of the survey that shellfish could be removed with safety from a certain area of this bay, the Department therefore revised its condemnation order of October 6th, 1925, to permit the gathering of shellfish from those portions of Raritan and Sandy Hook Bays, designated as follows:

The area lying east and south of a line beginning one-quarter mile off shore from Mills Creek (or Pews Creek) and extending in a northerly direction in range with West Bank Light to the intersection of a line in range from Sandy Hook Point Beacon to Point Comfort, and north of a line drawn in an easterly direction from Water Witch bulkhead and intersecting the northern end of Plum Island, excluding, however, all fore shores one-quarter mile from the main land between Mills Creek and Highlands, New Jersey, also excluding the area bounded by a half circle having a radius of one mile from the Atlantic Highlands steamboat pier.

As the maximum pollution of the bay occurs during the summer months, a reinvestigation will be undertaken during August, 1926, to ascertain if the exempted section is a satisfactory shellfish area the entire year.

Persistence of high scores of shucked soft clams shipped from Highlands to New York City resulted in a conference between this Department and the New York City Department of Health. It was pointed out that as these soft clams are opened and handled under sanitary conditions and are used solely for chowder purposes, the scores obtained on the samples of clam liquor could not therefore be viewed with the usual sanitary significance, as the product is thoroughly cooked before being eaten. Upon the stipulation, therefore, that these clams should bear a statement upon the cans that the product is to be used for cooking purposes only, the New York City Health Department agreed to allow the product entrance into their markets. It has been mentioned in previous reports that this product is shipped in non-returnable

one-gallon cans, thoroughly iced, and in sanitation compares favorably with the method of handling shucked oysters.

Maurice River Section.—Following are tabulations of bacteriological results of water and oyster samples:

Samples of water collected from Maurice River Cove:

Number of samples collected,	50
Number showing bacillus coli in 10.0 cc.,	10=20%
Number showing bacillus coli in 1.0 cc.,	2= 4%

Samples of water collected from oyster floating grounds of Maurice River, (Long Reach):

	<i>Ebb Tide.</i>	<i>Flood Tide.</i>
Number of samples collected,	90	75
Number showing bacillus coli in 1.0 cc., 79 = 87.7%	30 = 40 %	
Number showing bacillus coli in 0.1 cc., 31 = 34.4%	2 = 2.7%	
Number showing bacillus coli in 0.01 cc., 3 = 3.3%	0 = 0	

Tabulation of the scores of sixty-eight samples of salt oysters and one hundred and twenty samples of floated oysters from the Maurice River area:

<i>Number of samples of salt oysters.</i>	<i>Scored.</i>	<i>Number of samples of floated oysters.</i>
39 = 57.3%	0	3 = 2.5%
8 = 11.8%	1	9 = 7.5%
4 = 5.9%	2	16 = 13.3%
1 = 1.5%	3	19 = 15.8%
4 = 5.9%	4	12 = 10.0%
3 = 4.4%	5	13 = 10.8%
2 = 2.9%	14	11 = 9.2%
2 = 2.9%	23	11 = 9.2%
2 = 2.9%	32	8 = 6.7%
0	41	8 = 6.7%
1 = 1.5%	50	5 = 4.2%
0	140	3 = 2.5%
1 = 1.5%	230	1 = 0.8%
1 = 1.5%	500	1 = 0.8%
<hr/> 68		<hr/> 120

Cohansey River Section.—Following are tabulations of bacteriological results of water and oyster samples:

Scores obtained on twenty samples of floated oysters collected at Greenwich Pier:

5 — 25% scored	0
1 — 5% scored	1
4 — 20% scored	3
1 — 5% scored	4
1 — 5% scored	5
6 — 30% scored	14
1 — 5% scored	32
1 — 5% scored	41

Samples of water collected from Cohansey River at Greenwich Pier:

	<i>Ebb Tide.</i>	<i>Flood Tide.</i>
Number of samples collected	20	20
Number showing bacillus coli in 1.0 cc., 19 = 98%	11 = 55%	
Number showing bacillus coli in 0.1 cc., 9 = 45%	4 = 20%	
Number showing bacillus coli in 0.01 cc., 0	0	

For the purpose of ascertaining the correlation of scores of oysters and the scores of water in which they are grown, samples of oysters and of water were collected at the same time from the Maurice River and Cohansey River in September and October and subjected to bacteriological analyses. The following tabulation gives the scores obtained on these samples:

<i>Cohansey River.</i>		<i>Maurice River.</i>	
<i>Oyster Samples.</i>	<i>Water Samples.</i>	<i>Oyster Samples.</i>	<i>Water Samples.</i>
5	5	50	4
14	4	32	14
14	4	3	14
14	5	3	4
32	23	0	3
3	32	2	14
0	41	0	32
0	41	23	32
14	32	14	41
0	50	14	32
1	41	41	50
14	41	3	32
41	32	3	32
0	41	23	32
3	32	14	2
4	41	23	3
14	41	3	4
3	32	3	4
3	32		
0	50		

These scores were obtained on oyster samples which had been floated in water where the salinity varies from 75 per cent to 20 per cent sea water. As our observations on oysters have shown that they cease to feed when the salinity of the water falls below a gravity of 1006, it is possible this accounts for the great variation between the oyster scores and the scores of corresponding samples of water.

Raritan Bay Section.—Two hundred and seventeen samples of water were collected in that portion of Raritan Bay southeast of the intersection of a line in range from Sandy Hook Point Beacon and Great Beds Light and a line in range from Mill Creek to West Bank Light. The outer portion of this area was found to be polluted, inasmuch as 25 of the 54 samples collected showed the presence of *B. coli*, or 46.3 per cent. Little evidence of pollution was found in the area southeast of a line in range from Sandy Hook Point Beacon to Point Comfort and a line from Mill Creek to West Bank Light, only 30 of the 163 samples, 18.3 per cent, showing the presence of *B. coli* in 1 cc.

This area will be reinvestigated during August, 1926, when the summer population at Keansburg and Atlantic Highlands is at the maximum.

Report of the Bureau of Child Hygiene

JULIUS LEVY, M.D., CONSULTANT.

STATISTICAL SUMMARY.

Births and deaths under one year and under one month, stillbirths and maternal deaths per 1,000 live births, 1925 figures:

1. Deaths under one year per 1,000 live births—	
a. For entire State,	68.8
b. For infants supervised by Bureau,	9.9
2. Deaths under one month per 1,000 live births—	
a. For entire State,	35.1
*b. For infants whose mothers received prenatal supervision from Bureau,	5.8
3. Stillbirths per 1,000 live births—	
a. For entire State,	40.5
b. For infants whose mothers received prenatal supervision from Bureau,	1.6
4. Puerperal deaths per 1,000 live births—	
a. For entire State,	6.2
b. For mothers who received prenatal supervision from the Bureau,	2.0
95 Baby Keep-Well Stations have been established where mothers can bring their babies and preschool children.	
12 nurses supervise 398 midwives who deliver 21 per cent of the births of the State.	

ANNUAL REPORT OF THE NURSES' ACTIVITIES, JANUARY 1ST TO DECEMBER 31ST, 1925.

Baby Keep-Well Stations,	95
(10 of these stations were opened during 1925)	
Cities, towns and communities with child hygiene nurses under State Supervision,	197
Nurses under supervision of State Department of Health,	99
Paid by State Department of Health,	18
Paid by Municipalities,	72
Paid partly by State and Municipalities,	9
Volunteer physicians giving time to work of stations,	115

*Does not include infants under one week.

92 DEPARTMENT OF HEALTH.

Visits made by nurses,	195,566
To expectant mothers,	18,009
To babies,	106,749
Pre-school children,	35,406
To school children,	35,402
Baby Keep-Well Stations—	
Baby visits to the Stations,	45,764
Pre-school children visits to stations,	11,482
Prenatal Care, (Expectant Mothers)—	
Supervised prenatal cases during 1925,	4,596
Placed under supervision during 1925,	3,489
Pregnancies ended,	2,798
Miscarriages,	18
Live births,	2,733
Deaths of babies under 1 month,	16
Maternal deaths,	8
Stillbirths,	47
Deaths under 1 (one) week,	38
Cases supervised—address changed before delivery,	193
Attendants at Birth—	
Midwife,	650
Doctor,	2,124
No Attendant,	24
Infant Care—	
Babies supervised during 1925,	19,780
Placed under supervision during 1925,	10,652
Infant deaths,	273
Illnesses and Defects—	
Detected (including babies, pre-school children and older members of family, not including school child),	6,737
Corrected (including babies, pre-school children and older members of family, not including school child),	3,266
Cases referred to doctors,	5,497
Contagious Diseases—	
Suspected cases or cases improperly quarantined,	627
Late reported births,	123
Unreported births discovered,	81
Bad housing and unsanitary conditions reported,	237
Eye smears taken by nurses,	84
Shick Tests,	519
School Hygiene—	
Number of communities where school hygiene work is carried on,	128
Number of school children supervised,	82,154
Inspections (general, classroom, annual, etc., assisting doctor or nurses working alone),	533,044
Defects detected,	61,147
Defects corrected,	19,548
Illnesses detected,	1,397
Illnesses corrected,	1,248
Pupils excluded,	4,726

Pupils Readmitted,	3,889
Treatments in School,	6,070
Home visits in interest of school children,	29,502
Nose and Throat Cultures for Diphtheria—	
Nurses assisting doctor or working alone,	325

INFANT MORTALITY RATES.

The infant mortality rate for 1925 was 68.8, or 1.2 lower than that of 1924, and the lowest rate reported for New Jersey since 1910, when it was 155.

In 1918, when the Department began its intensive campaign in preventative child hygiene work, 15 counties of the 21 had an infant mortality rate of over 100, while only one had a rate below 80.

In 1925, no county had an infant mortality rate over 100. Only one county had a rate over 90, four had rates over 80, and 11 had rates under 70. One county had an infant mortality rate as low as 60.

Among the five cities with a population over 100,000, Camden shows the highest infant mortality rate, 86.7; Paterson is lowest, with 62.3. Newark, with a population of over 400,000, showed an infant mortality rate of 70.4.

Among the cities with a population between 50,000 and 100,000, the lowest infant mortality rate is shown in East Orange, with a rate of 54, closely followed by Elizabeth, with a rate of 56.7. When one considers the natural advantages of East Orange, the infant mortality rate of Elizabeth is highly creditable to the work that is carried on in that city.

Among the cities with a population between 25,000 and 50,000, the lowest infant mortality rate is in Clifton, with a rate of 51; the highest is in Perth Amboy, with a rate of 97.5. The rate for Perth Amboy is rather exceptional, and represents some unusual conditions during the year.

Among the cities with a population between 10,000 and 25,000, the lowest infant mortality rate is reported for Bloomfield, 47.1; the highest for Harrison, 84.9.

EXTENSION.

One of the cardinal principles of the Bureau has been to encourage communities to establish child hygiene work as a result of demonstration rather than agitation. Instead of spending money on baby shows, exhibits, moving pictures, parades, etc., nurses have been placed in carefully selected communities to carry on organized child hygiene work in order to stimulate the authorities to assume the salary of the nurse at the end of the demonstration period which usually has been from one to two years.

That the results have justified this procedure is indicated by the figures indicated under table headed "Nursing Activities."

Here is shown that the total number of child hygiene nurses in the State has rapidly increased since 1918; that the number paid by the State Department of Health has rapidly decreased, and that the number paid by the local municipalities has rapidly increased. The chart furthermore shows that a great deal of satisfaction has been found in the fact that no community has discontinued the employment of the child hygiene nurse after the salary has been assumed by the community.

Practically all of the nurses so employed by municipalities after demonstrations by the State Department of Health have remained under the supervision of the Bureau of Child Hygiene at the request of the local authorities, and the method of procedure established by this Bureau has been continued. This means that the Continuous Child Hygiene Program—that is, the supervision of the child from the prenatal period to adolescence—has remained in charge of a single nurse. Experience has convinced us that this is not only the most economic and efficient way of carrying on preventative health work in the interest of mothers, infants and children, but permits most readily extending such service to the smallest rural communities.

One nurse in a county is employed locally and is covering 12 communities. The State Department arranges for the proper distribution of expenditures on the part of communities, and assumes the full responsibility for the training and supervision of her work. By this method it is worth mentioning that Gloucester County, a relatively rural county, has practically one hundred per

cent child hygiene supervision for its mothers and children. This has been made possible by the active co-operation of the County Superintendent of Schools, respective principals, Gloucester County Health Association and the Board of Freeholders. Gloucester County, with a population of 54,376, has nine child hygiene nurses.

Certain counties have been very backward in developing organized child hygiene work, and while this extensive work has been successfully carried out in Gloucester County, there is need for much more effort and co-operation in counties like Burlington, Hunterdon, Salem, Ocean, Sussex, Cumberland, upper section of Warren.

There are 99 field nurses under State supervision. Of these, seven are paid jointly by State and municipality, 73 by the municipality alone, and only 19 who are entirely paid by the State.

During the year, 14 communities assumed the whole salary of the child hygiene nurses, viz.:

Hopewell	Pleasant Valley
Pennington	Titusville
Centreville	Woodsville
Harbourton	Gloucester (2nd nurse)
Harts Corner	New Brunswick (3rd nurse)
Marshalls Corners	Clayton
Mount Rose	Waldwick.

During the first six months of 1926, the following additional communities have assumed the whole salary of the child hygiene nurses, viz.:

Rutherford (2 salaries)	Somers Point
Morristown	Northfield
Gibbstown	Pitman
Boonton	Washington.

The demonstration of child hygiene work was established in the following communities, viz.:

Westhampton	New Providence
Westwood	Mountainside
Ramsey	Woodstown
Linwood	Pilesgrove Township
Northfield	Morristown (4th district)
Somers Point	Fairfield
Hopewell Township	Rahway (part time)
Lawrence Township	Palmyra
Clark Township	Lopatcong
Kenilworth	Greenwich
Denville	Pohatcong
Rockaway	Roxbury Township

SPECIAL CLASSES.

A special course of lectures and practical demonstrations covering personal hygiene, infant care and breast feeding was repeated this year at the Clinton Reformatory for Women. Formal examination was given and certificates issued to twelve of the inmates. This lecture course has met with the enthusiastic approval of the matron and the inmates.

CONTINUATION SCHOOLS.

The work of the Continuation School in Hammonton has been continued along the same lines. Much interest was evidenced by the girls and encouraging reports were received as a result of examinations for which certificates were issued from this Department. As opportunity presents itself similar work can be carried on in the other Continuation Schools.

DENTAL PROPHYLAXIS.

During the year the dental ambulance has been used in various counties at the request of local organizations who bear the entire expense for its operation.

TEACHING FUTURE TEACHERS CHILD HYGIENE.

During the past year an intensive course of demonstrations and lectures has been given by one of the trained supervisors of the Bureau to the pupil teachers in the State Normal Schools at Newark, Montclair and Paterson. The work in Glassboro and Trenton was not carried out on account of failure to obtain the proper person for this interesting and rather difficult work.

Through the very enthusiastic co-operation of the principals it was possible to arrange a schedule whereby the pupil teachers received practical instruction in all the essential facts of child hygiene. They attend the Baby Keep-Well Stations, accompanying the nurse in classroom inspections, and then discussed with her the various health problems that will confront them as teachers. In the discussion of all these problems their attention was always directed to the prenatal and infant period of the child where most of the defects and deformities of school children have their beginning.

We believe that the results of this effort will be very far reaching. It gives the future teachers knowledge of infants and children that they should have for their own benefit as well as for that of their work. It is likely to result in a much more thorough and understanding co-operation with the nurse and doctor when the teachers occupy school positions, and it will, we are quite sure, give the Health Department a very active friend in the rural communities for the development of organized preventative child hygiene work.

We do not believe that this could be done as effectively by a person who may be a better trained pedagogue than an experienced nurse, but is not as intimately familiar with actual child hygiene work. We are very grateful to the Commissioner of Education and the principals for permitting this work to be carried on.

PRESCHOOL CLINICS.

Efforts have been made to have preschool clinics conducted for children before they enter school. While it is desirable to our

mind to establish such conferences as all-year propositions, it is found very difficult to have mothers bring well children in the romping age period for examination at any time other than just before they enter school.

Twenty such clinics have been held. The interest of the medical inspectors and school men is being obtained to a greater degree, and it is expected that this work will steadily increase. The Parent-Teacher Associations have become particularly interested, and this should be of considerable assistance in this development.

MATERNAL MORTALITY.

The maternal mortality rate for 1925 was 6.2, a slight increase over 1924, while for the mothers under supervision of the Bureau the maternal mortality rate was 2.0, a reduction of seven-tenths of a point over the previous year.

There has been a considerable increase in the number of mothers receiving prenatal care, in the number of mothers delivered in hospitals and a continued reduction in the percentage of mothers delivered by midwives.

We have called attention to these facts for the past ten years, and it is some satisfaction to note that in a recent report of Maternal Mortality by the United States Department of Labor it is recognized that a mere increase in the percentage of women delivered in hospitals or a decrease in the percentage delivered by midwives does not guarantee any reduction of maternal mortality. A most interesting example is the City of Minneapolis, which has shown that in 1922 the women delivered in hospitals was 65 per cent of the total deliveries, while in 1913 it was 21 per cent, and that still the maternal mortality has not shown any appreciable decrease.

In discussing maternal mortality it becomes very important today to recognize the change in character of population since the recent immigration.

BOARDING HOMES.

During the past year special attention has been given to the problem created for New Jersey by the boarding in this State

of many children from other States, particularly from the adjoining cities of New York and Philadelphia. It has been found that these children become a serious burden to the local authorities, who naturally must arrange for accommodations in the schools and create governmental machinery for their proper protection. They have also become a considerable burden to the State Department since it has adopted the policy of supervising and licensing boarding homes, and more particularly since one of its principal objectives has been the reduction of the number of boarding homes and the number of children in each boarding home.

Since many of the homes in which out-of-State children are boarded are in the many rural districts, it was found that considerable expense was entailed merely in an attempt to inspect and license such homes. With the hope of discouraging the placing of out-of-State children in New Jersey an amendment was added to the Sanitary Code which required each person from outside of the State that boarded a child in New Jersey to file a bond for one thousand dollars for each child. This has yielded its own results. Many fostermothers now refuse to accept out-of-State children. Several organizations have indicated that they will discontinue placing children in New Jersey.

It is hoped that this policy will be continued so that without any added expenditure it will be possible for the State Department to make available to the citizens of New Jersey a sufficient number of carefully selected and supervised boarding homes conducted in the spirit of service rather than profit, and who, therefore, will be satisfied to care for not more than one or two children at one time.

It is gratifying to report at the present time that of the licensed boarding homes the preponderating number do not care for more than three children at any one time, and that a very considerable proportion board only one child.

Homes licensed by State Department of Health,	166
Homes licensed by local boards of health upon recommendation of State Department,	33
Homes rejected by the State Department,	34
Homes rejected by local boards of health upon recommendation of State Department,	12

<i>Number of Licensed Homes.</i>	<i>Number of Children Allowed.</i>
77	1 child
65	2 children
23	3 children
28	4 children
6	for 5 or more.

MIDWIFERY.

The supervision of midwifery in New Jersey has continued along the same lines as has been developed during the past seven years.

This past year the policy has been adopted actively to eliminate all unlicensed midwives. This was done because it was felt that active licensed practitioners of medicine or midwifery were available even in the most rural districts.

It appears that it is impossible to eliminate the unlicensed midwife. One woman has been fined three separate times a sum amounting to \$900.00, has been in jail three times for periods of three months, and at the present writing is again recommended by this Department for prosecution because she continues to practice midwifery.

<i>Year.</i>	<i>Total Births.</i>	<i>Births Delivered By Midwives.</i>	<i>Percentage of Births Delivered by Midwives.</i>
1919,	70,935	30,000	28.14
1920,	76,431	21,511	28.
1921,	78,172	21,106	27.
1922,	74,479	19,205	26.
1923,	74,611	18,265	24.5
1924,	76,530	17,645	23.
1925,	74,193	16,077	21.66

It appears that the percentage of women delivered by midwives is steadily decreasing. No doubt part of the result is due to restricted immigration, but it also indicates that the recognition and supervision of midwives does not increase the number of births attended by them.

The general plan of supervising the work of the midwives through district supervisors, who also supervise the nurses in the

district has been continued and found effective. As a result of this close follow-up and the special investigations of stillbirths, infant deaths and puerperal deaths, 10 midwives were referred to the State Board of Medical Examiners for prosecution. Of these two were suspended, three fined, one dismissed and four pending.

There has been a constant attempt to emphasize the positive phase of midwifery activity rather than the inspectional or repressive phase. The results are indicated by the increased co-operation from the midwives. For instance, they referred to the district supervisors and the clinics 1,601 prenatal cases for examination and advice. The supervisors were called in in 47 cases of labor. The midwives reported to the supervisors 569 abnormal cases with a definite statement that in 519 instances a physician had immediately been called in. The cases in which doctors were not in attendance were in cases of emergency or where doctors could not be obtained. Each year the number of midwives who will handle any abnormal cases is steadily decreasing.

During the year emphasis was placed on certain features of midwifery. A special drive was made to get each midwife to obtain a urinalysis set and to examine the urine of each patient. Some of the county organization reports indicate that all of the midwives have obtained these sets and that a considerable number of them are using them. In other counties the work is a little slow, but we expect in a short time to be able to report that all the midwives have urinalysis sets and are actively using them in their cases.

The County Midwives' Associations held 102 meetings during the year, with an attendance of 1,299. A schedule of discussions and lectures was submitted to the Associations and quite uniformly followed up. Many of the prominent physicians of the State were very pleased at the opportunity to assist the work by lecturing to the midwives on certain phases of obstetrics.

The annual conference is always one of the very interesting and encouraging phases of this work. Out of a total of 350 midwives some 200 were present at the annual meeting, which was held in the Academy of Medicine, Newark. Many of the midwives came at a great personal sacrifice of effort and money.

These annual conferences are fostering a real pride in professional standards and are doing a great deal to place midwifery in New Jersey on the high plane that work as serious and responsible as midwifery should be.

MATERNITY HOMES.

According to Chapter XI of the State Sanitary Code, which was adopted May 8th, 1920, any maternity home, house, sanitarium or other place where women are cared for during the periods of pregnancy, labor or lying-in periods, except municipal, county and state institutions, must have a written license from the State Department of Health, said license to be renewed annually.

During 1925, the number of these homes increased considerably. This was largely due to the fact that maternity wards were overcrowded, and in one instance the only hospital which cares for the sick of a whole county refused to admit the maternity patient. In another county the large general hospitals are grouped together in the southern section of the county, and there has been need for a group of small maternity homes to care for the northern more rural section.

The total number of licensed maternity homes was 26.

Number where licenses were renewed,	11
Number of newly licensed homes,	12
Number of discontinued homes,	3

Of this number, 21 were conducted by nurses, either trained or practical, who were under the direction of the local physicians. In each instance the home was maintained for the convenience of the local physician and his patients. In districts where there is a general hospital the home had its approval before a license was granted. Two maternity homes were conducted by physicians who were most co-operative with the Department. Two were conducted by midwives under the strict supervision of the Department. The midwives may deliver their own cases if absolutely normal. As in her work in the homes of her patients, if any abnormality presents itself, a physician must be called in.

Failure to live up to this instruction may result in the revocation of not only her maternity home license but also of her license to practice midwifery. In one instance a licensed maternity home was conducted by a layman who allied himself with the best obstetrical physicians and employed seven graduate nurses.

Through active supervision and persuasion three homes have been discontinued, two of which were conducted by nurses and one by a midwife, so that at the end of the year there were:

Conducted by physicians,	2
Conducted by nurses,	19
Conducted by midwives,	1
Conducted by laymen,	1
Total,	23

During the year we had a few outstanding cases in which the principles of the Bureau have been clearly brought out.

THE UNMARRIED MOTHER.

During 1925, a uniform system in caring for the unmarried mother and her baby was established between the hospitals of the State and the Department. It was found from vital statistics reports that there were anywhere from 1,000 to 1,200 illegitimate births reported each year in New Jersey.

An appeal was made to 56 hospitals and 38 individuals or established agencies which would be responsible for the follow-up work. Certain general principles were discussed and agreed upon:

1. Breast-feeding. It was agreed that every effort be made to keep the baby on the breast. This is of basic importance not only for the physical well-being of the infant but to permit the proper working out of our unmarried mother problem.
2. The hospitals must notify immediately, upon the admission of the expectant unmarried mother, the proper accredited social agency that has agreed to assume responsibility for the follow-up of unmarried mothers in their community.
3. The hospitals also agreed as a piece of co-operation to keep unmarried mothers and their babies longer than other cases if the social agency considered it necessary.

In addition to the initial work of obtaining persons or organizations in the various districts that would be willing to assume responsibility for these cases and establish the proper co-operation between the hospitals and these agencies, the Department has established systems for record keeping and furnished forms. Lists of the agencies throughout the State have been supplied to all the hospitals so that if an unmarried mother from another part of the State is delivered in a local hospital which frequently happens, it would be possible for them immediately to get in touch with the agency nearest the girl's home.

While this plan has practically taken a year for complete establishment, we feel it has been time well spent, as heretofore, outside of a few communities, there was little general organized standardized work for these cases. It will, of course, be necessary to continue a sympathetic interest in this work to see that the plans do not lapse.

Report of the Bureau of Venereal Disease Control

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

Rosenau* says, "Any sanitary measures taken for the prevention of venereal diseases which do not include some method for treating the problem of prostitution are doomed in advance to failure, since they will ignore the main source and root of these diseases." The work of the Bureau of Venereal Disease Control concerned with the problem of prostitution is divided into three activities: case-finding, case-control and medical treatment.

VENEREAL DISEASE CASE-FINDING.

The practicing physicians of the State have responded in increasing numbers to the request that they obtain, whenever possible, the source of their patients' venereal infections. Independent investigations made for the Bureau of Venereal Disease Control have revealed other potential foci of infection. An example of the case-finding program of the Bureau is given in the following table which shows the disposition of cases reported to this Department during the closing two months of the present fiscal year:

TABLE I.—SOURCES OF VENEREAL INFECTION DETECTED IN NEW JERSEY (MAY AND JUNE, 1926).

A. Clandestine prostitutes (referred to health officer),	24
1. No. under medical treatment and supervision,	11
2. No. found, but probably not infectious,	2
3. No. unable to locate,	8
4. No. not yet reported upon,	2
5. Out of State,	1

*Preventive Medicine and Hygiene, 1925 edition.

B. Professional prostitutes in brothels (referred to State, county, or municipal police officials),	46
By Counties:	
Bergen,	3
Camden,	11
Passaic,	1
Middlesex,	7
Atlantic,	23
Hudson,	1
No. of brothels raided,	16
No. of brothels found vacant,	7
(Three vacated after warning.)	
No. of brothels under observation,	9
No. not yet reported upon,	14

It should be noted that those instances in which a husband or a wife is named as the source of infection are not included in the table. When such sources of infection are named, the reporting physician is asked—and if necessary helped—to induce the suspected source to submit to examination and treatment without coercion by health officials.

VENEREAL DISEASE CASE CONTROL.

The majority of the persons named as the source of infection are women. As explained in a previous report, the preponderance of women occurs because frequently the condition remains undiagnosed in women who do not know that they are suffering from a venereal disease, and as a rule the sexually promiscuous woman does not know who infected her. On the other hand, men usually become aware of their infection promptly and generally know who infected them. Hence, the persons named as sources of infection are women (prostitutes for the most part). Clandestine prostitutes—women who have visible means of support—are referred to the local health officer having jurisdiction because generally they can be depended upon to submit to medical treatment under the supervision of the local board of health. Professional prostitutes cannot be trusted, and it is, therefore, necessary to refer information about these people to the appropriate police officials of the State, county or municipality.

Under the leadership of the Governor, all police officials have been active in suppressing prostitution, and the evidence at our command indicates that the roadside brothels and the city houses of prostitution are few in number. It is gratifying to report

that whenever we have received evidence of venereally infected prostitutes the officials having jurisdiction—health and police alike—have been prompt to proceed against them. This is the logical procedure for a State to pursue if it attempts the prevention of the spread of venereal diseases.

THE TREATMENT OF VENEREAL DISEASE CASES.

The Bureau of Venereal Disease Control has continued the policy of aiding, as necessary, the thirty venereal disease clinics in the State. The aid in most cases is confined to the supplying of breakable equipment and drugs to tide the clinics over emergencies. The Bureau has supplied newer drugs for demonstration purposes. A routine treatment for the clinics was tried at one of the treatment centers and has been recommended to the others. It consists in the administration of weekly doses—successively in periods of four weeks—of sulpharsphenamine, mercury and bismuth. Under the clinic routine all patients are treated with the same drug at the same time. New cases admitted to the clinic—unless they are in the infectious stage—begin with the treatment then being administered, thus falling in with the others. The change from one drug to the other prevents the accumulation of dangerous amounts of any one of them and makes possible the continuance of the treatment without rest periods, which, in our experience, have been followed by evidences of slight relapse. This routine has been adopted by some of the clinics of the State, but no effort has been made to urge its acceptance by clinicians who prefer a routine of their own choice.

EDUCATIONAL ACTIVITIES.

As usual, the giving of public talks and distribution of pamphlets have been the main activity of our educational work. The indiscriminate circulation of pamphlets through the mail has long been stopped, and in its stead pamphlets are sent only upon request, for a person is far more apt to be interested in something specially asked for than if it has been thrust upon him. In their talks our speakers mention our pamphlets, and thus have helped to make the demand for them fairly constant. The distribution

of pamphlets is limited to "Sex Education in the Home," for parents; "Keeping Fit," for boys of high school age; "Healthy, Happy Womanhood," for girls of the same age; "Manpower," for full-grown boys and young men, and "Conquering An Old Enemy," an ever popular leaflet for the general public. Thirty-five thousand eight hundred and seventy pamphlets were distributed.

An interesting feature of the educational work is the eagerness with which lectures on sex education are sought. Most parents are not greatly interested in venereal diseases *per se*, but when the danger to which their children are exposed is brought forcibly to their attention they are all alive to the responsibility that is theirs and want to be told how to meet it. For instance, one of the lecturers prepared a thirty-five minute talk for Parent-Teacher Associations to be given to groups of women only or men and women together. It was upon the need for parents to fulfill their manifest duties in early sex training of their children. As it was a success, the speaker then arranged part of it for a twenty minutes talk suitable for men's luncheon clubs, and that has been given to eighty Kiwanis, Rotary, Lions and Civitan Clubs. It was then cut down to fifteen minutes for presentation to noonday meetings of men in industrial plants, and this tabloid version went over equally strong. The luncheon club talk was also given to a group of policemen, who gave it their strictest attention. There appears to be no doubt that this indirect attack on the venereal diseases is very effective.

Timely lectures on the medical and law enforcement phases of venereal diseases were given to the men encamped with the New Jersey National Guard at Camp Silzer. Once or twice each week moving pictures were shown.

More addresses on sex hygiene were given in the high schools than ever before, and the boys and girls in their respective groups would frequently give the speakers the school cheers at the conclusion. The girls are always addressed by a woman and the boys by a man.

A summary of the lectures and the attendance is given:

<i>Groups.</i>	<i>Meetings.</i>	<i>Attendance</i>
Women only,	123	5,765
Men only,	87	7,324
Men and women together, ..	40	2,379
School children,	107	23,455
	<hr/> 357	<hr/> 38,923

Report of the Bureau of Vital Statistics

DAVID S. SOUTH, CHIEF.

While ordinarily the activities of the Bureau of Vital Statistics are largely routine, there is occasionally an outstanding event. In 1920 it was the admission of the State to the United States registration area for births, which was accomplished after strenuous efforts to bring registration up to the required percentage of completeness.

For several years steps were taken to obtain a special appropriation for a double index of birth records. These were finally successful and the work has been under way for three years.

The Bureau has felt since the enactment of the present birth and death registration act on April 6th, 1920, that the duties required of local officers are far too extensive for the compensation provided. All fees paid local registrars except for marriage licenses are from municipal funds, and it is objectionable to increase such expenditures if another way to obtain the desired result is possible. It was accordingly decided to endeavor to increase the totally inadequate fee of one dollar for a marriage license to two dollars. The application and final issuance of a license requires considerable time and sometimes inconvenience to the local officer. In proportion to this and the importance of the paper the fee has been too low. Previous efforts to obtain strengthening legislation to the marriage license law had been without avail, and were also during the 1926 session of the Legislature. Persistent efforts, however, were responsible for securing the passage of an act increasing the license fee to two dollars. Local officers working on the fee basis will accordingly be better paid and feel more kindly toward the arduous duties of the position.

Each year since the Bureau was established in 1878 has shown an increasing demand for statistical data and records for legal and other purposes. This taxes the ingenuity of the force as, due to office space and appropriations available, the number of employees cannot readily be increased.

The legal record end of the work, which can easily be computed, as each application is listed and a report made to the State Treasurer, has increased fifty-four per cent in five years. The calendar year 1925 shows an increase of fourteen per cent over 1924.

Only slight improvements appear in the charts and tables which follow, as it is the policy of the Bureau to only publish data for which there is demand.

GENERAL SUMMARY.

	1920	1924	1925
Births registered, indexed and tabulated,	76,431	76,530	74,193
Marriages registered, indexed and tabulated,	31,327	27,601	27,672
Deaths registered, indexed and tabulated,	40,820	40,531	41,749
Stillbirths registered, indexed and tabulated,	3,221	3,177	3,010
Total records registered, tabulated and permanently preserved,	151,799	147,839	146,624
Certified copies issued and searches made for which fees were received,	4,664	5,933	7,100
Certified copies issued and searches made in pension and other cases for which no fees were received,	4,232	6,067	6,605
Fees returned to State Treasurer for certified copies and searches,	\$4,051	\$5,565	\$6,502

CHARTS AND TABLES, 1925.

Table 1.	Births, marriages and deaths reported, with rates, 1879-1925.
" 2.	Deaths by age periods, with percentage of each period of total deaths.
Chart 1.	Total deaths per 1,000 population for 47 years.
Table 3.	Deaths of infants under five years of age and percentage of total deaths, 1904-1925.
Chart 2.	Deaths under five years of age per 10,000 population for 47 years.
Table 4.	Deaths under one year and infant mortality rates, 1906-1925.
" 5.	Infant mortality, deaths under one month, stillbirths and maternal mortality by counties, 1925.
" 6.	Infant mortality, deaths under one month, stillbirths and maternal mortality for the ten largest cities of New Jersey, 1925.
" 7.	Infant mortality rates, total births and deaths under one year, counties and cities having 5,000 or more population, 1925.

Chart 3.	Deaths from typhoid fever per 10,000 population for 47 years.
Table 8.	Comparison between typhoid fever rates in New Jersey and United States Registration Area, 1914-1924.
" 9.	Typhoid fever in urban and rural districts, 1925.
" 10.	Typhoid fever rates in the counties of New Jersey, 1915-1925.
Chart 4.	Deaths from scarlet fever per 10,000 population for 47 years.
" 5.	Deaths from diphtheria per 10,000 population for 47 years.
Table 11.	Average annual rates for counties for deaths from all causes and tuberculosis for 47 years, with rates for 1925.
Chart 6.	Deaths from tuberculosis of lungs per 10,000 population for 47 years.
Table 12.	Cancer and other malignant tumors by age periods and organ affected, 1925.
Chart 7.	Deaths from cancer per 10,000 population for 47 years.
Table 13.	Suicide by age periods and means employed, 1925.
" 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—	Essex County—	Union City,
Atlantic City,	Belleville,	Weehawken,
Hammonton.	Bloomfield,	West New York.
Bergen County—	East Orange,	Hunterdon County.
Englewood,	Irvington,	Mercer County—
Garfield,	Montclair,	Princeton,
Hackensack,	Newark,	Trenton.
Ridgewood,	Nutley,	Middlesex County—
Rutherford.	Orange,	Carteret
Burlington County—	South Orange,	New Brunswick,
Burlington City.	West Orange.	Perth Amboy,
Camden County—	Gloucester County.	South Amboy.
Camden City,	Hudson County—	Monmouth County—
Gloucester.	Bayonne,	Asbury Park,
Cape May County.	Guttenberg,	Long Branch,
Cumberland County—	Harrison,	Red Bank.
Bridgeton,	Hoboken,	Morris County—
Millville,	Jersey City,	Dover,
Vineland.	Kearny,	Morristown.

Ocean County.	Somerset County—	Rahway,
Passaic County—	North Plainfield,	Summit,
Clifton,	Somerville.	Westfield,
Passaic City,	Sussex County.	Warren County—
Paterson.	Union County—	Phillipsburg.
Salem County—	Elizabeth,	
Salem City.	Plainfield,	

Population.—The estimated mid-year population of the State for 1925 is 3,506,427. 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 1925 is 21.15, which is one point lower than the rate for the previous year, which was 22.22. The number of reported births declined from 76,530 to 74,193, a decrease of 2,337. The rate for the colored population, according to the best population estimate available, is 30.84. As it is well known that the colored population of certain New Jersey cities has been increasing rapidly, it is probable that the population estimate is too low. It is the figure issued by the United States Census Bureau, is based upon the censuses of 1910 and 1920, and is the best estimate available.

Marriages.—The number of persons married during 1925 per 1,000 population was 15.78, which rate is slightly lower than that for the previous year. 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.—The death rate for the past several years has remained almost stationary. It has fluctuated from a low of 11.49 in 1922 to 12.22 in 1923. For 1925 it is 11.90, which rate is considered exceedingly favorable and subject to increase before many years.

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

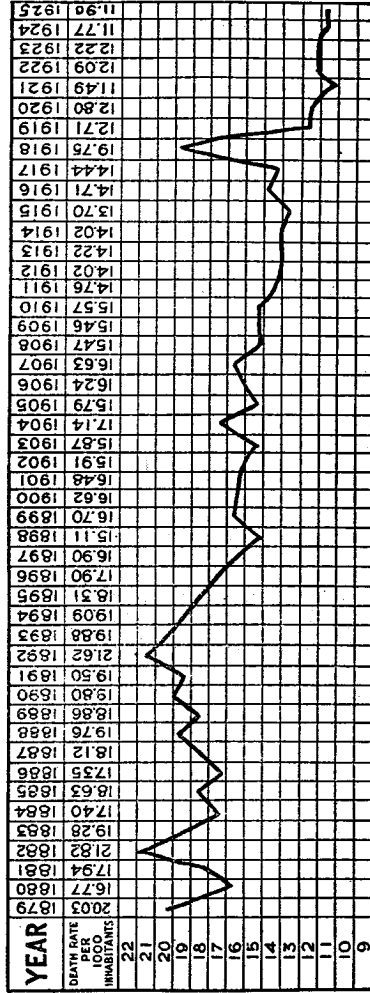
YEAR.	Population.*	BIRTHS.		MARRIAGES.		DEATHS.	
		Number of births reported.	Birth rate per 1,000 population.	Number of marriages.	Persons married per 1,000 population.	Number of deaths.	Death rate per 1,000 population.
1879	1,020,584	23,118	22.65	7,096	13.91	20,440	20.03
1880	1,130,892	22,680	20.04	7,983	14.08	18,967	16.77
1881	1,100,275	23,484	20.24	8,109	13.98	20,812	17.94
1882	1,139,838	22,108	19.42	8,887	14.86	25,959	21.82
1883	1,209,048	24,430	20.21	9,166	15.16	29,310	19.23
1884	1,248,224	25,263	20.20	8,968	14.37	27,400	17.40
1885	1,278,033	24,077	18.84	8,889	14.07	23,807	18.63
1886	1,310,431	25,497	19.48	12,351	18.55	22,734	17.38
1887	1,342,329	27,540	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	22.34	28,543	18.86
1890	1,441,017	30,103	20.89	15,564	21.60	28,530	19.80
1891	1,478,784	28,882	19.53	15,305	20.70	28,840	19.50
1892	1,511,063	30,627	20.26	16,082	21.28	32,885	21.62
1893	1,538,730	32,228	20.96	17,178	22.33	30,596	19.88
1894	1,578,373	33,662	21.33	16,245	20.58	30,004	19.09
1895	1,672,942	31,742	18.97	15,873	18.98	30,634	18.31
1896	1,718,543	31,207	18.16	16,370	21.38	30,767	17.90
1897	1,764,144	31,695	17.91	18,171	20.60	29,822	16.90
1898	1,810,008	32,518	17.96	13,213	14.59	27,337	15.11
1899	1,858,372	29,419	15.84	13,336	14.37	30,899	16.70
1900	1,883,669	32,570	17.13	14,811	15.51	31,474	16.62
1901	1,925,781	34,812	18.08	16,539	17.18	31,738	16.48
1902	1,967,893	35,116	17.84	18,150	18.45	31,819	15.91
1903	2,036,797	37,242	18.47	19,512	19.35	31,820	15.87
1904	2,038,000	38,751	18.82	18,919	18.38	33,298	17.14
1905	2,144,143	39,689	18.51	20,372	19.16	33,864	15.79
1906	2,196,238	42,677	19.43	21,580	19.63	35,670	16.24
1907	2,248,531	44,651	19.86	23,649	21.04	37,408	16.63
1908	2,300,427	47,405	20.61	26,135	22.74	35,897	15.47
1909	2,352,322	47,908	20.19	29,724	25.27	36,359	15.46
1910	2,537,167	53,942	21.28	27,912	22.00	39,494	15.37
1911	2,615,772	58,135	22.22	25,014	19.13	38,612	14.76
1912	2,694,377	60,073	22.30	26,821	19.91	37,772	14.02
1913	2,772,981	61,432	22.15	27,697	19.98	39,425	14.22
1914	2,851,586	65,408	22.94	28,528	20.01	39,967	14.02
1915	2,877,332	68,476	23.10	27,084	19.25	39,435	13.70
1916	2,948,016	70,211	23.82	31,169	21.15	43,376	14.71
1917	3,014,198	75,309	24.98	30,060	19.94	43,832	14.44
1918	3,080,371	74,549	24.20	28,989	18.58	40,852	13.26
1919	3,136,547	70,935	22.64	29,281	18.61	39,979	12.71
1920	3,157,767	73,431	23.37	31,327	19.65	40,820	12.80
1921	3,251,494	78,172	24.04	27,815	17.10	37,532	11.49
1922	3,315,223	74,479	22.46	27,114	16.35	40,686	12.00
1923	3,378,963	74,611	22.08	28,730	17.00	41,294	12.22
1924	3,442,685	76,530	22.22	27,601	16.02	40,531	11.77
1925	3,506,427	74,193	21.15	27,672	15.78	41,749	11.90

* Estimated except for census years.

TABLE 2.—TOTAL DEATHS BY AGE PERIODS SHOWING PERCENTAGE OF TOTAL DEATHS—1925.

	AGE PERIODS.													90 and over.	Unknown.			
	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.	
Deaths,	41,749	5,106	889	484	319	262	6,097	806	1,836	2,593	3,954	4,368	5,811	7,083	5,083	3,079	484	2
Percentage of total, ..	100.0	12.3	2.1	1.0	0.8	0.6	16.5	2.1	3.7	6.1	7.8	10.4	13.9	16.0	14.3	7.4	1.0	.....

CHART 1.—TOTAL DEATHS PER 1,000 POPULATION FOR 47 YEARS.



Infant Mortality.—The infant mortality rate for 1925 is the lowest of which there is record. This rate is 68.8, which represents a decline of over a point from the rate for the previous year. The rate has been annually decreasing at least one or two points for several years. This is undoubtedly due to education and the excellent progress made by child hygiene nurses in many municipalities throughout the State. *Colored Races.*—The infant mortality rate among the colored people of New Jersey during 1925 was 128.3, compared with a rate of 126.1 for the previous year. The colored races have shown excessive mortality rates as long as vital statistics have been collected and analyzed.

Maternal Mortality.—This rate for 1925 is 6.2 and compares with 6.0 for the previous year, 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 1925 being 3,010, compared with 3,177 for the previous year. This figure is equivalent to a rate of 40.5 per 1,000 living births, with the rate for the colored population 74.5.

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,	33,864	6.851	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	10,869	30.5
1909,	36,359	7.658	21.1	11,157	30.6
1910,	39,494	8.332	21.1	11,648	29.5
1911,	38,612	7.642	19.8	10,740	27.8
1912,	37,772	7.457	19.7	10,309	27.3
1913,	39,425	7.542	19.1	10,888	27.1
1914,	39,967	7.451	18.6	10,278	25.7
1915,	39,435	7.077	17.9	9,828	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,	60,852	8.372	18.8	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,	37,362	5.773	15.4	8,047	21.5
1922,	40,086	5.864	14.6	8,371	20.9
1923,	41,294	5.868	13.0	7,727	18.7
1924,	40,531	5.859	13.5	7,344	21.3
1925,	41,740	6.109	12.3	6,897	16.8

CHART 2.—DEATHS UNDER 5 YEARS OF AGE PER 10,000 POPULATION FOR 47 YEARS.

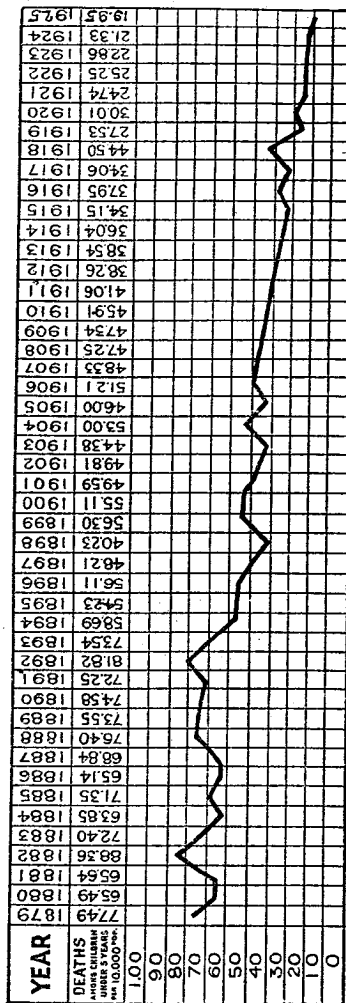


TABLE 4.—BIRTHS REPORTED, DEATHS UNDER ONE YEAR OF AGE AND DEATHS UNDER ONE YEAR PER 1,000 LIVING BIRTHS.

YEAR.	Births reported.	Deaths under 1 year of age.	Infant mortality rates.
1906,	42,677	7,773	182.1
1907,	44,051	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,	74,611	5,368	71.9
1924,	76,530	5,359	70.0
1925,	74,193	5,109	68.8

TABLE 5.—INFANT MORTALITY, DEATHS UNDER ONE MONTH, STILLBIRTHS AND MATERNAL MORTALITY PER THOUSAND LIVING BIRTHS—1925.

	Deaths Under One Year.	Deaths Under One Month.	Stillbirths.	Puerperal Deaths.
New Jersey,	68.8	35.1	40.5	6.2
Atlantic,	75.3	38.3	59.4	5.2
Bergen,	59.2	31.6	33.0	6.1
Burlington,	79.7	37.9	39.0	3.3
Camden,	82.5	35.6	41.4	7.7
Cape May,	64.2	34.1	32.1	...
Cumberland,	86.8	43.1	27.5	9.7
Essex,	65.3	34.6	40.2	6.8
Gloucester,	85.4	40.3	33.2	5.5
Hudson,	64.7	32.6	47.7	6.1
Hunterdon,	60.8	34.5	42.7	4.9
Mercer,	76.9	41.5	37.4	4.4
Middlesex,	77.8	36.9	37.4	4.0
Monmouth,	70.7	39.8	39.8	10.1
Morris,	64.5	38.1	34.4	5.9
Ocean,	89.3	55.3	36.1	8.5
Passaic,	65.4	33.4	38.5	5.7
Salem,	82.1	43.4	48.6	7.7
Somerset,	62.7	30.4	34.0	3.5
Sussex,	69.7	38.5	40.3	12.8
Union,	63.3	31.6	38.8	6.3
Warren,	68.1	37.3	42.8	4.3

TABLE 6.—INFANT MORTALITY, DEATHS UNDER ONE MONTH, STILLBIRTHS AND MATERNAL MORTALITY PER THOUSAND LIVING BIRTHS IN NEW JERSEY AND TEN LARGEST CITIES—1925.

	Deaths Under One Year.	Deaths Under One Month.	Stillbirths.	Puerperal Deaths.
New Jersey,	68.8	35.1	40.5	6.2
Newark,	70.4	35.4	43.4	7.5
Jersey City,	67.2	33.9	49.7	7.3
Paterson,	62.2	32.9	42.5	5.4
Trenton,	79.3	45.3	41.6	3.9
Camden,	86.6	35.8	47.1	7.5
Elizabeth,	56.7	26.4	34.7	6.6
Bayonne,	69.7	35.6	43.1	4.8
Hoboken,	57.4	26.8	48.4	2.9
Passaic,	71.6	32.0	36.5	5.9
Perth Amboy,	97.5	49.7	37.2	1.9

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—1925.

	Total Births.	Birthrates Per 1,000 Population.	Deaths Under One Year.	Infant Mortality Rates.
Atlantic County,	2084	22.9	157	75.3
Atlantic City,	1088	20.4	80	73.5
Hammonton,	187	26.0	12	64.1
Bergen County,	5566	22.0	334	59.2
Englewood,	255	20.2	13	50.9
Garfield,	741	30.1	47	63.4
Hackensack,	489	24.8	31	63.3
Ridgewood Village,	139	15.7	10	71.9
Rutherford Borough,	164	15.0	9	54.8
Burlington County,	1793	19.8	143	79.7
Burlington,	249	26.3	24	96.3
Camden County,	4747	21.7	392	82.5
Camden City,	2653	20.6	230	86.6
Gloucester City,	275	20.0	29	105.4
Cape May County,	498	25.5	32	64.2
Cumberland County,	1232	18.9	107	86.8
Bridgeton,	276	19.1	24	86.9
Millville,	286	17.9	24	83.9
Vineland,	147	19.1	11	74.8
Essex County,	15433	21.1	1008	65.3
Belleville Town,	519	27.4	34	65.5
Bloomfield,	509	19.6	24	47.1
East Orange,	980	16.3	53	54.0
Irvington,	733	22.0	41	55.9
Montclair,	649	19.7	39	60.0
Newark,	9854	21.7	694	70.4
Nutley,	310	27.3	22	70.9
Orange,	727	20.5	45	61.8
South Orange,	169	21.1	5	29.5
West Orange,	373	20.5	22	58.9

TABLE 7—Continued.

	Total Births.	Birthrates Per 1,000 Population.	Deaths Under One Year.	Infant Mortality Rates.
Gloucester County,	1264	23.2	108	85.4
Hudson County,	14230	20.8	922	64.7
Bayonne,	2135	24.0	149	69.7
Guttenberg,	135	18.4	7	51.8
Harrison,	365	22.2	31	84.9
Hoboken,	1341	19.6	77	57.4
Jersey City,	6797	21.5	457	67.2
Kearny,	608	19.4	37	60.8
Union City,	1026	16.1	55	70.5
Weehawken,	242	14.8	14	57.8
West New York,	810	20.6	45	55.5
Hunterdon County,	608	18.4	37	60.8
Mercer County,	3848	21.4	296	76.9
Princeton,	107	16.8	5	46.7
Trenton,	2759	20.8	219	79.3
Middlesex County,	4190	22.1	326	77.8
Cartersht,	308	21.9	24	77.9
New Brunswick,	753	19.8	56	74.3
Perth Amboy,	1046	22.1	102	97.5
South Amboy,	162	19.2	9	55.5
Monmouth County,	2277	20.5	161	70.7
Asbury Park,	265	19.3	17	64.1
Long Branch,	320	23.4	22	68.7
Red Bank,	197	19.1	9	45.6
Morris County,	1859	21.3	120	64.5
Dover,	225	20.2	13	57.7
Morristown,	303	24.1	20	66.0
Ocean County,	470	20.7	42	89.3
Passaic County,	5703	20.1	373	65.4
Clifton,	783	22.5	40	51.0
Passaic,	1340	19.4	96	71.6
Paterson,	2729	19.2	170	62.2
Salem County,	645	15.3	53	82.1
Salem City,	139	17.5	16	115.1
Somerset County,	1116	20.9	70	62.7
North Plainfield,	152	20.6	10	65.7
Somerville,	155	20.2	5	32.2
Sussex County,	545	21.8	38	69.7
Union County,	5175	22.1	328	63.3
Elizabeth,	2272	20.9	129	56.7
Plainfield,	650	20.4	46	70.7
Rahway,	284	23.6	16	56.3
Summit,	211	18.0	9	42.6
Westfield,	213	20.1	12	56.3
Warren County,	910	19.7	62	68.1
Phillipsburg,	399	21.4	27	67.6

Typhoid Fever.—The death rate from this disease for 1925 shows a slight increase over the rate for the previous year. For 1925 the rate is 0.31 per 10,000 population and for 1924, 0.26. This latter figure is the lowest rate ever obtained in New Jersey, and is considered very favorable indeed in view of the 0.67 rate for the United States registration area, which area now includes almost the entire population of the country. 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.

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.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Registration area of United States,	1.24	1.33	1.34	1.25	0.92	0.78	0.90	0.75	0.68	0.67
New Jersey,	0.65	0.66	0.64	0.52	0.29	0.31	0.44	0.38	0.26	0.31

TABLE 9.—DEATHS FROM TYPHOID FEVER IN URBAN AND RURAL DISTRICTS FOR 1925.

1925.	Estimated population.	Deaths from typhoid fever.	Rate per 10,000 population.
State,	3,506,427	111	0.31
Incorporated municipalities of 5,000 population and above,	2,626,514	72	0.27
Remainder of State,	879,913	39	0.44

CHART 3.—DEATHS FROM TYPHOID FEVER PER 10,000 POPULATION FOR 47 YEARS.

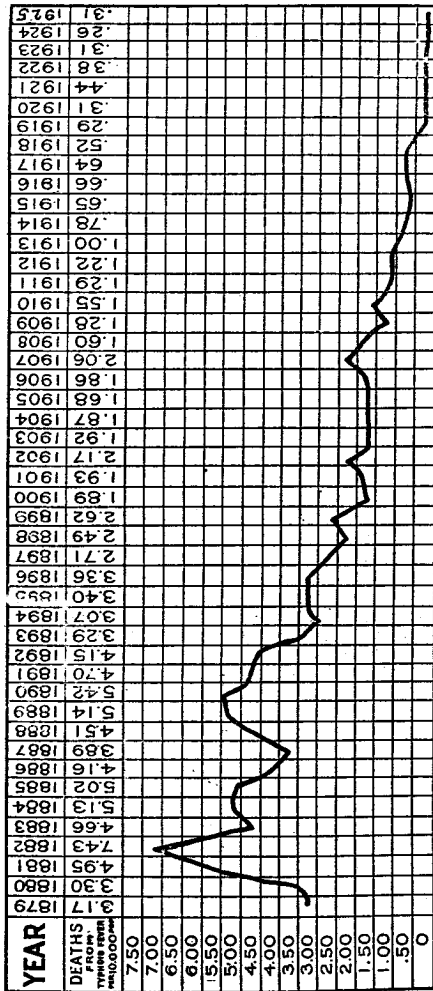


TABLE 10.—DEATHS FROM TYPHOID FEVER, BY COUNTIES, PER 10,000 POPULATION, FOR 10 YEARS.

COUNTIES.	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Atlantic County,	0.59	0.77	0.43	0.42	0.11	0.69	0.57	0.34	...	0.44
Bergen County,	0.63	0.72	0.27	0.16	0.18	0.40	0.17	0.13	0.28	0.23
Burlington County,	1.11	1.63	1.50	0.94	4.48	2.37	1.16	0.45	0.56	0.43
Camden County,	1.53	1.08	0.88	0.52	0.40	0.40	0.49	0.19	0.42	0.36
Cape May County,	1.26	0.41	0.79	...	0.51	...	...	...	0.51	...
Cumberland County,	1.04	1.02	1.88	0.51	0.32	1.02	0.31	0.31	0.31	1.07
Essex County,	0.43	0.37	0.30	0.20	0.15	0.17	0.21	0.22	0.26	0.13
Gloucester County,	1.47	0.73	0.95	0.47	0.20	0.80	0.58	0.95	0.37	0.91
Hudson County,	0.53	0.36	0.30	0.16	0.36	0.34	0.15	0.22	0.19	0.32
Hunterdon County,	0.30	0.91	0.61	...	0.30	0.30	0.30	...	0.91	0.60
Mercer County,	0.48	0.61	0.46	0.65	0.43	0.60	0.77	0.87	0.22	0.39
Middlesex County,	0.51	0.83	0.70	0.07	0.24	0.35	0.11	0.35	0.27	0.31
Monmouth County,	1.46	1.35	1.71	1.31	0.28	0.75	1.11	0.53	0.36	0.36
Morris County,	0.37	0.61	0.48	0.36	0.36	0.35	0.11	0.93	...	0.34
Ocean County,	0.90	0.48	...	0.44	0.45	0.89	...	...	0.44	...
Passaic County,	0.30	0.88	0.34	0.18	0.11	0.30	0.25	0.14	0.21	0.24
Salem County,	1.43	1.00	1.06	...	0.30	1.03	1.53	...	0.24	0.47
Somerset County,	0.47	1.86	0.89	...	0.41	1.01	...	...	0.95	0.24
Sussex County,	0.35	0.35	0.69	...	0.40	...	7.37	1.20	...	0.40
Union County,	0.42	0.47	0.52	0.17	0.44	0.14	0.46	0.31	0.21	0.34
Warren County, .....	...	...	0.42	0.41	...	0.44	...	...	...	...
The State,	0.66	0.64	0.52	0.29	0.31	0.44	0.38	0.31	0.26	0.31

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

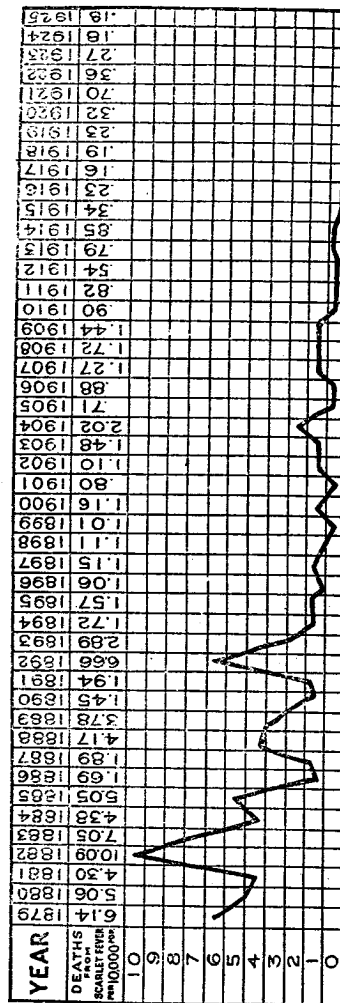
1879,	268	1891,	180	1903,	40	1915,	17
1880,	293	1892,	198	1904,	47	1916,	10
1881,	431	1893,	148	1905,	21	1917,	5
1882,	379	1894,	162	1906,	33	1918,	13
1883,	290	1895,	144	1907,	29	1919,	2
1884,	230	1896,	119	1908,	30	1920,	5
1885,	209	1897,	132	1909,	25	1921,	10
1886,	243	1898,	82	1910,	25	1922,	3
1887,	217	1899,	96	1911,	25	1923,	2
1888,	264	1900,	84	1912,	29	1924,	6
1889,	203	1901,	50	1913,	11	1925,	3
1890,	195	1902,	36	1914,	10		

Smallpox.—There were forty-eight deaths from smallpox in New Jersey during 1925. Two of these were residents of Atlantic County, one of Burlington, forty-three of Camden County, one of Gloucester and one of Salem County. Of the forty-three deaths in Camden County thirty-three occurred within the limits of the city of Camden.

Measles.—The number of deaths from this affection during 1925 was 119, while during the previous year 183 deaths were attributed to it. Deaths by age periods follow: Under one year, 33; one year, 44; two years, 15; three years, 11; four years, 3 five to nine, 7; ten to nineteen, 4; twenty to twenty-nine, 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.

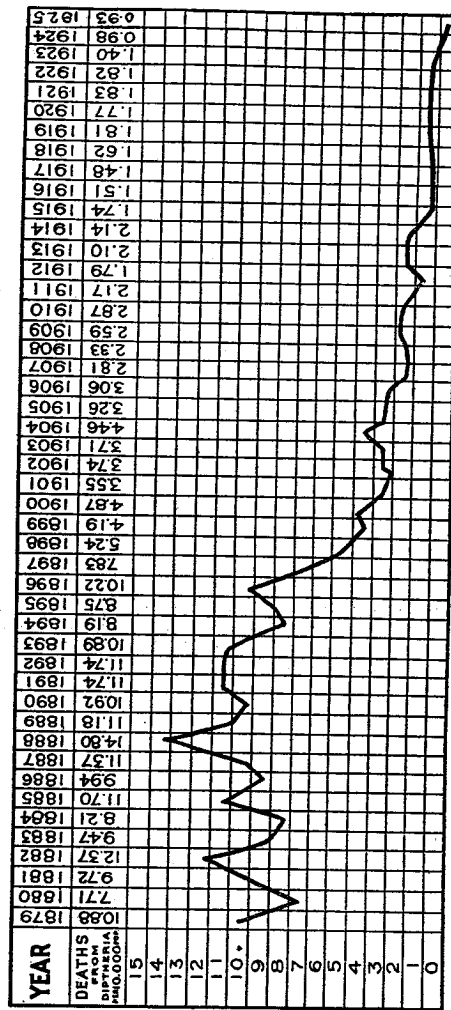
CHART 4.—DEATHS FROM SCARLET FEVER PER 10,000 POPULATION FOR 47 YEARS.



Whooping Cough.—This disease caused 245 deaths during 1925, for 1924 the figure was 267, and for 1923, 221.

Diphtheria.—During 1925, 327 persons died from diphtheria and laryngeal croup, which is equivalent to a rate of 0.93 per 10,000 population, which is the lowest recorded for New Jersey. The rate for the previous year was 0.98. Should the death rate from diphtheria continue to decrease, it will be a splendid tribute to health officials employing the Shick test and immunization when susceptibility is determined.

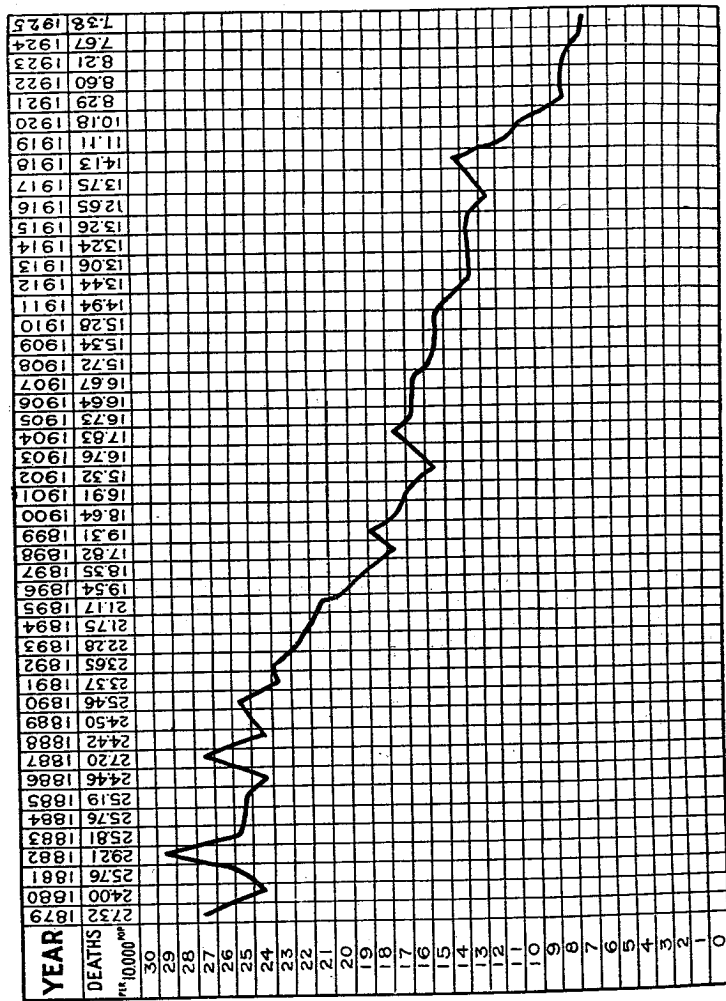
CHART 5.—DEATHS FROM DIPHTHERIA PER 10,000 POPULATION FOR 47 YEARS.



Tuberculosis.—The number of deaths from all forms of tuberculosis during 1925 was 2,907, and from tuberculosis of the lungs alone, 2,589, which is equal to rates per 10,000 population of 82.9 and 73.8. Attention is directed to the gradually declining rate from this disease shown in Chart 6, which covers a period of 47 years. The decrease is also demonstrated by counties in Table 11, as is the lowered 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 47 YEARS, COMPARED WITH RATES FOR 1925.

COUNTIES.	Average annual death-rate from all causes.	Death-rate from all causes, 1925.	Average annual death-rate from tuberculosis of lungs.	Death-rate from tuberculosis of lungs, 1925.
Atlantic County,	157.9	156.1	13.29	8.48
Bergen County,	133.8	111.9	12.95	6.70
Burlington County,	152.8	128.1	14.65	7.41
Camden County,	170.3	131.4	17.39	7.70
Cape May County,	138.9	180.3	10.78	7.19
Cumberland County,	105.1	131.3	15.85	6.01
Essex County,	161.1	117.0	19.11	7.78
Gloucester County,	144.6	133.8	13.69	6.25
Hudson County,	173.9	112.4	19.21	7.60
Hunterdon County,	141.8	147.4	12.63	4.86
Mercer County,	161.3	117.0	18.25	8.92
Middlesex County,	149.9	103.9	13.29	6.28
Monmouth County,	153.2	155.8	13.65	9.03
Morris County,	120.9	131.9	15.61	7.45
Ocean County,	153.5	104.2	15.54	6.41
Passaic County,	143.1	167.9	15.61	8.83
Salem County,	142.9	105.7	14.76	4.52
Somerset County,	138.6	122.5	12.04	5.64
Sussex County,	124.2	149.3	11.85	7.62
Union County,	132.5	107.9	13.23	7.68
Warren County,	142.3	124.9	11.82	5.20
The State,	156.0	119.0	16.30	7.38

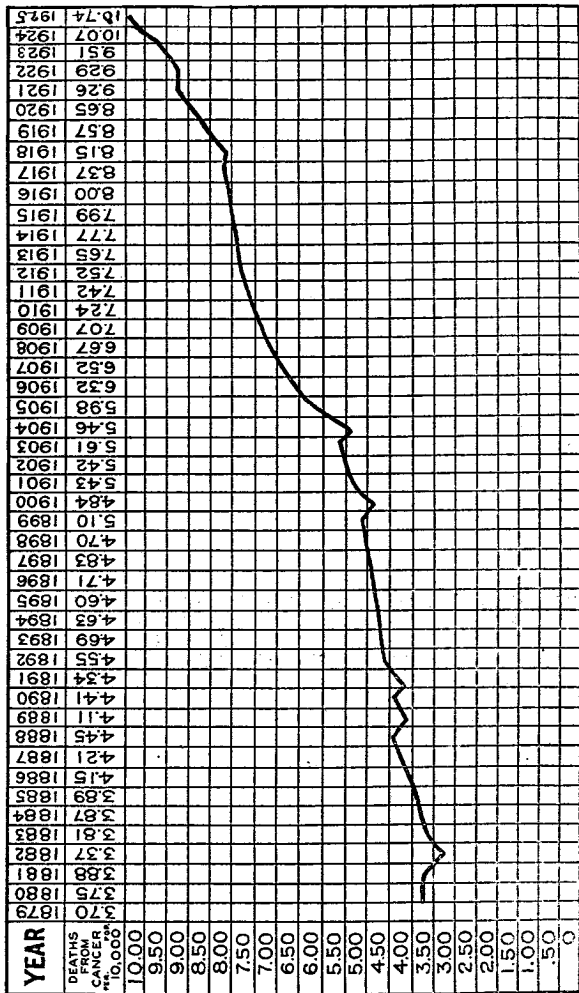


Cancer.—This disease has been steadily increasing during the 47 years of which there is record in New Jersey. A recent study of this affection by ages at death showed a slight decrease in deaths of persons less than fifty years old, with a decided increase above sixty. This study was of New Jersey deaths 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, 1925.

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.
Buccal Cavity, .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	136
Stomach, liver, .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1345
Peritoneum, intestines, rectum,	1	2	1	1	1	2	5	10	16	29	40	62	81	184	125	82	592	
Female genital organs, .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	547
Breast, .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	847
Skin, .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	61
Other organs or organs not specified,	3	6	3	..	8	4	13	11	32	44	49	71	91	202	142	89	719	
Total,	4	9	4	2	9	13	33	66	122	229	309	435	503	1099	706	208	17 8767	

CHART 7.—DEATHS FROM CANCER PER 10,000 POPULATION FOR 47 YEARS.



Encephalitis Lethargica or Sleeping Sickness.—Seventy-seven deaths are directly attributed to this affection during the year 1925. In 1922, which was the first year that the disease was separately classified, there were 45 deaths, while for 1924, 97 were recorded.

Bright's Disease.—For the first time in several years deaths from acute and chronic nephritis show a decrease instead of an annual increase of from one to two hundred deaths.

Suicide.—Deaths by this means decreased twenty-eight from the number for the previous year. Poisonous gases were responsible for the most deaths, with firearms and hanging or strangulation in second and third places. Below is listed the number of deaths by suicide for the past three years:

1923, 455; 1924, 420; 1925, 398.

TABLE 13.—DEATHS BY SUICIDE IN NEW JERSEY—1925.

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	4		1		3	4	1	4	2		17
Corrosive substances,			2	7	3	5	1	7	4	1	4	2		35
Poisonous gas,	1	6	10	5	9	10	14	9	15	28	7	1		115
Hanging or strangulation,	1	2	2	6	14	11	8	13	9	11	6	1		84
Drowning,				4	12	1	1	3	4	3	2	1		22
Firearms,	1	2	9	4	10	13	7	10	8	11	8	2		89
Cutting or piercing instruments,				1	1	2	3	3	4	3	1			19
Jumping from high places,	1	1	2		1	1	1	1	1	3				12
Crushing,				1	1	2	1	1						5
Others,														
Total,	1	6	22	29	31	46	38	48	41	41	63	27	5	398

Automobile Fatalities.—The continued increase in the number of motor vehicles in operation in New Jersey is not reflected in the death rate from automobile accidents. During the year 1925 there were 862 fatalities from the use of automobiles, an increase of 12 deaths over the previous year, which, it should be noted, showed an increase of 10 per cent over the year 1923. It should be here pointed out that the increase in the number of deaths for the year 1925 over the figure two years ago (1923) is entirely

among operators and occupants of such vehicles, and not among pedestrians killed by automobiles. In 1923, 505 pedestrians were killed; whereas, in 1925, a total of 515 pedestrian deaths must be charged to the automobile. Considering the tremendous increase in the number of automobiles operated in New Jersey, this slight actual increase in the number of pedestrians killed is an indication that there is also an increase in careful driving, due perhaps to better supervision of traffic. Four hundred and ninety-three resident pedestrians of New Jersey were killed by automobiles, and the following age table shows that 38 per cent were children under fifteen years of age.

RESIDENT PEDESTRIAN DEATHS FROM AUTOMOBILE ACCIDENTS BY AGE PERIODS—1925.

Under 1 Year	1	15 to 19 Years	17
1 Year	4	20 to 24 Years	12
2 Years	11	25 to 29 Years	14
3 Years	10	30 to 34 Years	10
4 Years	26	35 to 39 Years	25
5 Years	28	40 to 44 Years	28
6 Years	23	45 to 49 Years	26
7 Years	14	50 to 54 Years	37
8 Years	16	55 to 59 Years	20
9 Years	17	60 to 64 Years	36
10 Years	10	65 to 69 Years	33
11 Years	8	70 Years and over	47
12 Years	8		
13 Years	7	Total	493
14 Years	5		

TABLE 14.—PERCENTAGE OF DEATHS BY CAUSES TO TOTAL DEATHS AND BY SEX TO TOTAL, 1925.

Abridged International List Number.	CAUSE OF DEATH.	Percentage of total.	Percentage of total.	
			Males—	Females—
1	Typhoid fever, .....	.2	56.7	43.3
2	Typhus fever, .....	.....	.....	43.3
3	Malaria, .....	.....	100.0	.....
4	Smallpox, .....	.1	50.0	50.0
5	Measles, .....	.3	52.9	47.1
6	Scarlet fever, .....	.1	43.9	56.1
7	Whooping cough, .....	.6	33.8	46.2
8	Diphtheria and croup, .....	.8	51.4	48.6
9	Influenza,	1.0	52.1	47.9
10	Asiatic cholera, .....	.....	.....	.....
11	Cholera nostras, .....	.....	50.0	50.0
12	Other epidemic diseases, .....	.....	50.1	49.9
13	Tuberculosis of the lungs,	6.2	56.1	43.9
14	Tuberculous meningitis, .....	.5	51.2	48.8
15	Other forms of tuberculosis, .....	.5	46.5	53.5
16	Cancer and other malignant tumors,	9.0	42.8	57.4
17	Simple meningitis, .....	.3	50.3	59.7
18	Cerebral haemorrhage and softening,	8.6	47.4	52.6
19	Organic diseases of the heart,	18.0	52.2	47.8
21	Bronchitis, .....	.8	45.4	54.6
22	Pneumonia,	6.0	59.3	40.7
23	Other diseases of the respiratory system (tuberculosis excepted),	4.1	52.5	47.5
24	Diseases of the stomach (cancer excepted), .....	.9	55.9	44.1
25	Diarrhoea and enteritis (under 2 years),	2.2	57.6	42.4
26	Appendicitis and typhlitis,	1.2	50.5	49.5
27	Hernia, intestinal obstruction, .....	.6	54.4	45.6
28	Cirrhosis of the liver, .....	.8	53.7	46.3
29	Acute nephritis and Bright's disease,	8.4	48.3	51.7
30	Noncancerous tumors and other diseases of the female genital organs, .....	.5	.....	100.1
31	Puerperal septicemia (puerperal fever, peritonitis), .....	.4	.....	100.0
32	Other puerperal accidents of pregnancy and labor, .....	.7	.....	100.0
33	Congenital debility and malformations,	5.5	.....	42.2
34	Senility, .....	.5	36.1	63.9
36	Suicide,	1.0	73.4	26.6
35	Violent deaths (suicide excepted),	6.9	73.8	26.2
37	Other diseases,	12.8	52.2	47.8
38	Unknown or ill-defined diseases, .....	.2	57.1	42.9
	Total,	100.0	52.8	47.2

TABLE IV.—DEATHS IN NEW JERSEY ACCORDING TO THE ABBRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH BY SUBDIVISION OF DAYS, WEEKS AND MONTHS OF THE FIRST YEAR OF LIFE (STANDARDIZATION EXCEPTED), 1921.

Abridged Interna- tional List No.	CAUSE OF DEATH.	AGE UNDER 1 YEAR, IN COMPLETED DAYS, WEEKS AND MONTHS.														
		DAYS.			WEEKS.			MONTHS.								
		Under 1 year.	Under 1.	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	Typhus fever.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	Malaria.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	Smallpox.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5	Measles.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6	Scarlet fever.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7	Whooping cough.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8	Diphtheria and croup.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9	Influenza.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10	Asiatic cholera.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11	Cholera nostras.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12	Cholera infantum.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13	Tuberculous meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14	Other forms of tuberculous.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15	Cancer and other malignant tumors.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16	Simple meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17	Other forms of meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18	Other diseases of the brain.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19	Organic diseases of the heart.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
20	Pneumonia.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
21	Other diseases of the respiratory system (tuber- culous excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
22	Diarrhoea and enteritis (cancer excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
23	Appendicitis and "yphitis."	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
24	Hernia, intestinal obstruction.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
25	Acute nephritis and Bright's disease.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
26	Noncancerous tumors and other diseases of the male genital organs.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
27	Puerperal septicæmia (puerperal fever, peritonitis and other accidents of pregnancy and labor).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
28	Other puerperal accidents of pregnancy and labor.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
29	Congenital debility and malformations.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
30	Senility.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
31	Violent deaths (suicide excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
32	Other diseases.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
33	Unknown or ill-defined diseases.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	5109	1039	230	230	375	1003	813	225	100	2007	413	313	764	560	400

TABLE IX.—DEATHS UNDER ONE YEAR OF AGE IN NEW JERSEY BY MONTHS AND CAUSES OF DEATH, 1921.

Abridged Interna- tional List No.	CAUSE OF DEATH.	MONTH OF DEATH.														
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.			
1	Typhoid fever.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2	Typhus fever.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3	Malaria.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4	Smallpox.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5	Measles.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6	Scarlet fever.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
7	Whooping cough.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
8	Diphtheria and croup.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9	Influenza.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
10	Asiatic cholera.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
11	Cholera nostras.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
12	Cholera infantum.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
13	Tuberculous meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
14	Other forms of tuberculous.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
15	Cancer and other malignant tumors.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
16	Simple meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
17	Other forms of meningitis.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
18	Other diseases of the brain.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
19	Organic diseases of the heart.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
20	Pneumonia.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
21	Other diseases of the respiratory system (tuber- culous excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
22	Diarrhoea and enteritis (cancer excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
23	Appendicitis and "yphitis."	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
24	Hernia, intestinal obstruction.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
25	Acute nephritis and Bright's disease.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
26	Noncancerous tumors and other diseases of the male genital organs.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
27	Puerperal septicæmia (puerperal fever, peritonitis and other accidents of pregnancy and labor).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
28	Other puerperal accidents of pregnancy and labor.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
29	Congenital debility and malformations.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
30	Senility.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
31	Violent deaths (suicide excepted).	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
32	Other diseases.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
33	Unknown or ill-defined diseases.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total.	5109	523	464	437	421	428	422	342	411	464	421	350	406	350	406

TABLE 19—BIRTHS, MARRIAGES AND DEATHS UNDER ONE YEAR OF AGE BY COUNTIES, CITIES, BOROUGHS AND TOWNSHIPS—1925.

ATLANTIC COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Absecon City,	36	7	27	1
Atlantic City,	1088	630	887	80
Buena Vista Township,	39	35	11	1
Corbin City,	4	...	3	1
E. Atlantic City, .....	...	...	...	...
Egg Harbor City,	61	38	38	3
Egg Harbor Township,	46	4	24	6
Estelle Manor City,	4	...	1	...
Folsom Borough,	7	...	3	1
Galloway Township,	43	6	23	6
Hamilton Township,	68	12	35	6
Hammoncton Town,	187	66	74	12
Linwood Borough,	14	6	13	1
Longport Borough,	4	...	1	...
Margate City,	16	4	16	1
Mullica Township,	20	3	17	1
Northfield City,	33	7	18	1
Pleasantville City,	212	93	127	27
Pt. Republic City,	2	3	4	...
Somers Point City,	34	9	19	3
Ventnor City,	85	39	48	4
Weymouth Township,	15	...	9	...
Total,	2084	979	1417	157

BERGEN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Allendale Borough,	17	6	24	6
Alpine Borough,	2	1	9	1
Bergenfield Borough,	113	32	56	9
Bogota Borough,	106	30	71	7
Carlstadt Borough,	114	42	36	7
Cliffside Park Borough,	175	68	85	5
Closter Borough,	26	9	28	3
Cresskill Borough,	30	12	13	...
Demarest Borough,	10	3	9	...
Dumont Borough,	76	21	46	5
East Rutherford Borough,	134	62	58	14
East Paterson Borough,	92	21	28	8
Edgewater Borough,	58	38	50	5
Emerson Borough,	32	6	11	...
Englewood City,	255	116	153	13
Englewood Cliffs Borough,	12	2	7	2
Fair Lawn Borough,	57	16	35	3
Fairview Borough,	156	69	50	3
Fort Lee Borough,	174	73	102	13
Franklin Township,	38	7	19	1
Franklin Lakes Borough,	16	...	16	...
Garfield Borough,	741	124	194	47
Glen Rock Borough,	32	8	31	3
Hackensack City,	489	202	235	31
Harrington Park Borough,	12	14	2	...
Hasbrouck Heights Borough,	38	24	48	3
Haworth Borough,	12	2	9	...
Hilldale Borough,	31	10	36	2
Hoboken Borough,	4	...	2	...
Hoboken Township,	54	9	34	5
Leonia Borough,	51	21	37	5
Little Ferry Borough,	77	21	30	7
Lodi Borough,	269	91	72	6
Lodi Township,	26	...	17	7
Lynhurst Township,	291	79	122	10
Maywood Borough,	37	13	25	1
Midland Township,	15	9	9	...
Midland Park Borough,	68	44	34	7
Montvale Borough,	16	3	18	1
Moonachie Borough,	21	7	9	1
New Milford Borough,	35	16	20	3
North Arlington Borough,	98	16	32	6
Northvale Borough,	17	8	17	4
Norwood Borough,	17	5	15	2
Oakland Borough,	13	4	8	...
Old Tappan Borough,	8	1	5	1

BERGEN COUNTY—Continued.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Ordell Borough,	31	10	16	1
Rivarside Park Borough,	82	33	51	2
Paramus Borough,	30	3	16	3
Park Ridge Borough,	33	17	15	...
Ramsey Borough,	45	19	30	...
Ridgefield Borough,	1	...	62	2
Ridgefield Park Borough,	144	62	86	6
Ridgewood Village,	139	74	111	10
Riverside Borough,	25	8	11	6
Riverside Township,	7	1	6	1
Rockleigh Borough, .....	...	...	...	...
Rutherford Borough,	164	77	141	9
Saddle River Borough,	6	1	1	1
Saddle River Township,	53	15	26	2
Teaneck Township,	160	38	73	6
Tenafly Borough,	71	28	46	3
Teterboro Borough, .....	...	...	...	...
Upper Saddle River Borough,	3	...	...	...
Waldwick Borough,	37	9	16	2
Washington Borough,	212	5	57	11
Washington Township,	2	1	5	2
Westwood Borough,	52	43	30	3
Woodcliff Lake Borough,	12	1	9	1
Woodridge Borough,	54	7	35	4
Total,	5366	1844	2820	334

BURLINGTON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bass River Township,	12	4	10	1
Beverly City,	44	21	27	2
Beverly Township,	36	16	26	4
Bordentown City,	72	31	70	11
Bordentown Township,	13	1	12	2
Burlington City,	249	74	178	24
Burlington Township,	38	1	11	1
Chester Township,	82	18	27	2
Chesterfield Township,	18	4	12	1
Cinnaminson Township,	41	10	16	4
Delran Township,	42	1	23	3
Easthampton Township,	16	...	6	...
Edgewater Park Township,	34	4	11	4
Evesham Township,	34	5	23	5
Fieldsboro Borough,	9	2	8	...
Florence Township,	183	43	79	13
Hainesport Township,	20	4	8	1
Lumberton Township,	18	5	12	...
Mansfield Township,	30	3	21	3
Medford Township,	39	12	31	2
Moorestown Township,	132	38	91	8
Mount Laurel Township,	45	5	25	6
New Hanover Township,	17	3	8	...
Northampton Township,	138	59	126	10
North Hanover Township,	8	4	8	...
Palmyra Borough,	85	32	70	8
Pemberton Borough,	7	13	14	...
Pemberton Township,	22	7	30	5
Riverside Township,	161	34	69	10
Riverton Borough,	30	15	39	4
Shamong Township,	10	...	5	...
Southampton Township,	36	3	24	4
Springfield Township,	30	8	24	4
Tabernacle Township,	10	4	5	...
Washington Township,	10	...	1	...
Westhampton Township,	6	1	4	...
Willingboro Township,	11	...	7	1
Woodland Township,	6	2	2	...
Wrightstown Borough,	4	1	5	1
Total,	1793	488	1158	143

CAMDEN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Audubon Borough,	123	28	84	8
Barrington Borough,	48	7	21	4
Berlin Township,	78	44	45	5
Brooklawn Borough,	36	6	11	1
Camden City,	2633	924	1629	230
Centre Township,	104	22	54	9
Chesilhurst Borough,	10	1	5	0
Clematon Borough,	29	4	12	1
Clementon Township,	114	9	4	1
Collingswood Borough,	69	129	55	9
Delaware Township,	92	2	28	6
Gibbsboro Borough,	15	5	12	1
Gloucester City,	275	94	161	29
Gloucester Township,	97	15	60	28
Haddonfield Borough,	100	30	47	6
Haddon Heights Borough,	30	45	42	3
Haddon Township,	104	17	58	7
Laurel Springs Borough,	18	13	18	1
Magnolia Borough,	46	7	33	8
Merchantville Borough,	89	32	53	3
Oaklyn Borough,	35	8	20	5
Pensauken Township,	222	28	108	17
Stratford Borough,	7	6	7	...
Tavistock Borough, .....	...	...	...	...
Voorhees Township,	24	3	16	2
Waterford Township,	33	11	28	5
Winslow Township,	135	7	82	13
Wood Lyna Borough,	51	11	26	4
Total,	4747	1454	2866	392

CAPE MAY COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Avalon Borough,	5	4	...	...
Cape May City,	33	23	43	3
Cape May Point Borough,	2	2	1	...
Dennis Township,	35	7	32	7
Lower Township,	19	4	18	3
Middle Township,	56	24	54	3
North Wildwood City,	74	3	17	2
Ocean City,	97	53	49	1
Sea Isle City,	15	10	10	2
South Cape May Borough, .....	...	...	...	...
Stone Harbor Borough,	9	3	10	...
Upper Township,	20	18	27	1
West Cape May Borough,	13	10	10	...
West Wildwood Borough, .....	...	2	...	...
Wildwood City,	80	57	57	8
Wildwood Crest Borough,	9	1	7	...
Woodbine Borough,	25	6	12	2
Total,	498	215	351	32

CUMBERLAND COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bridgeton City,	276	131	221	24
Commercial Township,	14	14	27	4
Deerfield Township,	45	12	16	3
Downe Township,	30	7	20	7
Fairfield Township,	24	12	25	1
Greenwich Township,	19	5	15	1
Hopewell Township,	39	9	32	3
Lands Township,	292	60	146	18
Lawrence Township,	26	6	3	3
Maurice River Township,	37	4	27	1
Millville City,	286	93	182	24
Stow Creek Township,	20	1	10	2
Upper Deerfield Township,	37	5	18	5
Vineland Borough,	147	71	81	11
Total,	1232	430	852	107

ESSEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Belleville Town,	510	123	229	34
Bloomfield Town,	509	205	274	24
Caldwell Borough,	73	29	69	4
Caldwell Township,	15	1	8	1
Cedar Grove Township,	25	4	10	2
East Orange City,	980	323	636	53
Essex Falls Borough,	8	4	4	...
Glen Ridge Borough,	62	31	45	4
Irvington Town,	733	206	360	41
Livingston Township,	38	8	20	2
Maplewood Township,	191	45	89	9
Millburn Township,	30	30	30	1
Montclair Town,	949	262	404	39
Newark City,	9854	4477	5401	694
North Caldwell Borough,	10	3	17	2
Nutley Town,	310	74	151	22
Orange City,	727	308	436	45
Roseland Borough,	13	4	7	...
South Orange Village,	169	68	102	5
Verona Borough,	70	29	42	3
West Caldwell Borough,	17	3	24	1
West Orange Town,	373	100	190	22
Total,	15483	6328	8557	1008

GLOUCESTER COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Clyton Borough,	48	15	32	3
Deptford Township,	49	7	38	7
East Greenwich Township,	31	9	23	3
Elk Township,	26	5	14	2
Franklin Township,	76	13	29	8
Glassboro Township,	84	28	49	9
Greenwich Township,	72	10	15	4
Harrison Township,	38	10	19	1
Logan Township,	25	3	22	3
Mantua Township,	37	8	30	2
Monroe Township,	50	15	48	10
National Park Borough,	36	3	19	4
Newfield Borough,	16	5	10	2
Paulsboro Borough,	151	33	60	17
Pitman Borough,	56	19	55	7
South Harrison Township,	6	2	7	1
Swedesboro Borough,	39	16	29	4
Washington Township,	34	4	27	4
Wenonah Borough,	9	9	17	...
West Deptford Township,	57	7	37	7
Westville Borough,	56	18	24	1
Woodbury City,	133	47	111	13
Woodbury Heights Borough,	11	8	3	...
Woodwich Township,	26	1	10	2
Total,	1264	295	728	108

HUDSON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bayonne City,	2135	698	895	149
East Newark Borough,	69	14	41	9
Guttenberg Town,	135	23	66	7
Harrison Town,	365	142	204	31
Hoboken City,	1341	1030	541	77
Jersey City,	6797	2605	3914	437
Kearny Town,	608	193	297	37
North Bergen Township,	607	184	303	51
Secaucus Borough,	95	36	62	10
Union City,	1026	665	629	85
Weehawken Township,	242	107	166	14
West New York Town,	810	437	333	45
Total,	14230	6050	7663	922

HUNTERDON COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alexandria Township,	17	1	13	1
Bethlehem Township,	11	...	7	1
Bloomsbury Borough,	8	...	7	...
Calton Borough,	12	8	...	...
Clinton Town,	6	8	13	1
Clinton Township,	6	...	...	...
Delaware Township,	35	12	27	2
East Amwell Township,	24	6	29	1
Flemington Borough,	11	2	11	2
Franklin Township,	43	31	18	1
Frenchtown Borough,	23	4	5	1
Glen Gardner Borough,	23	10	26	2
Hampton Borough,	13	1	9	...
High Bridge Borough,	18	12	14	3
Holland Township,	38	6	15	...
Kingwood Township,	32	6	8	2
Lambertville City,	23	2	17	...
Lebanon Township,	112	27	83	11
Milford Borough,	21	1	18	1
Raritan Township,	27	8	16	3
Raridngton Township,	27	1	24	1
Stockton Borough,	44	15	34	2
Tewksbury Township,	13	5	5	2
Union Township,	18	7	22	...
West Amwell Township,	18	2	15	1
.....	11	...	9	...
Total,	608	182	485	37

MERCER COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
East Windsor Township,	12	...	8	1
Ewing Township,	135	17	73	13
Hamilton Township,	477	96	201	38
Hightstown Borough,	55	...	43	...
Hopewell Borough,	31	21	23	...
Hopewell Township,	58	5	48	9
Lawrence Township,	116	15	44	2
Pennington Borough,	21	9	17	...
Princeton Borough,	107	56	59	5
Princeton Township,	35	...	34	7
Trenton City,	2750	902	1524	210
Washington Township,	25	1	14	...
West Windsor Township,	17	3	10	2
Total,	3848	1156	2098	296

MIDDLESEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Carteret Borough,	308	66	115	24
Cranbury Township,	22	9	1	...
Dunellen Borough,	75	36	50	3
East Brunswick Township,	332	11	9	2
Helmetta Borough,	12	...	...	...
Highland Park Borough,	148	37	51	3
Jamesburg Borough,	34	16	31	1
Madison Township,	35	6	22	4
Metuchen Borough,	67	43	47	3
Middlesex Borough,	47	10	26	6
Milltown Borough,	59	28	30	2
Monroe Township,	29	6	22	2
New Brunswick City,	753	318	400	56
North Brunswick Township,	38	3	22	4
Perth Amboy City,	1046	363	482	102
Piscataway Township,	194	28	77	17
Plainsboro Township,	9	6	8	1
Raritan Township,	158	15	71	10
Saxtonville Borough,	189	45	76	11
South Amboy City,	162	80	78	9
South Brunswick Township,	40	15	36	5
South River Borough,	28	48	18	...
Spotswood Borough,	15	4	8	...
Woodbridge Township,	455	67	186	40
Total,	4196	1264	1969	328

MONMOUTH COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Allenhurst Borough,	7	6	6	...
Allentown Borough,	9	25	11	...
Asbury Park City,	265	187	186	17
Atlantic Township,	18	4	13	1
Atlantic Highlands Borough,	34	18	43	4
Avon Borough,	28	5	13	...
Belmar Borough,	34	...	40	6
Bradler Beach Borough,	66	15	28	2
Brielle Borough,	7	1	3	...
Deal Borough,	15	10	10	1
Dealtown Township,	35	5	31	3
Englishtown Borough,	5	9	17	1
Fair Haven Borough,	31	2	22	...
Farmingdale Borough,	10	4	18	3
Freehold Borough,	97	48	88	10
Freehold Township,	24	13	22	...
Highlands Borough,	35	3	19	...
Holmdel Township,	34	22	29	8
Howell Township,	14	5	17	...
Interlaken Borough,	5	...	2	...
Keansburg Borough,	36	17	32	2
Keaport Borough,	51	74	58	4
Little Silver Borough,	4	15	3	10
Long Branch City,	249	161	249	22
Manasquan Township,	17	3	14	2
Manasquan Borough,	39	28	27	...
Marlboro Township,	12	4	15	...
Matawan Borough,	50	14	38	6
Matawan Township,	38	13	28	1
Midletown Township,	106	37	109	9
Millstone Township,	26	5	22	3
Monmouth Beach Borough,	4	3	5	...
Neptune Township,	188	85	141	10
Neptune City Borough,	49	7	13	5
Ocean Township,	33	10	19	1
Oceanport Borough,	14	4	11	...
Raritan Township,	44	5	23	4
Red Bank Borough,	197	113	133	9
Rumson Borough,	48	23	28	2
Sea Bright Borough,	10	6	14	...
Sea Girt Borough,	4	5	4	...
Shrewsbury Township,	19	10	21	...
South Belmar Borough,	14	...	4	1
Spring Lake Borough,	35	11	19	...
Union Beach Borough,	7	...	2	...
Upper Freehold Townsh,	39	5	17	7
Wall Township,	66	26	48	6
West Long Branch Borough,	16	4	11	3
Total,	2277	1091	1725	161

MORRIS COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Boonton Town,	142	60	57	6
Boonton Township,	9	1	2	...
Butler Borough,	75	25	51	3
Chatham Borough,	49	23	40	1
Chatham Township,	11	1	10	2
Chester Township,	22	2	18	3
Denville Township,	30	6	27	3
Dover Town,	225	6	117	13
Flerham Park Borough,	6	2	12	1
Hanover Township,	123	22	74	6
Harding Township,	4	4	8	1
Jefferson Township,	82	6	13	4
Kinnelon Borough,	4	...	5	...
Lincoln Park Borough,	29	7	11	...
Madison Borough,	154	60	102	11
Mendham Borough,	23	9	19	1
Mendham Township,	9	3	15	1
Mine Hill Township,	20	2	8	1
Montville Township,	47	11	31	...
Morristown Town,	308	123	217	20

MORRIS COUNTY—Continued.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Morris Township,	40	14	44	3
Mount Arlington Borough,	13	3	5	1
Mount Olive Township,	18	5	8	1
Mountain Lakes Borough,	29	8	19	3
Netcong Borough,	59	13	33	1
Passaic Township,	37	12	28	3
Pequanock Township,	16	8	20	2
Randolph Township,	24	3	13	3
Riverdale Borough,	17	7	12	2
Rockaway Borough,	61	30	24	5
Rockaway Township,	31	9	25	5
Roxbury Township,	97	15	48	7
Washington Township,	13	6	20	7
Wharton Borough,	78	19	35	7
Total,	1859	609	1151	129

OCEAN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Barnegat City Borough,	1	..	..	..
Bay Head Borough,	12	..	1	..
Beach Haven Borough,	10	6	6	1
Beachwood Borough,	4	..	..	..
Berkeley Township,	11	..	3	..
Brick Township,	22	5	16	2
Dover Township,	54	32	51	6
Eagleswood Township,	2	7	8	1
Harvey Cedars Borough, .....	..	..	..	..
Island Heights Borough,	8	..	2	..
Jackson Township,	31	6	12	1
Lacey Township,	10	2	16	2
Lakewood Borough,	16	3	7	..
Lakewood Township,	122	78	102	14
Lavalette Borough, .....	..	..	..	..
Little Egg Harbor Township,	9	1	5	1
Long Beach Township,	5	1	1	..
Manchester Township,	9	..	5	1
Mantoloking Borough,	1	..	..	..
Ocean Township,	3	4	8	..
Ocean Gate Borough,	3	..	2	..
Pine Beach Borough, .....	..	..	3	..
Plumstead Township,	20	8	16	..
Point Pleasant Borough,	35	12	19	4
Point Pleasant Beach Borough,	20	10	12	2
Sea Side Heights Borough,	3	1	4	1
Seaside Park Borough,	7	5	3	..
Ship-Bottom-Beach, Arlington Borough, .....	..	..	..	..
Stafford Township,	8	2	22	1
Surf City Borough, .....	..	..	..	..
Tuckerton Borough,	20	8	23	1
Union Township,	17	8	16	..
Total,	470	209	380	42

PASSAIC COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bloomington Borough,	50	17	25	6
Clifton City,	783	153	314	40
Haledon Borough,	64	35	45	3
Hawthorne Borough,	171	78	102	8
Little Falls Township,	82	32	65	10
North Haledon Borough,	31	4	6	2
Passaic City,	1240	694	622	96
Paterson City,	2729	1255	1542	170
Pompton Lakes Borough,	61	30	22	4
Prospect Park Borough,	85	33	31	2
Ringwood Borough,	390	30	15	3
Totowa Borough,	44	7	26	4
Wanaque Borough,	81	24	46	9
Wayne Township,	61	17	44	7
West Milford Township,	35	6	20	3
West Paterson Borough,	47	19	21	2
Total,	5703	2403	2987	373

SALEM COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alloway Township,	32	8	17	..
Elmer Borough,	23	14	21	..
Elmhurst Borough,	5	..	5	..
Lower Alloways Creek Township,	13	5	14	1
Lower Penns Neck Township,	54	5	29	3
Mannington Township,	35	3	14	1
Oldmans Township,	26	6	18	3
Penns Grove Borough,	120	39	79	13
Pilesgrove Township,	29	7	24	6
Pittsgrove Township,	28	7	17	2
Quinton Township,	23	3	13	1
Salem City,	139	55	131	16
Upper Penns Neck Township,	67	6	19	5
Upper Pittsgrove Township,	13	6	13	1
Woodstown Borough,	33	15	31	1
Total,	645	179	444	53

SOMERSET COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Bedminster Township,	21	11	15	1
Bernards Township,	35	21	21	1
Bernardsville Borough,	50	27	37	3
Bound Brook Borough,	182	77	61	6
Branchburg Borough,	21	..	15	1
Bridgewater Township,	41	..	46	5
Far Hills Borough,	5	3	3	..
Franklin Township,	85	15	44	7
Hillsborough Township,	171	29	80	16
Millstone Borough, .....	..	5	4	1
Montgomery Township,	19	7	21	2
North Plainfield Borough,	152	43	96	10
North Plainfield Township,	12	16	9	..
Peapack-Gladstone Borough,	17	6	16	2
Raritan Borough,	67	32	38	7
Rocky Hill Borough,	9	2	5	..
Somerville Borough,	155	52	115	5
South Bound Brook Borough,	34	5	13	1
Warren Township,	20	6	11	1
Total,	1116	361	652	70

WARREN COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Alpha Borough,	74	12	29	12
Allamuchy Township,	13	1	9	...
Belvidere Town,	24	8	19	...
Blairstown Township,	31	2	19	3
Franklin Township,	38	2	14	1
Frelinghuysen Township,	8	2	10	...
Greenwich Township,	14	9	12	1
Hackettstown Town,	50	16	43	3
Hardwick Township,	7	1	5	...
Harmony Township,	24	2	18	2
Hope Township,	16	1	14	...
Independence Township,	19	4	19	2
Knowlton Township,	10	6	16	1
Lopatcong Township,	22	1	7	...
Mansfield Township,	20	9	11	1
Oxford Township,	23	9	22	4
Pahaquarry Township,	1	1	2	...
Phillipsburg Town,	399	114	193	27
Pohatcong Township,	28	2	12	1
Washington Borough,	42	30	65	2
Washington Township,	18	1	15	...
White Township,	31	4	17	...
Total,	910	237	576	62
State Total,	74,193	27,672	41,749	5,109

SUSSEX COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Andover Borough,	10	5	9	1
Andover Township,	9	...	5	...
Branchville Borough,	9	7	16	...
Bryam Township,	3	1	5	...
Frankford Township,	20	2	11	1
Franklin Borough,	104	15	50	14
Fredon Township,	4	2	6	...
Green Township,	11	1	5	1
Hamburg Borough,	33	23	16	1
Hampton Township,	17	10	5	2
Hardyston Township,	13	1	15	2
Hopatcong Borough,	11	1	2	...
Lafayette Township,	17	3	6	...
Montague Township,	8	...	4	...
Newton Township,	54	43	31	4
Ogdensburg Borough,	30	1	12	...
Sandyston Township,	10	5	5	1
Sparta Township,	21	14	12	...
Stanhope Borough,	14	15	9	1
Stillwater Township,	9	2	13	...
Sussex Borough,	32	25	24	2
Vernon Township,	28	10	22	1
Walpack Township,	2	...	2	...
Wantage Township,	46	9	37	7
Total,	545	195	372	38

UNION COUNTY.

NAME OF PLACE.	Births.	Marriages.	Deaths.	Deaths under one year.
Clark Township,	24	4	9	2
Cranford Township,	142	44	85	9
Elizabeth City,	2272	859	1111	129
Fanwood Borough,	14	3	16	...
Garwood Borough,	70	8	23	2
Hillside Township,	221	41	78	17
Kenilworth Borough,	49	11	15	6
Linden City,	373	52	136	31
Mountainside Borough,	20	...	8	2
New Providence Borough,	30	13	17	3
New Providence Township,	19	...	10	3
Plainfield City,	650	232	351	46
Rahway City,	284	106	155	16
Roselle Borough,	181	67	73	11
Roselle Park Borough,	140	36	64	11
Scotch Plains Township,	52	22	35	4
Springfield Township,	48	15	22	6
Summit City,	211	78	113	9
Union Township,	162	28	76	9
Westfield Town,	213	88	126	12
Total,	5175	1703	2528	328

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

Table with 16 columns (County/Municipality) and 168 rows (Disease categories). Columns include: County, Town of Union, West Hoboken, West New York, Hunterdon County, Mercer County, Princeton, Trenton, Middlesex County, New Brunswick, Perth Amboy, Carteret, South Amboy, Monmouth County.

CAUSE OF DEATH, DETAILED INTERNATIONAL LIST. (COUNTY FIGURES INCLUDE DISTRICTS 1925—Continued.)

Table with 16 columns (County/Municipality) and 168 rows (Disease categories). Columns include: Ashbury Park, Long Branch, Red Bank, Morris County, Dover, Morristown, Ocean County, Passaic County, Clifton, Passaic City, Paterson, Salem County, Salem City, Somerset County, North Plainfield, Somerville, Sussex County, Union County, Elizabeth, Plainfield, Rahway, Summit, Westfield, Warren County, Phillipsburg.

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

	State Total.	Atlantic County.	Atlantic City.	Hammonton.	Hergen County.	Englewood.	Carfield.	Pineknack.	Idgewood.	Suberford.	Burlington County.	Burlington City.	Camden County.
Diseases of the pharynx and tonsils, . . .	127	4	4	11			2	1	2	5	1	8	
Diseases of the esophagus, . . .	110	8	2	12									
Cancer of the stomach and duodenum, . . .	239	11	7	1	13		4		1	6		15	
Other diseases of the stomach (cancer ex-													
cepted), . . .	148	8	5	1	6								
Diarrhea and enteritis (under 2 years of													
age), . . .	113	941	26	12	4	59	3	14	6		1	29	86
Diarrhea and enteritis (2 years and over), . . .	114	265	10	8		17	1		1		10	1	1
Ancylostomiasis, . . .	115	1	1	1									
Diseases due to other intestinal parasites, . . .	116	1	1										
Appendicitis and typhlitis, . . .	117	517	9	6	2	34	2	7	2	2	6	10	5
Hernia, intestinal obstruction, . . .	118	259	10	5	1	23		1	1	1	2	6	1
Other diseases of the intestines, . . .	119	120	6	5		7	1	1	1		1	1	16
Acute yellow atrophy of the liver, . . .	120	9											1
Hydatid tumor of the liver, . . .	121												1
Cirrhosis of the liver, . . .	122												1
Biliary calculi, . . .	123	270	11	5	1	17		1			11		13
Other diseases of the liver, . . .	124	149	3	3		12		3		4			4
Diseases of the pancreas, . . .	125	113	2	1		7							11
Peritonitis without specified cause, . . .	126	34	4	1	1	1		1		1	1	1	1
Other diseases of the digestive system													
(cancer and tuberculosis excepted), . . .	127	26	4	3		4	1	1		1	1	1	1
Acute nephritis (including unspecified un-													
der 10 years of age), . . .	128	270	16	13		17	4	1			3		21
Chronic nephritis (including unspecified													
10 years and over), . . .	129	3241	129	93	3	226	15	9	18	13	14	110	15
Chyluria, . . .	130												291
Other diseases of the kidneys and an-													
nexa, . . .	131	70	6	5		8			1	2			3
Calculi of the urinary passages, . . .	132	32	1			3			1	4	1	4	
Diseases of the bladder, . . .	133	32	2	1		2							3
Diseases of the urethra, urinary abscess,													
etc., . . .	134	11	1										1
Diseases of the prostate, . . .	135	126	5	2	1	9	1	1	1	1	1	1	13
Nonvenereal diseases of the male genital													
organs, . . .	136	9	1	1		2	1						1
Cysts and other benign tumors of the													
ovary, . . .	137	19				3	1						1
Salpingitis and pelvic abscess (female), . . .	138	55	7	6		2	2						8
Benign tumors of the uterus, . . .	139	89	10	8		8	1				2	2	4
Nonpuerperal uterine hemorrhage, . . .	140	1											
Other diseases of the female genital or-													
gans, . . .	141	27	1	1							1	1	1
Nonpuerperal diseases of the breast (can-													
cer excepted), . . .	142												
Accidents of pregnancy, . . .	143	45	1	1		4							3
Puerperal hemorrhage, . . .	144	55				1	1						2
Other accidents of labor, . . .	145	68	2	2		9	1	1	1	2			16
Puerperal septicaemia, . . .	146	172	4	3		9	1	1	1	1	2		16
Puerperal phlegmasia alba dolens, embol-													
us, sudden death, . . .	147	32				6	1		1				6
Puerperal albuminuria and convulsions, . . .	148	109	4	3	1	5	1	1	1	2			8
Following child-birth (not otherwise de-													
fin'd), . . .	149												
Puerperal diseases of the breast, . . .	150	2											
Gangrene, . . .	151	38	1	1		2				1			2
Furuncle, . . .	152	30	2	2		3				1			2
Acute abscess, . . .	153	49	3	2		3	1	1	1				2
Other diseases of the skin and annexa, . . .	154	27	2			1							
Diseases of the bones (tuberculosis ex-													
cepted), . . .	155	49	1	1		1	1			2			4
Diseases of the joints (tuberculosis and													
rheumatism excepted), . . .	156	6											1
Amputations, . . .	157												1

CAUSE OF DEATH, DETAILED INTERNATIONAL LIST. (COUNTY FIGURES INCLUDE DISTRICTS 1925—Continued.)

	Camden City.	Gloucester City.	Cape May County.	Cumberland County.	Bridgeton.	Millville.	Vineland.	Essex County.	Belleville.	Bloomfield.	East Orange.	Irvington.	Montclair.	Newark.	Nutley.	Orange.	South Orange.	West Orange.	Gloucester County.	Hudson County.	Bayonne.	Guttenberg.	Harrison.	Hoboken.	Jersey City.
5	2	2	2	1			30	2	2	3		1	16		4		1	3	14			1	1	6	
6	2	2	5	3			58	1	1	2	5		41	1	2	1	1	1	48	6		1	2	31	
5	1	3	4	1	1		18		1	2	2	2	9		2		10	18	2					9	
51	6	2	25	2	10	3	172	2	2	5	4	6	133	3	7	1	3	22	192	22	2	1	11	106	
15	5	4	3	1			40	3	1	1	1	2	20	1	6		2	5	30	9	1	3	3	27	
11	1	2	10	1	2		133	4	4	8	6	7	86	4	6	2	2	3	114	5	1	3	14	62	
13	5	5	1	1	1		50	4	3	1	1	3	23	1	3	1	3	3	56	7	1	2	6	29	
6							18	4	1	5	1	1	10		1		1	4	32	3	3	1	1	29	
1																									1
7	4	3	1				47	2	2	3	2	5	24	3	2	2	11	51	4	2	2	9	18	1	
	2	10	1	3	1		33	2	2	2	2	5	16	1	1	1	2	1	34	4	1	2	15	15	
6							24	1			2	1	3	15			1	1	28	3	3	3	13	13	
1							5							4			1	1	10	1	1	1	1	6	
14	1	4	11	2	1		46		1	6			31	3	1	1		6	52	7	1	3	9	19	
160	17	46	64	16	15	5	653	19	31	57	22	31	404	8	25	10	9	69	559	37	5	14	57	297	
2							18		1	2	1	1	10		2									1	8
12							6						4											1	1
1							4						3		1									4	4
6		3	5	1	1		19	3	2	1	1		9	2				1	16	4		3	7	7	
							1						1												
1							4		1	1			1		1				3					1	1
4							14		3	1			10						12	1				10	10
2							25		1				17						12	1				1	8
							1		5	1															
							2						2						13	1				1	6
2							11		1				10						8						8
2							5						4						1	7	2		1	2	2
6	3		3	1	1	1	33	1	1	1	2	1	25	2	1	1	1	12	2	2	40	3	1	8	23
5							9				2		7						4	1					
4							30		1		4	2	17	2	1	1	3	17	3					1	8
							1																		
1							5		1				5						1	1				1	4
1							3		1	1			3						7	1				1	4
2							15		1			1	13		1				4	1				1	3
4							6		1	2	1		1		1				4	1					3
							15		1		2		10		2				10	2					4
							1						1												

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.
Tuberculosis of the respiratory system.								
10 to 19.			1					
20 to 29.			2					
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.	17	4	4	9	3		4	7
Cancer and other malignant tumors.								
10 to 19.								
20 to 29.								
30 to 39.	1	1						
40 to 49.	2	3						
50 to 59.	3	3						
60 to 69.	3	3						
70 to 79.	2	2						
80 and over.	12	2					1	
Totals.	73	11	4	8	5		5	14
Diseases of the nervous system and of the special sense.								
10 to 19.								
20 to 29.		2						
30 to 39.	1	2						
40 to 49.	1	2						
50 to 59.	1	3						
60 to 69.	35	10						
70 to 79.	44	5						
80 and over.	27	3						
Totals.	130	21	12	22	3		4	14
Diseases of the circulatory system.								
10 to 19.								
20 to 29.								
30 to 39.	4	1						
40 to 49.	2	5						
50 to 59.	21	1						
60 to 69.	55	14						
70 to 79.	72	15						
80 and over.	52	8						
Totals.	212	16	12	47	7	1	9	20

AND AGE GROUPS, NEW JERSEY, 1925.

	OCCUPATIONS																			
	Blacksmiths, forgemen 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).	Dugravers.	Fileers, grinders, buffers and polishers (metal).	Firemen (except locomotive and fire department).	Glassblowers.	Jewelers, watchmakers, goldsmiths and silver smiths.	Laborers (general and not specified laborers).	Building and hand trades.	Chemical industries.	City and stone industries (excepting potteries).	
Tuberculosis of the respiratory 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.	10	4	13	3	45	1	7	3	15	11		3	10	1	8	230	10	4	7	
Cancer and other malignant tumors.																				
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	1	1	4	1	2	2	3	13		1	1	1	1	36	1	1	1	1
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.	8	2	10	20	84	1	11	7	8	29		2	5	9	3	19	140	5	2	1
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.	11	3	13	14	86		11	1	9	36		5	7	2	13	246	10	2	4	

TABLE 21.—DEATHS BY OCCUPATIONS AND

	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.	1	2	1	1	1	1	1	1	1	1	1	1
10 to 19.	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
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.	1	10	1	1	1	1	1	1	1	1	1	1
Cancer and other malignant tumors.	1	1	1	1	1	1	1	1	1	1	1	1
10 to 19.	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
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.	1	12	1	1	1	1	1	1	1	1	1	1
Diseases of the nervous system and of the organs of special sense.	1	1	1	1	1	1	1	1	1	1	1	1
10 to 19.	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
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.	9	9	9	9	9	9	9	9	9	9	9	9
Diseases of the circulatory system.	1	1	1	1	1	1	1	1	1	1	1	1
10 to 19.	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
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.	29	29	29	29	29	29	29	29	29	29	29	29

AGE GROUPS, NEW JERSEY, 1925—Continued.

	Millers (grain, flour, feed, etc.).	Milliners and millinery dealers.	Molders, founders and casters.	Painters, glaziers, varnishers, enamelers, 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.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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
30 to 39.	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
50 to 59.	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
70 to 79.	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
Totals.	1	6	16	4	2	12	13	3	22	2	16	4	24	4	3	32	9	1	
Cancer and other malignant tumors.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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
30 to 39.	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
50 to 59.	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
70 to 79.	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
Totals.	1	3	7	28	1	3	15	11	4	9	2	2	3	23	6	3	23	8	4
Diseases of the nervous system and of the organs of special sense.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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
30 to 39.	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
50 to 59.	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
70 to 79.	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
Totals.	2	2	5	35	3	3	13	7	1	10	4	4	18	4	3	26	7	5	
Diseases of the circulatory system.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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
30 to 39.	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
50 to 59.	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
70 to 79.	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
Totals.	3	3	22	86	5	6	33	17	3	21	7	13	6	82	6	13	50	19	19

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Potters.	Rubber industries.	Textile industries.	Other industries.	Shoemakers and cobblers (not in factory).	Stonecutters.	Tailors and tailresses.	Tinsmiths and coppermiths.	Upholsterers.	Other manufacturing and mechanical industries.	TRANSPORTATION.	Water.
Tuberculosis of the respiratory system.												
10 to 19,	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
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,	14	9	37	69	10	4	21	1	1	8		
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,			16	6	5	1	1	1	6			
70 to 79,			7	4	5	1	1	1	1			
80 and over,			2	1	1							
Totals,	2	2	40	26	13	1	4	2	11			
Diseases of the nervous system and of the special sense.												
10 to 19,				2								
20 to 29,				2								
30 to 39,				2								
40 to 49,				1								
50 to 59,			12	10	1	4		1	2			
60 to 69,			7	15	5	1	2	2	1			
70 to 79,			1	3	2	1	3	3	1			
80 and over,			3	2	3	1	1	1				
Totals,	8	7	41	42	12	2	19	5	2	6		
Diseases of the circulatory system.												
10 to 19,				1	3			1				
20 to 29,				6	5			1				
30 to 39,				6	5			1				
40 to 49,				10	12			1				
50 to 59,			4	16	14	1	5	1	1			
60 to 69,			5	16	24	1	6	2	1			
70 to 79,			5	13	16	1	6	3	3			
80 and over,			2	2	5		2	1				
Totals,	10	17	70	81	25	3	26	9	5	13		

AGE GROUPS, NEW JERSEY, 1925—Continued.

	Boatmen, canal men, sailors and deck hands.	Longshoremen and stevedores.	Other pursuits.	Road and Street.	Carrriage 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, hostlers and stable hands.	Other pursuits.	Railroad.	Baggage men and freight agents.	Drummers.	Conductors.	Foremen, overseers and inspectors.	Laborers.	Locomotive engineers.	Locomotive firemen.	
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	5		21	36	1	2			1		2	9	5		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,	5	2	6		18	7	3	2	5	4	1		3	2	3	4		4	1	
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	4	11		23	9	3	2	5	4			1	1	7	5	10	10	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,	17	11	20		45	23		5	7		8		2	3	7	12	18	18	1	

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 the respiratory system.		1		1	1			2	1	1			1
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		1	5	2	1	3	3	3	3	1	4	8
Cancer and other malignant tumors.			1	2	1	1							1
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	4	4	8	1		8	4	3	9	20		
Diseases of the brain and of the special senses.													1
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	5	2	5	21		5	11	9	14	12		
Diseases of the circulatory system.													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.	3	9	9	6	29	4	10	20	10	5	23	44	

AGE GROUPS, NEW JERSEY, 1925—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.	Saloonkeepers.	Servants.	Walters.	Other pursuits.	CLERICAL OCCUPATIONS.	Agents, canvassers and collectors.	Bookkeepers, cashiers and accountants.	Clerks (except clerks in stores).	Other clerical pursuits.	Total.
12	1	4	2	1	21			1			9					1	14	5	112
209	4	4	6	1	209						15	9				13	56	17	598
43	4	4	2		178						15	4				5	25	6	531
3	4	4	2		115						10	4				1	31	1	455
3	4	4	2		58						9	2				1	12	3	237
1	2	2	1		44			1	1		1	1				3	12	8	144
1	2	2	1		14			1	1		1	1				3	12	8	46
2	2	2	1		2						1	1				1	3	2	3
27	14	8	1	641	10	10	6	1	57	18	12				1	23	126	29	2194
																			4
					17														38
					89														176
					234														483
					404														820
10	3	1	1	879	7	4	2	1	13	1	4	4	5	5	2	10	4	874	
10	3	1	1	203	2	1	1	1	3	2	2	2	2	2	5	10	4	471	
5	1	1	2	58														115	
29	9	2	4	1418	15	10	6	4	42	10	10			6	20	39	10	2961	
																			17
					12				1										56
					50				4										156
					146				11										383
					247				1										640
					300				11	4	4	4	2	2	2	5	14	1	943
					392				1	2	2	2	3	1	1	5	10	2	775
					145				2	2	2	2	1	1	2	5	1	290	
21	10	5	12	1356	9	7	4	7	3	43	10	13		6	22	67	9	3242	
																			36
					8				1	1									170
					71				3	1									338
					148				5	5	4	4	15	2	2	14	2	685	
					227				1	7	7	2	4	7	16	25	2	1175	
					380				1	23	5	5	6	16	25	2	1175		
					607				2	33	3	9	1	17	25	4	1587		
					907				2	33	3	9	1	17	25	4	1587		
					1534				1	10	1	2	4	7	18	2	1270		
					275				3	3	3	3	1	5	6	1	588		
52	31	5	11	2248	19	11	17	11	5	95	23	28		15	60	129	20	5884	

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.
Pneumonia.	10 to 19								1			
	20 to 29		1						1			
	30 to 39		9						1			
	40 to 49		7		1				1			
	50 to 59		1		1				1			
	60 to 69		14	1	1	1			3			
	70 to 79		4	1	1	1			1			
80 and over		1	1	1	1			1				
Totals		36	3	3	16	2		6				9
Diseases of the respiratory system (pneumonia and tuberculosis excepted).	10 to 19											
	20 to 29								1			
	30 to 39								1			1
	40 to 49				1				1			
	50 to 59		2	1	1	1			1			
	60 to 69		5	1	1	1			1			1
	70 to 79		10	1	1	1			1			
80 and over		11	1	3	1							
Totals		31	3	4	5			4				2
Diseases of the digestive system.	10 to 19											
	20 to 29				1							
	30 to 39				1							
	40 to 49		3		1							
	50 to 59		10	1	1							3
	60 to 69		9	1	1							1
	70 to 79		7	1	1							1
80 and over		4										
Totals		38	3	2	11	2						7
Nonvenereal diseases of the circulatory system and annexa.	10 to 19											
	20 to 29		3									
	30 to 39		2		1							
	40 to 49		2		1							
	50 to 59		8		1	1			1			3
	60 to 69		25		2	10						3
	70 to 79		34		3	10						3
80 and over		27		1	8				1		1	
Totals		99	10	7	25	3		2	1			15

AGE GROUPS, NEW JERSEY, 1925—Continued.

	Blacksmiths, forgemen 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.	Filets, grinders, buffers and polishers (metal).	Firemen (except locomotive and fire department).	Glassblowers.	Jewelers, watchmakers, goldsmiths and silversmiths.	Laborers (general and not specified laborers).	Building and hand trades.	Chemical industries.	Clay and stone industries (excepting potteries).
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 64																			
65 to 69																			
70 to 74																			
75 to 79																			
80 and over																			
Totals	15	5	22	14	72	11	6	2	7	23	2	4	13	3	12	184	7	1	4

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Glass industries.	Iron, steel and other metal industries.	Leather industries.	Lumber and furniture industries.	Potters.	Rubber industries.	Textile industries.	Other industries.	Mechanics, millwrights and toolmakers.	Managers, superintendents and foremen (manufacturing).	Manufacturers and officials.	Mechanics (gunsmiths, locksmiths, wheelwrights, etc.).
Pneumonia.	1	2	1	1	1	1	1	1	1	1	1	1
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	1	1	1	2	5	10	20	16	9	7	
Diseases of the respiratory system (pneumonia and tuberculosis 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	1	1	2	3	7	5	2	3			
Diseases of the digestive 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.	6	1	2	4	5	23	16	10	3			
Nonvenereal diseases of the genito-urinary system and sinera.												
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	6	1	4	2	13	41	25	16	13		

AGE GROUPS, NEW JERSEY, 1925—Continued.

	Millers (grain, flour, feed, etc.).	Milliners and millinery dealers.	Molders, founders and casters.	Painters, glaziers, varnishers, enamelers, 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 (except potteries).	Clothing industries.	Food industries.	Glass industries.	Iron, steel and other metal industries.	Leather industries.	Lumber and furniture industries.	
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.	8	18	2		10	4	1	7		4	2	4	2	2	2	33	4	1		
Diseases of the respiratory system (pneumonia and tuberculosis 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.	1	9	1	3	2	1	1	1		1	3	2	1	1	8	1				
Diseases of the digestive 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.	4	24	12	6	5	3	2	1		3	2	1	4	2	4	24	6			
Nonvenereal diseases of the genito-urinary system and sinera.																				
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	8	48	1	15	18	1	7	5	3	3	9	9	2	24	8			6

TABLE 21.—DEATHS BY OCCUPATIONS AND

Disease	Occupation											
	Potters.	Rubber industries.	Textile industries.	Other industries.	Shoemakers and cobblers (not in factory).	Stonecutters.	Tailors and tailresses.	Thimble makers and coppersmiths.	Upholsterers.	Other manufacturing and mechanical industries.	TRANSPORTATION.	Water.
Pneumonia.	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
	30 to 39,	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
	50 to 59,	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
	70 to 79,	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
Totals,	3	6	17	29	10	3	5	3	1	12		
Diseases of the respiratory system (pneumonia and tuberculosis excepted).	10 to 19,			1								
	20 to 29,			1								
	30 to 39,			1								
	40 to 49,	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
	60 to 69,	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
	80 and over,	1	1	1	1	1	1	1	1	1	1	1
Totals,	2	1	10	7	4	2	3		1	3		
Diseases of the digestive 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
	30 to 39,	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
	50 to 59,	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
	70 to 79,	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
Totals,	4	5	27	27	5	10	2		5			
Nonvenereal diseases of the genito-urinary system and skin.	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
	30 to 39,	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
	50 to 59,	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
	70 to 79,	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
Totals,	10	8	35	38	15	4	8	3	4	8		

AGE GROUPS, NEW JERSEY, 1925—Continued.

Age Group	Occupation																		
	Boatmen, canal men, millers 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 managers.	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 firemen.
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
30 to 39,	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
50 to 59,	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
70 to 79,	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
Totals,	4	9	4	14	10	3	3	3	2	1	5	3	1	11	2	1	11	2	1
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
30 to 39,	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
50 to 59,	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
70 to 79,	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
Totals,	6	2	4	12	12	1	1	1	1	1	5	4	2	1	6	1	6	1	1
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
30 to 39,	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
50 to 59,	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
70 to 79,	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
Totals,	5	20	9	6	1	5	3	1	1	1	8	8	4	6	12	2	6	12	2

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.	Linemen.	Mail carriers.	Telegraph operators.	Telephone operators.	Other pursuits.
Pneumonia.												
10 to 19,												
20 to 29,	2											
30 to 39,												
40 to 49,				1		1		1		1		
50 to 59,												
60 to 69,												
70 to 79,	1											
80 and over,												
Totals,	2	1	1	1	6	1	1	2	2	2	2	1
Diseases of the respiratory system (tuberculosis excepted).												
10 to 19,												1
20 to 29,												
30 to 39,												
40 to 49,					1					1		
50 to 59,												
60 to 69,												
70 to 79,			1									
80 and over,												
Totals,	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the digestive system.												
10 to 19,												
20 to 29,												
30 to 39,		1	1					1				
40 to 49,	1							1				
50 to 59,	1											1
60 to 69,				1	2							
70 to 79,									1			
80 and over,			1									
Totals,	2	1	3	2	3	2	2	1	1	1	1	1
Nonvenereal diseases of the genito-urinary system and annexa.												
10 to 19,												
20 to 29,												1
30 to 39,												
40 to 49,	3			1								
50 to 59,	2									1		
60 to 69,												
70 to 79,												1
80 and over,												
Totals,	5	1	3	1	1	2	2	1	2	1	1	1

AGE GROUPS, NEW JERSEY, 1925—Continued.

TRADE.	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
Bankers, brokers and moneylenders.									2
Clerks in stores.									1
Deliverymen.									4
Laborers.									3
Real estate and insurance agents and officials.									6
Salesmen and saleswomen.									14
Undertakers.									1
Wholesale and retail dealers.									68
Other pursuits.									7
PUBLIC SERVICE (NOT ELSEWHERE CLASSIFIED).									
Firemen (fire department).									3
Laborers (public service).									5
Marshals, sheriffs, detectives, etc.									1
Officials and inspectors (city, county, state, U. S.).									9
Policemen.									4
Soldiers, sailors and marines.									3
Other pursuits.									11
Diseases of the respiratory system (tuberculosis 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,	1	1	1	1	1	1	1	1	18
Diseases of the digestive 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,	2	2	10	1	18	1	1	1	25
Nonvenereal diseases of the genito-urinary system and annexa.									
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,	4	3	3	2	12	25	1	56	5
Nonvenereal diseases of the genito-urinary system and annexa.									
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	2	1	4	22	34	3	119	6

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,								1						
	20 to 29,										1			2	
	30 to 39,										2			2	
	40 to 49,										1			1	
	50 to 59,										2			3	
	60 to 69,										1			1	
	70 to 79,										1			1	
	80 and over,										1			1	
	Totals,	1	3	3	1	3		1	1	4		5	7		
	Diseases of the respiratory system and tuberculosis (excepted).	10 to 19,													
20 to 29,														1	
30 to 39,														1	
40 to 49,														1	
50 to 59,											1			1	
60 to 69,											1			1	
70 to 79,											1			1	
80 and over,											1			1	
Totals,											1	1	3		
Diseases of the digestive system.		10 to 19,													
	20 to 29,													3	
	30 to 39,													3	
	40 to 49,													4	
	50 to 59,													2	
	60 to 69,													2	
	70 to 79,													1	
	80 and over,													1	
	Totals,	2	1	4	2	6		3		2	2	7	14		
	Nonvenereal diseases of the genito-urinary system and annexa.	10 to 19,													
20 to 29,														2	
30 to 39,														2	
40 to 49,														5	
50 to 59,														1	
60 to 69,														4	
70 to 79,														3	
80 and over,														1	
Totals,		3	1	4	2	12	2	1	10	6	2	10	16		

AGE GROUPS, NEW JERSEY, 1925—Continued.

	Other professional and semi-professional pursuits.																		
	DOMESTIC AND PERSONAL SERVICE.	Barbers, hairdressers and manicurists.	Bar tenders.	Hotel keepers and innkeepers.	Housekeepers 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.	Agents, canvassers and collectors.	Bookkeepers, cashiers and accountants.	Clerks (except clerks in stores).	Other clerical pursuits.	Total.
1				5															
2				45															
3				76															
4				22															
5				90															
6				105															
7				59															
8				28															
9				1															
10				1															
11				1															
12	3	2	4	498	8	3	7	5	2	27	4	10		1	11	52	11	1635	
13				2															
14				16															
15				22															
16				30															
17				35															
18				58															
19				74															
20				47															
21				284	4	5	4	2	2	10	3	4		1	4	11	4	698	
22				3															
23				53															
24				97															
25				114															
26				131															
27				119															
28				62															
29				18															
30				2															
31				56															
32				118															
33				207															
34				259															
35				274															
36				217															
37				106															
38				1239	25	4	6	5	2	54	8	11		3	21	63	6	2932	

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.	Mechanics, millwrights and toolmakers.	Managers, superintendents and foremen (manufacturing).	Manufacturers and officials.	Mechanics (gunsmiths, locksmiths, wheelwrights, etc.).	
Suicide.	10 to 19,												
	20 to 29,												
	30 to 39,												
	40 to 49,	1											
	50 to 59,												
	60 to 69,												
	70 to 79,												
	80 and over,												
	Totals,	1											
Violent deaths (outside causes excepted).	10 to 19,		1						3	3			2
	20 to 29,		4			1	1	1	3	3			5
	30 to 39,		9			4	3	4	6	6			5
	40 to 49,		4			1	1	1	7	7			5
	50 to 59,		4			1	1	1	7	7			5
	60 to 69,		1			1	1	1	4	4			2
	70 to 79,		1		1				2	2			1
	80 and over,		1		1				1	1			1
	Totals,		24		1	4	9	3	40	38	27		8	15
All other causes of death.	10 to 19,		1					1					1
	20 to 29,		1					3	3	4			4
	30 to 39,		4			1		3	4	4			4
	40 to 49,		5				1	3	3	2			4
	50 to 59,		1					4	6	10			3
	60 to 69,							3	8	6			3
	70 to 79,						1	1	1	3			1
	80 and over,							1	1	1			2
	Totals,	2	11		1	2	2	17	39	23	18		14
Summary.	10 to 19,		3			1	2	1	17	5	4		12
	20 to 29,	1	11			1	1	5	25	29	21		25
	30 to 39,	1	30		1	1	1	5	28	59	31		35
	40 to 49,	1	33		1	3	13	13	29	91	37		31
	50 to 59,	2	27		1	3	9	9	29	91	37		31
	60 to 69,	1	16		1	3	6	6	20	75	65		42
	70 to 79,	1	6		1	2	3	3	7	37	29		18
	80 and over,	2	2		1	1	1	1	3	13	8		8
	Totals,	6	130	2	7	26	36	27	147	372	256	137	119

AGE GROUPS, NEW JERSEY, 1925—Continued.

Age Group	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 (except potteries).	Clothing industries.	Food industries.	Glass industries.	Iron, steel and other metal industries.	Leather industries.	Lumber and furniture industries.	
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	3	2	3	1	1	5	2	1	1	1	3	1	1	3	3	5	2	3	5
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	4	6	30	3	2	15	6	7	8	7	1	3	5	3	4	20	7	5		
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	7	24	1	1	15	9	19	19	2	6	2	13	4	2	16	6			
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	23	76	321	19	20	148	90	20	110	32	53	85	182	87	40	270	77	42		

TABLE 21.—DEATHS BY OCCUPATIONS AND

	Potters.	Rubber industries.	Textile industries.	Other industries.	Shoemakers and cobblers (not in factory).	Stonemasons.	Tailors and tailresses.	Tinsmiths and coopersmiths.	Upholsterers.	Other manufacturing and mechanical industries.	TRANSPORTATION.	Water.
Suicide.												
10 to 19.....												
20 to 29.....	1		2	1				1				
30 to 39.....	1		2	1				1				
40 to 49.....			4	4								
50 to 59.....			4	3								
60 to 69.....			4	3								
70 to 79.....	1											
80 and over.....												
Totals.....	2	1	14	5			1	2		1		
Violent deaths (suicide excluded).												
10 to 19.....		1	5	5								
20 to 29.....		1	9	9	1	1						
30 to 39.....		2	3	3	1	1						
40 to 49.....	1	1	11	4								
50 to 59.....	1	1	4	1					1			
60 to 69.....			1	1	1			1				
70 to 79.....	2	1	4	1			2					
80 and over.....			1									
Totals.....	4	6	32	35	4	2	6	1	1	18		
All other diseases and causes of death.												
10 to 19.....	1	3	5									
20 to 29.....	1	4	4		1	1						
30 to 39.....	1	3	1									
40 to 49.....	3	1	2									
50 to 59.....	1	1	3									
60 to 69.....	1	1	3					1	3	1		
70 to 79.....	1	3	3						1			
80 and over.....	1	1	1		1							
Totals.....	8	5	30	25	8	1	9	1	4	4		
Summary.												
10 to 19.....	1	3	18	30						2		
20 to 29.....	4	4	39	52	1	2	7			11		
30 to 39.....	8	10	45	49	7	1	13			15		
40 to 49.....	13	9	32	67	2	3	18			22		
50 to 59.....	18	16	74	68	20	3	33			26		
60 to 69.....	22	15	76	75	24	9	28			30		
70 to 79.....	2	9	37	36	16	2	17			9		
80 and over.....	1	1	12	9	13	1	5			1		
Totals.....	67	67	353	384	106	22	121	31	21	89		

AGE GROUPS, NEW JERSEY, 1925—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 managers.	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, overmen and inspectors.	Laborers.	Locomotive engineers.	Locomotive firemen.	
Suicide.																				
10 to 19.....																				
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.....																				
Totals.....			2																	
Violent deaths (suicide excluded).																				
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.....																				
Totals.....			5																	
All other diseases and causes of death.																				
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.....																				
Totals.....			6																	
Summary.																				
10 to 19.....			2																	
20 to 29.....			2																	
30 to 39.....			2																	
40 to 49.....			2																	
50 to 59.....			2																	
60 to 69.....			2																	
70 to 79.....			2																	
80 and over.....																				
Totals.....			12																	
Totals.....	75	61	81	203	162	11	27	84	10	12	12	12	55	49	52	119	59	12		

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.	Linemen.	Mail carriers.	Telegraph operators.	Telephone operators.	Other pursuits.
Suicide.												
10 to 19,												
20 to 29,												
30 to 39,			1									
40 to 49,												
50 to 59,												
60 to 69,								1				
70 to 79,												
80 and over,												1
Totals,	1		2					1				1
Violent deaths (suicide excepted).												
10 to 19,												
20 to 29,	1		1					2				1
30 to 39,	1		1					4	2			
40 to 49,	1		1					4	1			
50 to 59,	1		1					1	1			1
60 to 69,			1					1	1			2
70 to 79,			1					1	1			2
80 and over,			1					1	1			1
Totals,	4		10		2	4		17	3	1	3	1
All other diseases and causes of death.												
10 to 19,												
20 to 29,	1							1				1
30 to 39,	1							1				1
40 to 49,	1		1					1				1
50 to 59,			1					1				1
60 to 69,	1		1					1				1
70 to 79,	1		1					1				1
80 and over,			1					1				1
Totals,	4		9		2	2		1	2	3	3	3
Summary.												
10 to 19,	1							1				3
20 to 29,	4		1					3				3
30 to 39,	4		1					9	1			10
40 to 49,	15	1	1					11	1			2
50 to 59,	2		1					8				4
60 to 69,	4		1					11	4			3
70 to 79,	2		1					9	1			1
80 and over,	2		1					1	1			1
Totals,	32	4	71	19	68			9	28	33	17	17

AGE GROUPS, NEW JERSEY, 1925—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.).	Police.	Soldiers, sailors and marines.	Other pursuits.
10 to 19,																	
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	2	1		3	11		13					1	1	4		7
10 to 19,																	
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	4	10	3	8	25		56	4		5	6	3	3	8	8	24
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,	8	7	1	1	19	37	1	82	4		2	1	2	4	9	1	14
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	10	9	2	5	23	1	32	2		1	2	3	3	8	14	4
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	4	6	2	23	73	1	147	9		3	5	4	11	19	2	16
10 to 19,	16	8	9	4	38	78	4	210	19		5	12	5	20	27	1	64
20 to 29,	24	8	3	1	70	80	5	251	15		4	16	3	23	22	2	102
30 to 39,	16	6	1	2	30	40	9	158	7		5	10	1	20	14		68
40 to 49,	8	3	2	1	8	8		53			1	1	1	7	3	1	23
Totals,	51	37	39	23	189	370	24	940	63		23	52	16	86	106	23	273

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.
Suicide.	10 to 19.													
	20 to 29.													
	30 to 39.													
	40 to 49.				1									
	50 to 59.													
	60 to 69.													
	70 to 79.													
	80 and over.													1
	Totals.				1									
Violent deaths (suicide excepted).	10 to 19.													
	20 to 29.													
	30 to 39.				2									
	40 to 49.													
	50 to 59.			1										
	60 to 69.													
	70 to 79.								2					
	80 and over.						3							1
	Totals.			1	2		3		4	2	5	1	5	4
All other diseases and causes of death.	10 to 19.													1
	20 to 29.													2
	30 to 39.													2
	40 to 49.							1	3					1
	50 to 59.													1
	60 to 69.		2			1	3	3	1					2
	70 to 79.			1						1				2
	80 and over.		1											2
	Totals.		3	1	2	1	4	4	4	1	5	3	4	12
Summary.	10 to 19.													1
	20 to 29.													2
	30 to 39.													15
	40 to 49.		1					3						18
	50 to 59.		1											24
	60 to 69.		1			10	1	4	6					24
	70 to 79.		1			18	9	18	10	10				27
	80 and over.		3			25	25	18	2	2	18			29
	Totals.		8	2	2	24	4	6	5	2	22	18		92
Totals.		14	25	38	26	88	12	31	57	48	18	82	141	

AGE GROUPS, NEW JERSEY, 1925—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.	Saloonkeepers.	Servants.	Waiters.	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.																						
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 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.																						
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.																						
Totals.		104	31	61	9977	108	66	69	59	21	445	108	117		42	201	679	131	26191				

TABULATION OF DEATHS IN MILLVILLE CITY FOR 1925, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH.	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.
		Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.					Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.
1	Typhoid fever.																				
2	Dysentery.																				
3	Typhus fever.																				
4	Smallpox.																				
5	Measles.																				
6	Scarlet fever.																				
7	Diphtheria.																				
8	Whooping cough.																				
9	Infantile diarrhea and croup.																				
10	Asiatic cholera.																				
11	Cholera nostrum.																				
12	Other epidemic diseases.																				
13	Tuberculosis of the lungs.																				
14	Other forms of tuberculosis.																				
15	Other forms of meningitis.																				
16	Other forms of encephalitis.																				
17	Simple meningitis.																				
18	Cerebral hemorrhage and softening.																				
19	Organic diseases of the heart.																				
20	Pneumonia.																				
21	Other diseases of the respiratory system (tuberculosis excepted).																				
22	Diseases of the stomach (cancer excepted).																				
23	Diarrhoea and enteritis (under 2 years).																				
24	Hemiplegia and paralysis.																				
25	Obstruction of the bowels.																				
26	Acute nephritis and Bright's disease.																				
27	Noncancerous tumors and other diseases of the female genital organs.																				
28	Puerperal septicæmia (puerperal fever, peritonitis).																				
29	Other puerperal accidents of pregnancy and labor.																				
30	Congenital debility and malformations.																				
31	Scalds.																				
32	Other deaths (suicide excepted).																				
33	Other deaths (suicide excepted).																				
34	Unknown or ill-defined diseases.																				
35	Total.	182	80	102	6	24	2	2	20	1	4	7	8	11	21	42	31	26	7		

Estimated population, 35,000.

Total resident deaths, 182.

Rate per 1,000 population, 11.40.

TABULATION OF DEATHS IN VINELAND BOROUGH FOR 1925, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH.	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.
		Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.					Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.	Rate per 1,000 population, 1925.
1	Typhoid fever.																				
2	Dysentery.																				
3	Typhus fever.																				
4	Smallpox.																				
5	Measles.																				
6	Scarlet fever.																				
7	Diphtheria.																				
8	Whooping cough.																				
9	Infantile diarrhea and croup.																				
10	Asiatic cholera.																				
11	Cholera nostrum.																				
12	Other epidemic diseases.																				
13	Tuberculosis of the lungs.																				
14	Other forms of tuberculosis.																				
15	Other forms of meningitis.																				
16	Other forms of encephalitis.																				
17	Simple meningitis.																				
18	Cerebral hemorrhage and softening.																				
19	Organic diseases of the heart.																				
20	Pneumonia.																				
21	Other diseases of the respiratory system (tuberculosis excepted).																				
22	Diseases of the stomach (cancer excepted).																				
23	Diarrhoea and enteritis (under 2 years).																				
24	Hemiplegia and paralysis.																				
25	Obstruction of the bowels.																				
26	Acute nephritis and Bright's disease.																				
27	Noncancerous tumors and other diseases of the female genital organs.																				
28	Puerperal septicæmia (puerperal fever, peritonitis).																				
29	Other puerperal accidents of pregnancy and labor.																				
30	Congenital debility and malformations.																				
31	Scalds.																				
32	Other deaths (suicide excepted).																				
33	Other deaths (suicide excepted).																				
34	Unknown or ill-defined diseases.																				
35	Total.	81	38	47	6	11	2	2	15	1	3	7	4	4	0	14	14	12	1		

Estimated population, 7,677.

Total resident deaths, 81.

Rate per 1,000 population, 10.57.

TABULATION OF DEATHS IN ESSEX COUNTY FOR 1928, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Internat- ional List No.	CAUSE OF DEATH.		AGE PERIODS.										Total	Rate per 1,000 population, 1928.						
	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	10	0	4	1																
2																				
3																				
4																				
5																				
6																				
7	37	20	17	0	20	7	4	12	3	30	17	0								
8	56	26	30	4	5	3	0	12	0	30	17	0								
9	44	25	21	10	5	5	3	0	1	1	6	1								
10																				
11																				
12	72	30	42	4	13	12	12	1	18	6	10	7								
13	500	318	251	128	1	1	1	2	5	5	1	0								
14	36	15	10	5	3	5	5	5	25	4	1	1								
15	36	15	10	5	3	5	5	5	25	4	1	1								
16	801	349	452	44	1	1	1	1	3	3	3	3								
17	26	17	9	0	1	1	1	1	10	3	1	1								
18	791	369	395	37	5	3	1	2	11	11	17	17								
19	1924	821	703	94	9	6	4	2	16	17	17	30								
20	12	40	40	12	27	6	1	0	1	38	15	27								
21	925	315	210	100	20	11	0	0	6	88	15	40								
22																				
23	320	100	100	98	94	44	18	8	2	101	5	11								
24																				
25	760	500	250	8																
26	1725	851	547	22	141	31	3	3	172	2	25	14								
27	50	25	27	6	0	2	1	0	8	1	1	1								
28	47	31	16	1	0	0	0	0	1	14	5	0								
29	629	315	384	34	5	1	3	1	14	5	0	14								
30	40	40	46	12																
31	30	8	33	8																
32	72	72	72	6																
33	262	285	217	00	497	3	1	601	1											
34	51	65	27	3																
35	287	451	100	58	12	10	5	14	15	50	28	25								
36	1143	576	507	127	88	14	12	8	0	138	27	30								
37	110	13	0	4	15	1	1	1	10	1										
38																				
Total.	8557	4115	4142	810	1048	171	77	68	62	1370	162	376	402	710	1250	1720	1700	157	157	

Estimated population 730,032.

Total resident deaths, 6,537.

Rate per 1,000 population, 11.76.

TABULATION OF DEATHS IN BELLEVILLE TOWN FOR 1928, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Internat- ional List No.	CAUSE OF DEATH.		AGE PERIODS.										Total	Rate per 1,000 population, 1928.						
	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																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
Total.	116	113	16	3	3	1	1	4	4	11	11	22	21	31	31	31	31	11		

Estimated population, 18,927.

Total resident deaths, 229.

Rate per 1,000 population, 12.06.

TABULATION OF DEATHS IN WEST ORANGE TOWN FOR 1895, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH.	Total.		AGE PERIODS.										Total resident deaths, 1895.	Rate per 1,000 population in 1895.						
		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	Typhoid fever,	1																			
2	Typhus fever,																				
3	Smallpox,																				
4	Measles,																				
5	Scarlet fever,																				
6	Diphtheria and croup,																				
7	Whooping cough,																				
8	Influenza,																				
9	Acute cholera,																				
10	Cholera nostras,																				
11	Other epidemic diseases,																				
12	Other epidemics of the lungs,																				
13	Tuberculosis of the lungs,																				
14	Other forms of tuberculosis,																				
15	Cancer and other malignant tumors,																				
16	Simple meningitis,																				
17	Cerebral hemorrhage and softening,																				
18	Cerebral meningitis of the brain,																				
19	Other diseases of the brain,																				
20	Pneumonia,																				
21	Other diseases of the respiratory system (tuberculosis excepted),																				
22	Diseases of the stomach (cancer excepted),																				
23	Diarrhoea and enteritis (under 2 years),																				
24	Hernia, intestinal obstruction,																				
25	Cirrhosis of the liver,																				
26	Acute nephritis and Bright's disease,																				
27	Noncancerous tumors and other diseases of the internal organs (excepted),																				
28	Other diseases,																				
29	Unknown or ill-defined diseases,																				
30	Total,	100	605	371	234	41	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Estimated population, 1895.

Total resident deaths, 1895.

Rate per 1,000 population in 1895.

TABULATION OF DEATHS IN GLOUCESTER COUNTY FOR 1895, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH.	Total.		AGE PERIODS.										Total resident deaths, 1895.	Rate per 1,000 population in 1895.						
		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	Typhoid fever,	5	1																		
2	Typhus fever,																				
3	Smallpox,	1																			
4	Measles,	2																			
5	Scarlet fever,	6	12																		
6	Diphtheria and croup,	11	7																		
7	Whooping cough,	12	7																		
8	Influenza,	12	7																		
9	Acute cholera,																				
10	Cholera nostras,																				
11	Other epidemic diseases,																				
12	Other epidemics of the lungs,																				
13	Tuberculosis of the lungs,																				
14	Other forms of tuberculosis,																				
15	Cancer and other malignant tumors,																				
16	Simple meningitis,																				
17	Cerebral hemorrhage and softening,																				
18	Cerebral meningitis of the brain,																				
19	Other diseases of the brain,																				
20	Pneumonia,																				
21	Other diseases of the respiratory system (tuberculosis excepted),																				
22	Diseases of the stomach (cancer excepted),																				
23	Diarrhoea and enteritis (under 2 years),																				
24	Hernia, intestinal obstruction,																				
25	Cirrhosis of the liver,																				
26	Acute nephritis and Bright's disease,																				
27	Noncancerous tumors and other diseases of the internal organs (excepted),																				
28	Other diseases,																				
29	Unknown or ill-defined diseases,																				
30	Total,	728	370	349	70	108	30	32	3	0	134	10	27	95	30	61	54	120	148	70	0

Estimated population, 1895.

Total resident deaths, 1895.

Rate per 1,000 population in 1895.

TABULATION OF DEATHS IN SOUTH AMBOY CITY FOR 1925, ACCORDING TO THE ABBRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged Interna- tional List No.	CAUSE OF DEATH.		AGE PERIODS.										Rate per 1,000 population, 1925.											
	Total	Male.	Female.	Color, if other than white	Under 1 year.	1 year.	2 years.	3 years.	4 years.	5 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	1																							
3	1																							
4	1																							
5	1																							
6	1																							
7	1																							
8	1																							
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85	1																							
86	1																							
87	1																							

TABULATION OF DEATHS IN WESTFIELD TOWN FOR 1895, ACCORDING TO THE ABRIDGED INTERNATIONAL LIST OF CAUSES OF DEATH.

Abridged International List No.	CAUSE OF DEATH	AGE PERIODS.												Total.	Male.	Female.	Color, If other 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.
		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	Measles.																				
6	Whooping cough.																				
7	Diphtheria and croup.																				
8	Whooping cough.																				
9	Influenza.																				
10	Cholera.																				
11	Cholera.																				
12	Other epidemic diseases.																				
13	Tuberculosis of the lungs.																				
14	Tuberculosis meningitis.																				
15	Tuberculosis meningitis.																				
16	Gonorrhoea and other venereal diseases.																				
17	Simple meningitis.																				
18	Cerebral haemorrhage and softening.																				
19	Organic diseases of the heart.																				
20	Phthisis.																				
21	Other diseases of the respiratory system (tuberculosis excepted).																				
22	Diseases of the stomach (cancer excepted).																				
23	Diarrhoea and enteritis (under 2 years).																				
24	Hemorrhage and typhoid.																				
25	Other diseases of the liver.																				
26	Other diseases of the liver.																				
27	Other diseases of the liver.																				
28	Acute nephritis and Bright's disease.																				
29	Other diseases of the liver.																				
30	Noncancerous tumors and other diseases of the female genital organs.																				
31	Puerperal sepsis (puerperal fever, puerperal tonsils).																				
32	Other puerperal accidents of pregnancy and labor.																				
33	Other puerperal accidents of pregnancy and labor.																				
34	Other puerperal accidents of pregnancy and labor.																				
35	Other diseases.																				
36	Other diseases.																				
37	Other diseases.																				
38	Unknown or ill-defined diseases.																				
Total.		128	68	57	14	12	1	1	1	1	1	1	1	1	1	1	1	3			

Total resident deaths, 129.

Estimated population, 10,650.

Rate per 1,000 population, 11.03.

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

Abridged International List No.	CAUSE OF DEATH.	AGE PERIODS.												Total.	Male.	Female.	Color, If other 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.
		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	Measles.																				
6	Whooping cough.																				
7	Diphtheria and croup.																				
8	Diphtheria and croup.																				
9	Influenza.																				
10	Cholera.																				
11	Cholera.																				
12	Other epidemic diseases.																				
13	Tuberculosis of the lungs.																				
14	Tuberculosis meningitis.																				
15	Other forms of tuberculosis.																				
16	Gonorrhoea and other venereal diseases.																				
17	Simple meningitis.																				
18	Cerebral haemorrhage and softening.																				
19	Organic diseases of the heart.																				
20	Bronchitis.																				
21	Pneumonia.																				
22	Other diseases of the respiratory system (tuberculosis excepted).																				
23	Diseases of the stomach (cancer excepted).																				
24	Diarrhoea and enteritis (under 2 years).																				
25	Other diseases of the liver.																				
26	Other diseases of the liver.																				
27	Other diseases of the liver.																				
28	Acute nephritis and Bright's disease.																				
29	Other diseases of the liver.																				
30	Noncancerous tumors and other diseases of the female genital organs.																				
31	Puerperal sepsis (puerperal fever, puerperal tonsils).																				
32	Other puerperal accidents of pregnancy and labor.																				
33	Other puerperal accidents of pregnancy and labor.																				
34	Other puerperal accidents of pregnancy and labor.																				
35	Other diseases.																				
36	Other diseases.																				
37	Other diseases.																				
38	Unknown or ill-defined diseases.																				
Total.		670	270	207	5	62	12	0	4	5	0	0	1	1	1	1	1	12			

Total resident deaths, 676.

Estimated population, 46,113.

Rate per 1,000 population, 14.66.

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

Abridged International List No.	CAUSE OF DEATH.			AGE PERIODS.											Rate per 1,000 population, 1925.									
	Total	Male	Female	Color, if other 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.		
1																								
2																								
3																								
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35																								
36																								
37																								
38																								
Total.	188	90	108	1	27	7	4	2	2	42	4	7	4	18	15	22	37	31	12	1				

Estimated population, 48,638.

Total resident deaths, 192.

Rate per 1,000 population, 10.35.

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