







No. 30

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 10, 1880
2. Name, (Maiden Name),* . . .	Edith Louise Smith
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	44 Years, 10 Months, 18 Days.
(Disease or Cause of Death, 6. { Duration of Sickness, . . . By whom certified, . . .	Cholera
7. Residence,	Southwick, Mass.
8. Place of Death,	Home
9. Occupation,	Teacher
10. Place of Birth,	Mass.
11. Name of Father,	Charles E. Smith
12. Name of Mother,	Sarah
13. Birthplace of Father,	Mass.
14. Birthplace of Mother,	Mass.
15. Place of Interment,	Southwick
Signature of Undertaker or other person making the Return,	
D. Smith	

DATED at Southwick, on Jan 10, 1880.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Thyphemia & Shock

Date and Place of Death, -

died at *111 4th St. Jan 1st*

1884.

Disease or Cause of Death, -

of *Strisnick's*

Duration of Sickness

five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Dr. C. L. Loomis

Date of Certificate,

Jan 4

1884.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Jan 2d 1856		
2. Name,	John A. Taylor		
(Maiden Name).*	Taylor		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age.	Years, 20	Months, 6	Days, 1
(Disease or Cause of Death,	Smallpox		
6. { Duration of Sickness,	2 weeks		
{ By whom certified,	Dr. J. A. Taylor		
7. Residence,	Maine		
8. Place of Death,	Maine		
9. Occupation.	Farmer		
10. Place of Birth,	Maine		
11. Name of Father,	John A. Taylor		
12. Name of Mother,	Mary A. Taylor		
13. Birthplace of Father,	Maine		
14. Birthplace of Mother,	Maine		
15. Place of Interment,	Maine		
Signature of Undertaker or other person making the Return,	John A. Taylor		
DATED at, ON	3d, 18		

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Funeral Home
5-6-11
2-1
11-1

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - *Hannah R. Kelly*
Date and Place of Death, - died at *Winthrop Jan 2^d* 188*6*
Disease or Cause of Death, - of *Old age* Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. F. French Winthrop*

Date of Certificate, *Jan 2^d* 188*6*

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 4 1886
2. Name,	Andrew J. Allen
(Maiden Name)*, . .	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †,	White
5. Age,	Years, 5 Months, Days,
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, . .	
7. Residence,	Cottage Avenue
8. Place of Death, . . .	
9. Occupation,	
10. Place of Birth, . . .	
11. Name of Father, . . .	Edw. J. Allen
12. Name of Mother, . . .	Edw. J. Allen
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Internment, .	See Tomb
Signature of Undertaker or other person making the Return,	Sumner J. Allen
DATED at	Jan 11 1886

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Longwell
3/10/11
5-11-11

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Christina A. Bacon (female)

Date and Place of Death, . .

Wintthrop, Mass Jan. 4, 1886.

Disease, { First or Primary,
or Cause {
of Death, { Secondary, . . .

Bronchitis

Duration of,* 6 days

Membranous Croup

Duration of, a few hours

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

George E. McCarthy M.D.

Dated at Wintthrop, Mass Feb. 9, 1886.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physieian is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 10 1886
2. Name, (Maiden Name),* . . .	Opie, John
3. Sex, and whether single, Married, or Widowed, . . .	Single
4. Color, †	White
5. Age,	25 Years, 3 Months, 3 Days.
{ Disease or Cause of Death, { Duration of Sickness, . . . { By whom certified, . . .	
7. Residence,	Andover, Mass
8. Place of Death, . . .	Andover, Mass
9. Occupation,	Farmer
10. Place of Birth, . . .	Andover, Mass
11. Name of Father, . . .	John Opie
12. Name of Mother, . . .	Elizabeth Opie
13. Birthplace of Father, . . .	Andover, Mass
14. Birthplace of Mother, . . .	Andover, Mass
15. Place of Interment, . . .	Andover, Mass
Signature of Undertaker or other person making the Return,	

DATED at Andover, on Jan 18 1887.

18

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

I have just received
 a letter from
 Dr. [illegible]
 in [illegible]
 [illegible]

3460-100-06-24

95

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *M^{rs} W. M. N.*
Date and Place of Death, - died at *Winthrop Jan 15* 188*6*
Disease or Cause of Death, - of *Pneumonia* Duration of Sickness *About a week*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. S. Leach Winthrop*

Date of Certificate, *Feb 6* 188*6*

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

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"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 17 1886		
2. Name,	William Appleton		
(Maiden Name)*, . . .			
3. Sex, and whether single, Married, or Widowed, . . .	male		
4. Color, †	white		
5. Age,	66 Years,	8 Months,	Days.
(Disease or Cause of Death, 6. { Duration of Sickness, . . . By whom certified, . . .	Withrop, Mass Sunderland Sunderland		
7. Residence,	Withrop, Mass		
8. Place of Death,	Sunderland		
9. Occupation,	Farmer		
10. Place of Birth,	Marshfield, Mass		
11. Name of Father,	Ephraim Appleton		
12. Name of Mother,	Mary Appleton		
13. Birthplace of Father,	Marshfield		
14. Birthplace of Mother,	Sunderland		
15. Place of Interment,	Sunderland		
Signature of Undertaker or other person making the Return,			

DATED at Withrop, on Jan 17 1886

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Person violating the provisions of this section shall be

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 27 1886
2. Name, (Maiden Name)*, . . .	William J. Smith
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	1 Years, 10 Months, 20 Days.
(Disease or Cause of Death, 6. { Duration of Sickness, . . . By whom certified, . . .	Smallpox Dr. J. W. Smith
7. Residence,	Smallpox
8. Place of Death, . . .	Smallpox
9. Occupation,	Smallpox
10. Place of Birth, . . .	Smallpox
11. Name of Father, . . .	Smallpox
12. Name of Mother, . . .	Smallpox
13. Birthplace of Father, .	Smallpox
14. Birthplace of Mother, .	Smallpox
15. Place of Interment, . .	Smallpox
Signature of Undertaker the person making the Return,	

DATED at Smallpox, on Jan 27, 1886.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 8 th 1886
2. Name, (Maiden Name).*	Abraham G. G. G. G.
3. Sex, and whether single, Married, or Widowed,	Married
4. Color. †	White
5. Age,	88 Years, 11 Months, 11 Days.
Disease or Cause of Death,	Apoplexy
6. Duration of Sickness,	Fourteen Days
By whom certified, . . .	Dr. C. C. C.
7. Residence,	South Bay, Maine
8. Place of Death,	South Bay, Maine
9. Occupation,	Farmer
10. Place of Birth,	South Bay, Maine
11. Name of Father,	Abraham G. G.
12. Name of Mother,	Abraham G. G.
13. Birthplace of Father, . .	South Bay, Maine
14. Birthplace of Mother, . .	South Bay, Maine
15. Place of Interment, . . .	South Bay, Maine
Signature of Undertaker or other person making the Return,	Summer F. G. G.

DATED at South Bay, on February 9th 1886

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Race, specify what.
[Be very particular to fill all Blanks.]

Ag 26 Bank 48
Pete 5-6-18
L. L.
T. L. 2, 30 1/2
E. L. 7 P. M.

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the illness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

No. *2*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Aug 27 1890</i>
2. Name, (Maiden Name),* . .	<i>Mrs</i>
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age,	Years, <i>5</i> Months, <i>1</i> Days.
6. { Disease or Cause of Death, Duration of Sickness, . (By whom certified, . .	<i>Convulsions</i>
7. Residence,	<i>Winthrop Town</i>
8. Place of Death, . . .	<i>Home</i>
9. Occupation,	Slave
10. Place of Birth, . . .	<i>England</i>
11. Name of Father, . .	<i>Engle & Rich</i>
12. Name of Mother, . .	<i>Mutha & Jackson</i>
13. Birthplace of Father, .	<i>England</i>
14. Birthplace of Mother,	<i>England</i>
15. Place of Interment, . .	<i>Engle Ward</i>
Signature of Undertaker or other person making the Return,	<i>Wm. F. L.</i>

Dated at *Winthrop*, on *Sept 10* 18*90*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

211 711 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . .
(Maiden Name),* . . .
3. Sex, and whether single.
Married, or Widowed, . . .
4. Color, † . . .
5. Age, . . .
6. Disease or Cause of Death, { First or Primary
Secondary (if any)
By whom certified
7. Residence, . . .
8. Place of Death, . . .
9. Occupation, . . .
10. Place of Birth, . . .
11. Name of Father, . . .
12. Name of Mother, . . .
13. Birthplace of Father, . . .
14. Birthplace of Mother, . . .
15. Place of Interment, . . .

Signature of Undertaker
~~or other person making~~
 the Return, . . .

DATED at Waldville N. S., on March 21, 1888.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - -

Mrs. Josephine S. Belega

Date and Place of Death,

died at Wintthrop, March 28,

1886.

Disease or Cause of Death,

of Pericarditis

Duration of Sickness about

six weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. E. McCarthy, M.D.

Wintthrop, Mass

Date of Certificate,

March 28,

1886

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

•

No. *A*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	<i>May 17th 1886</i>		
2. Name, (Maiden Name),*	<i>Spencer Franklin Prince</i>		
3. Sex, and whether single, Married, or Widowed.	<i>Male - Single.</i>		
4. Color, †	<i>White</i>		
5. Age,	<i>16</i> Years,	<i>1</i> Months,	<i></i> Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	<i>(Withurst)</i>		
7. Residence,	<i>Cor. Duwint Street Abv. Ocean Spring</i>		
8. Place of Death,	<i>—</i>		
9. Occupation,	<i>(Doctor)</i>		
10. Place of Birth,	<i>Mass</i>		
11. Name of Father,	<i>Albert L.</i>		
12. Name of Mother,	<i>Isabel</i>		
13. Birthplace of Father,	<i>(Boston)</i>		
14. Birthplace of Mother,	<i>"</i>		
15. Place of Interment,	<i>"</i>		
Signature of Undertaker or other person making the Return,	<i>W. L. & Brown.</i>		

DATED at *Withurst*, on *May 14th* 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

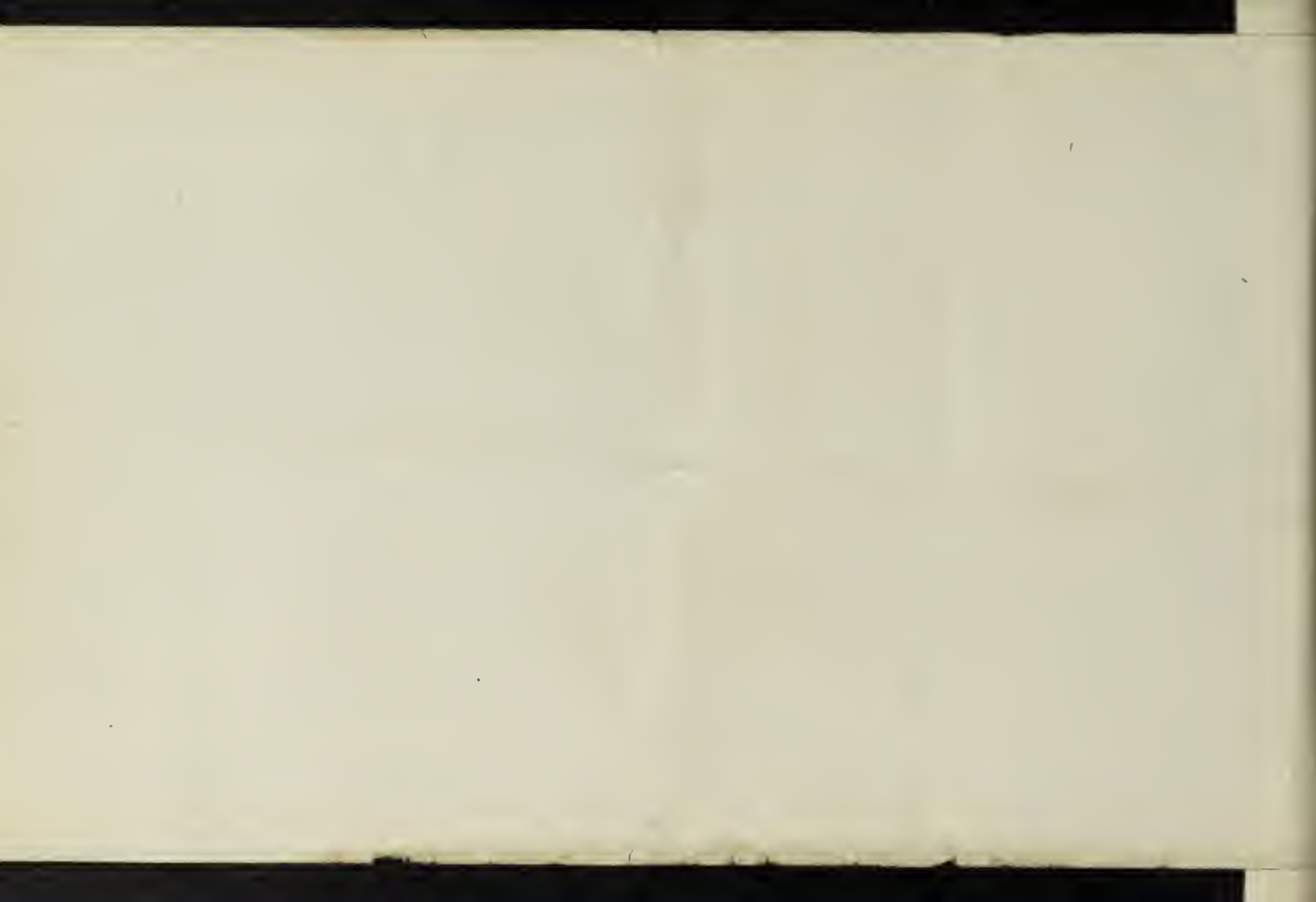
Winthrop,
Boston,

May 4th 1886.

This Certifies, That *James H. Price*
died on the *4th* day of *May* 1886, aged *16* years,
1 months, days.

CAUSE OF } Primary, Duration.....
DEATH. } Secondary, *Idiopathic Peritonitis* Duration *3 days*

Geo. E. McCarthy M.D. Physician.



No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 6 th 1886
2. Name, . . .	W. Anna James
(Maiden Name),* . . .	W. Anna Demings
3. Sex, and whether single, Married, or Widowed.	Female Marries
4. Color, † . . .	White
5. Age, . . .	54 Years, 3 Months, 12 Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Wentworth Small Wentworth Small
7. Residence, . . .	Shelburne St. S.
8. Place of Death, . . .	Anthony Demings
9. Occupation, . . .	Carriage Co.
10. Place of Birth, . . .	Shelburne St. S.
11. Name of Father, . . .	Anthony Demings
12. Name of Mother, . . .	Shelburne St. S.
13. Birthplace of Father, . . .	Anthony Demings
14. Birthplace of Mother, . . .	Wentworth Small
15. Place of Interment, . . .	Wentworth Small
Signature of Undertaker or other person making the Return, . . .	Demings (Flanged)
DATED at . . .	Wentworth Small, May 7 th 1886

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, **BEFORE THE INTERMENT.**

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must **FORTHWITH GIVE NOTICE** thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* -

H. Alvin Irvine

Date and Place of Death, -

died at *Winthrop*

May 6th

1886

Disease or Cause of Death, -

of *Pneumonia*

Duration of Sickness

Five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Frank Irvine M.D. Winthrop Mass.

Date of Certificate,

May 21st

1886.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

*6 days death
expected have been
lost time calculated*

Date of Death,

June 25

1886

Name,

Lilla M R Barry

Color,†

W

Age

8 years

Months

1.5

days

Place of Death

1 Ocean Sprag Mass

WARD

Street and No.,

Residence,

Boston Mass

Sex,

F

Single,

Married.

Occupation,

Wife of

Birthplace*

Boston Mass

Widow of

Name of Father,

John R

Name of Mother,

Susie E

Boston Mass

Birthplace of Father,*

Cambridge "

Birthplace of Mother,*

Cause of

Duration,

Death

Duration,

Secondary,

Place of Interment,

Forest Hills

Date of Interment or removal,

June 27th 1886

Undertaker or Informant,

*BENJ F. SMITH,
UNDERTAKER.*

Benj F Smith

Dr Duggin

NO. 251 TREMONT ST.

*Insert Town and State.

BOSTON MASS

† State whether white or black.



Winthrop Mass

Boston, June 25 1886

This Certifies, That Ella M. R. Barry,
died on the 25 day of June 1886, aged 8 years,
1 months, 15 days.

CAUSE OF } Primary, *Tubercular Meningitis* Duration
DEATH. } Secondary, Duration

Benjamin W. Smith,

Undertaker.

No 251 Tremont St.

Boston Mass

Samuel H. Durgin. Physician.



1200 1000 200
1000 1000 200
1000 1000 200
1000 1000 200

NOTICE.—Fill in all the Blanks.

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON:

Wintthrop

17

Date of Death, June 27 1880
Name, Mary E. Derrington Color, W
Age 53 years Months _____ days
Place of Death South St Street and No. 10
Residence, Roxbury Sex, Female Single, — Married.
Occupation, _____ Wife of _____
Birthplace* Weymouth Widow of _____
Name of Father, Samuel H.
Name of Mother, Harriet H.
Birthplace of Father,* Weymouth, Mass.
Birthplace of Mother,* Eastport, Maine
Cause of Primary, Duration, _____
Death Secondary, Duration, _____
Place of Interment, Catholic Church
Date of Interment or removal, _____
Undertaker or Informant, JOS. S. WATERMAN & SON,
UNDERTAKERS.

* Insert Town and State.

† State whether white or black.



JOS. S. WATERMAN & SON,
UNDERTAKERS.

Boston,

June 27 1886

This Certifies, That Mary Channing

died on the 27 day of June 1886, aged 53 years,

months,

days.

CAUSE OF
DEATH.

Primary,

Cancer of both breasts

Duration 1 year

Secondary,

Hæmorrhage from one breast

Duration few hours

I have seen this case but once and that
but a few hours before death.

Samuel H. Durgin, Physician.



No. 8

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 14 th 1886		
2. Name, (Maiden Name),*	Abbie C. Payne		
3. Sex, and whether single, Married, or Widowed.	Single		
4. Color, †	White		
5. Age,	64 Years,	10 Months,	10 Days.
6. Disease or Cause of Death, { First or Primary Secondary (if any) By whom certified	Marriage		
7. Residence,	Marriage		
8. Place of Death,	Marriage		
9. Occupation,	Eastman		
10. Place of Birth,	Framingham		
11. Name of Father,	Phoebe C. Payne		
12. Name of Mother,	Phoebe C. Payne		
13. Birthplace of Father,	Framingham		
14. Birthplace of Mother,	Framingham		
15. Place of Interment,	Framingham		
Signature of Undertaker or other person making the Return,	Phoebe C. Payne		
DATED at <i>Framingham</i> , on <i>June 14th</i> , 188 <i>6</i> .			

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

12-4-80

5-9

Final
Cemetery
Rt. 12-4-80
Spring
Ct. B. T. L.
Rt.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mrs. Abbie T. Payne
Age and Place of Death, - died at Winthrop July 14
Disease or Cause of Death, - of Neuralgia of Heart 1886
Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Signature of Certifying Physician H. S. Lovell M.D. Winthrop

Or Sex of Infant (not named).

Date of Certificate, Aug 14 1886

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of the person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unless a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of the clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 22 nd 1886
2. Name,	Alice Goodhue
(Maiden Name),* . . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Years, 18 Months, Days,
(Disease or Cause of Death,	
6. Duration of Sickness, .	
(By whom certified, . . .	Dr. Henry L. Burr
7. Residence,	Dr. Horne's place
8. Place of Death, . . .	Dr. Horne's mill
9. Occupation,	
10. Place of Birth, . . .	Green Mass
11. Name of Father, . . .	
12. Name of Mother, . . .	Alice Goodhue
13. Birthplace of Father, .	
14. Birthplace of Mother, .	Spilence
15. Place of Interment, . .	Spilence
Signature of Undertaker or other person making the Return, †	J. Fay
DATED at July 23 rd , on July 23, 1886.	

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Copy Card

1864

1880-1-

1883-4-5-6-7-8

1890

1892 Unsettled Century

1893 -4-5-6-7-8-

Year Moving

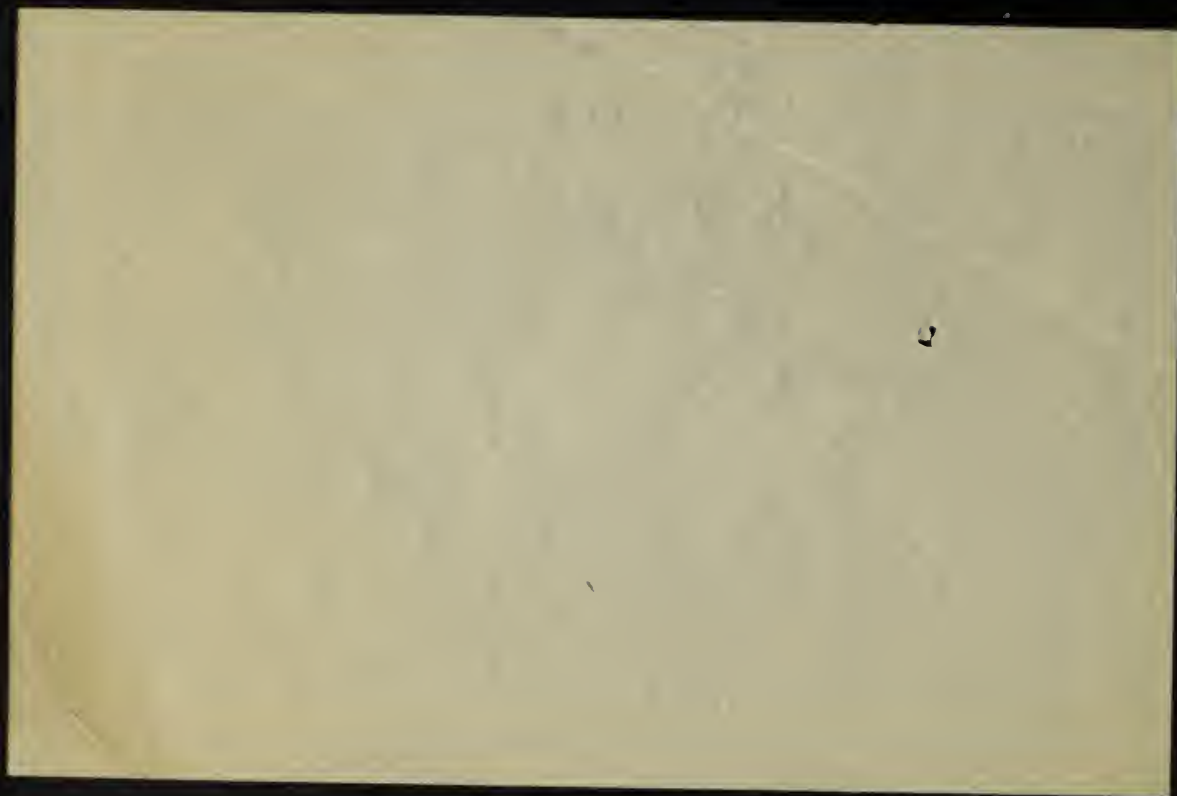
1853 to 1863 -unc.

1865 to 1879 -unc.

1882

1889

1891



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Alice Edwin

Female

Date and Place of Death, .

July 22, 1886

Sea Shore Home Wintthrop Mass

Disease, {
or Cause { First or Primary,
of Death, { Secondary, . . .

Cholera Infantum

Duration of, * *16 days*

Exhaustion

Duration of, _____

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, .

Ray M. Greene M.D.

Sea Shore Home Wintthrop

Dated at *Sea Shore Home Wintthrop* *July 22, 1886*

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 24 th 1881
2. Name,	Wm. Muller
(Maiden Name)*, . . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color. †	White
5. Age,	Years, 1 Months, 21 Days.
(Disease or Cause of Death,	
6. Duration of Sickmess, .	
{ By whom certified, . .	
7. Residence,	Cambridge Mass
8. Place of Death, . . .	at home (Family)
9. Occupation,	Cambridge Mass
10. Place of Birth, . . .	
11. Name of Father, . . .	Amos Miller
12. Name of Mother, . . .	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Massachusetts
15. Place of Interment, . .	
Signature of Undertaker and person making the Return,	J. Tinkler

DATED at Winthrop, on July 25th 1881.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Winthrop, Mass. ~~Mass.~~ July 24. 1886

This Certifies, That Mary Willoughby
died on the 24th day of July 1886, aged ~~years,~~
2 months, ~~days.~~

CAUSE OF	{	Primary, Diarrhoea	Duration 3 wks.
DEATH.		Secondary, Bronchitis	Duration 2 wks.

Edw^d. T. Williams M.D., Physician.

Physicians
Returns

1886

RETURN OF A DEATH.

To the Clerk of the City of Malden. *Winthrop*

1. Date of Death	<i>July 26th 1886</i>		
2. Name of Deceased (Maiden Name)*	<i>Alcina P. Williams</i>		
(Husband's Name)*	<i>" Pratt</i>		
3. Sex	<i>H. J. Williams</i>		
4. Color†	<i>Romance</i> <i>White</i>		
5. Condition, whether Single, Married, or Widowed	<i>Married</i>		
6. Age	<i>56</i> Years,	<i>00</i> Months,	<i>6</i> Days.
7. Disease or			
8. Cause of Death	<i>Dr Potter Malden</i>		
9. By whom certified	<i>Shirley St. Winthrop</i>		
10. Residence	<i>—</i>		
11. Occupation	<i>Shirley St. —</i>		
12. Place of Birth	<i>Mansfield VT —</i>		
13. Name of Father	<i>Josiah Pratt</i>		
14. Birthplace of Father	<i>— Vermont —</i>		
15. Name of Mother	<i>Martha Pratt</i>		
16. Birthplace of Mother	<i>Vermont</i>		
17. Place of Interment	<i>Malden</i>		
Signature of Undertaker, or other person making the Return	<i>H. B. Jacobs</i>		

Winthrop July 26th
Malden.

1886

* If a Married Woman or a Widow.

† (W.) White; (A.) African; (M.) Mixed White and African. If other Race, specify what.

Be very particular to fill all Blanks in Ink.

For Henry Jones

The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Cause of Death — to the City Clerk, BEFORE THE INTERMENT, and receive the Clerk's Certificate that the return has been made.

In case of an Internment taking place without the Certificate of Registry of the Clerk of the City or Town in which the death occurred (or the deceased resided) having first been obtained, the person having charge of such internment must FORTHWITH GIVE NOTICE thereof—or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of returns, and Physician's Certificates, may be obtained from the City Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of the City of Malden.

Deceased,*..... *Algina D. Williams*
Place of Death,... died at *Ocean Spray Winthrop* 1886
Cause of Death,... of *Oedema Lungs* Duration of Sickness. *Three weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature of Certifying Physician

L. L. Potter *Malden*
Date of Certificate *July 26th* 1886

* Or Sex of infant (not named).

A physician who has attended a person during his last illness shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the of his disease, as nearly as he can state the same.—(*Extract from Chapter 32 of the Public Statutes, Section 3.*)

Section 4 of the same chapter provides that “no human body shall be buried or removed from any city or town, until a proper certificate has been given by the clerk or registrar to the undertaker or sexton, or other person performing the burial or removing the body. The certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the sickness of the deceased, and placed in the hands of said clerk or registrar.”

If there has been no physician in attendance, or in case of death by dangerous contagious diseases, or in any other event where the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

1. Date of Death,
2. Name,
(Maiden Name),*
3. Sex, ~~and whether single,~~
~~Married, or Widowed,~~
4. Color, †
5. Age,
6. Disease or { First or Primary
Cause of { Secondary (if any)
Death, { By whom certified
7. Residence,
8. Place of Death,
9. Occupation,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at Winthrop, on Aug. 4th 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Aug. 3rd 1886.
Harry W. S. Marble

My.
W.

1 Years, 8 Months, Days.

18 Irving St. Boston
Seashore Home

(Boston

Dennery Co.

Larafa

Waldoboro Maine

Waldoboro Maine

Mt. Hope.

J. O. Tinkham.

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of the City of Cambridge.

Name of Deceased,*

Harry W. S. Warburton

Place of Death,

died at

Waltham Home - Waltham

1886

Cause of Death,

Cholera Infantum

Duration of Sickness

3 weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature of Certifying Physician

R. W. Greene

Date of Certificate

July 4

1886

* Or Sex of infant (not named).

A physician who has attended a person during his last illness shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 32 of the Public Statutes, Section 3.*]

Section 4 of the same chapter provides that “no human body shall be buried or removed from any city or town, until a proper certificate has been given by the clerk or registrar to the undertaker or sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar.

If there has been no physician in attendance, or in case of death by dangerous contagious diseases, or in any other event where the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 6 th 1886
2. Name,	Flora Carter
(Maiden Name)*, . . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color. †	White
5. Age,	Years, — Months, 21 Days.
(Disease or Cause of Death,	Acute Dysentery
6. { Duration of Sickness, .	Terminal Stage
By whom certified, . . .	Terminal Stage
7. Residence,	
8. Place of Death, . . .	
9. Occupation,	85
10. Place of Birth, . . .	Brooklyn, Mass., Chant
11. Name of Father, . . .	Miss Carter
12. Name of Mother, . . .	
13. Birthplace of Father, .	Providence, R. I.
14. Birthplace of Mother, .	W. Mass. Town, Mass.
15. Place of Interment, . .	Common Burial
Signature of Undertaker or other person making the Return,	Sumner F. Carter
DATED at <u>Providence</u> , on <u>Aug 8</u> 18 <u>86</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Sunday 2.13.1911
Thayer for M.D.
S. B. Allen
Empire 181

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *Missie Carter*
and Place of Death, - died at *Winthrop Aug 7^c*, 1886,
Disease or Cause of Death, - of *Cholera Infantum* Duration of Sickness *Four weeks*,

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician *H. S. Lunt M.D. Winthrop*

Date of Certificate *Aug 14^c* 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unless a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of the clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Aug 24 th 1890		
2. Name.	Burguete, C. R. P. 1890		
(Maiden Name), *			
3. Sex, and whether single, Married, or Widowed.	Female		
4. Color, †	White		
5. Age,	Years, 5	Months, 25	Days,
(Disease or Cause of Death,			
6. { Duration of Sickness,	Cholera		
(By whom certified,	Physician		
7. Residence,	Hartford, Conn.		
8. Place of Death.	Hartford, Conn.		
9. Occupation,	Milliner		
10. Place of Birth,	N. H.		
11. Name of Father.	O. R. P.		
12. Name of Mother,	B. P.		
13. Birthplace of Father,	N. H.		
14. Birthplace of Mother,	N. H.		
15. Place of Interment,	Hartford, Conn.		
Signature of Undertaker or other person making the Return,	J. P. P.		

DATED at Hartford, on Aug 24, 1890.

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased,* *Maguire- Richards*
Place of Death, *died at Sea Shore Home, Waltham, Mass. Aug. 10, 1886*
Cause of Death, *of Malaria terminating in Cholera Infantum*
Six at Sea Shore Home 13 days.

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, *R. W. Greene - Sea Shore Home -*

Date of Certificate, *Aug. 11 th* 188*6*

Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the physician or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or sexton, or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. 4

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 16 th 1886
2. Name,	Augusta M. Hildreth
(Maiden Name).*	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Years, 8 Months, Days.
(Disease or Cause of Death,	
6. Duration of Sickness, .	
By whom certified, . .	
7. Residence,	Boston, Mass.
8. Place of Death, . . .	24 Home Street
9. Occupation,	Baker, Mass.
10. Place of Birth, . . .	Amherst, Mass.
11. Name of Father, . . .	
12. Name of Mother, . .	
13. Birthplace of Father, .	Amherst, Mass.
14. Birthplace of Mother, .	Amherst, Mass.
15. Place of Interment, . .	Amherst, Mass.
Signature of Undertaker or other person making the Return,	Amherst, Mass.

DATED at Amherst, on Aug 13 1886

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

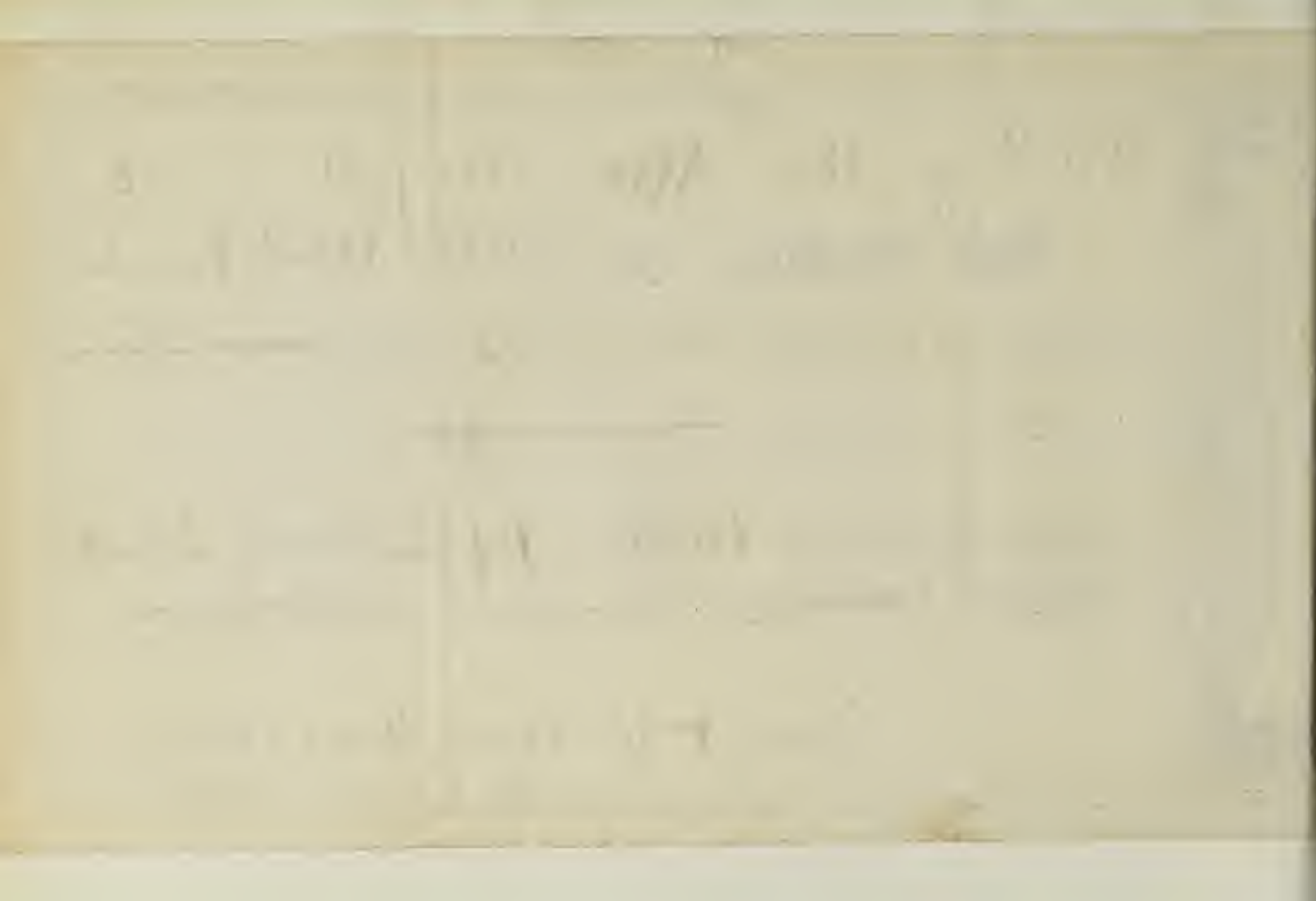
No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Whitney Man ~~Wm~~ Aug. 11. 1886

This Certifies, That Mellie Whitehead
died on the 11th day of Aug. 1886, aged years,
8 months, days.

CAUSE OF } Primary, Cholera Infantum Duration 2 hrs.
DEATH. } Secondary, Duration

Edw. T. Williams M.D. Physician.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 11 th 1886, Eldon	
2. Name,	Ferdinand S. Tate	
(Maiden Name)*, . . .		
3. Sex, and whether single, Married, or Widowed,	Male	
4. Color, †	White	
5. Age,	Years, 7	Months, 20 Days,
(Disease or Cause of Death,		
6. Duration of Sickness, .		
(By whom certified, . .	Minthrops, Mass	
7. Residence,	Pleasant Street	
8. Place of Death, . . .		
9. Occupation,	Minthrops, Mass	
10. Place of Birth, . . .	Charles H. Tate	
11. Name of Father, . . .	Susan B. Tate	
12. Name of Mother, . . .	Charleston, Mass	
13. Birthplace of Father, .	Charleston, Mass	
14. Birthplace of Mother, .	Minthrops, in Canada	
15. Place of Interment, . .	Cemeter Floyd	
Signature of Undertaker or other person making the Return,	Amner Floyd	
DATED at Minthrops	on Aug 13.	1886

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

The Board of Health
20. Centre Street
Cambridge, Mass.

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Age and Sex of Deceased, . . . *Ferdinand Elden Tate — Male*
Place of Death, . . . *Winthrop, Mass., August 12, 1886*
Cause of Death, { *First or Primary,* . . . *Duration of,** . . .
 Secondary, . . . *Cerebral Meningitis Duration of, two days*

I certify that the above is a true Return, to the best of my recollection and belief.

Signature of Physician, and Residence, . . . *George E. McCarthy M.D. Winthrop, Mass.*
Dated at *Winthrop, August 14* 188*6*.
[By particular to fill all Blanks.] * Reckoned to the time of death.

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[EXTRACT FROM CHAPTER 21 OF THE GENERAL STATUTES, 1859.]

☞ The attending Physician is requested to make out his Certificate as promptly as possible, for the information and use of the Undertaker, or other person making return of the case to the Town Clerk.

☞ Physicians may obtain BLANK CERTIFICATES from the Town Clerk or Registrar.

☞ Copies of the STATISTICAL NOSOLOGY, adopted for the purposes of Registration, may be obtained on application to the SECRETARY OF THE COMMONWEALTH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Aug 13 th 1886,		
2. Name.	Evelyn Linnwood		
(Maiden Name)*.	Fowler		
3. Sex, and whether single, Married, or Widowed,	Widow		
4. Color, †.	White		
5. Age,	62 Years,	Months, —	Days,
(Disease or Cause of Death,			
6. { Duration of Sickness,	Twelve Days		
By whom certified,	Maudie L. Linnwood		
7. Residence,	Grove Street		
8. Place of Death,	Dwight Street		
9. Occupation,	Widow		
10. Place of Birth,	Grove Street		
11. Name of Father,	Evelyn Linnwood		
12. Name of Mother,	Grove Street		
13. Birthplace of Father,	Grove Street		
14. Birthplace of Mother,	Grove Street		
15. Place of Interment,	Grove Street		
Signature of Undertaker or other person making the Return,			
DATED at <u>Dwight St.</u> , on <u>August 14</u> 1886,			

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

21-29

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Emily Kemball

Date and Place of Death, -

died at Winthrop Aug 13,

1886,

Disease or Cause of Death, -

of Paralysis

Duration of Sickness Four days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

H. S. Louli M.D. Winthrop

Date of Certificate, Aug 14, 1886.

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent “Act to provide for the more Accurate Registration of Vital Statistics,” passed April 23, 1878, provides that “no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar.”

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 15 th 1886		
2. Name, (Maiden Name),* . . .	Ann E. Bayland		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	Years, 7	Months, 17	Days, . . .
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Pneumonia		
7. Residence,	Pawtucket, R.I.		
8. Place of Death,	"		
9. Occupation,	Worthless		
10. Place of Birth,	Pawtucket, R.I.		
11. Name of Father,	Stephen Bayland		
12. Name of Mother,	Lillian Bayland		
13. Birthplace of Father,	P.E. Island		
14. Birthplace of Mother,	P.E. Island		
15. Place of Interment,	Holy Trinity, Pawtucket		
Signature of Undertaker or other person making the Return,			
Signature of Undertaker Signature of other person making the Return			

DATED at Pawtucket, on August 16, 1886

* If a Married Woman or Widow.
 † If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - -

Annie I. Boylan

and Place of Death, -

died at *W. Ashcroft Aug 15th*

1886

or Cause of Death, -

of *Cholera Infantum*

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician

H. P. Luce

Date of Certificate, *Aug 15th*

1886

Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of the person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unless a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of the clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 16 th 1886		
2. Name,	Gene Read		
(Maiden Name)*, . . .			
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	W		
5. Age,	X Years,	4 Months,	Days.
(Disease or Cause of Death,			
6. { Duration of Sickness, .			
By whom certified, . . .			
7. Residence,	Boston Mass		
8. Place of Death, . . .	W. Home Vintrop		
9. Occupation,			
10. Place of Birth, . . .	Boston Mass		
11. Name of Father, . . .	Boston Mass		
12. Name of Mother, . . .			
13. Birthplace of Father, .	Boston Mass		
14. Birthplace of Mother, .	Beverly Independent Mass		
15. Place of Internment, . .	Burial		
Signature of Undertaker or other person making the Return,	J. Sumner Fiegel		
DATED at <u>Thirushops</u> , on <u>Aug 17</u> 18 <u>86</u>			

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased,*

Frederic Reed

Place of Death,

died at Sea Shore Farm Northrop, Mass. Aug. 16th 1886.

Cause of Death,

of Marasmus Duration of Sickness 3 months

I certify that the above is true to the best of my knowledge and belief.

Signature of Certifying Physician,

R. W. Greene

Date of Certificate, Aug 16 1886

Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the physician or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or bury a body until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or registrar, or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician is not obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall sign the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 9		
2. Name,	James M. Lodge		
(Maiden Name),*			
3. Sex, and whether single, Married, or Widowed,	Male Single		
4. Color, †	White		
5. Age,	15	Years, 6	Months, Days,
6. Disease or	First or Primary		
Cause of	Secondary (if any)		
Death,	By whom certified		
7. Residence,	Wintthrop		
8. Place of Death,	Great Head 11/10/1886		
9. Occupation,	Murfield Man		
10. Place of Birth,	Jamaica		
11. Name of Father,	Sarah E.		
12. Name of Mother,	Anderson Jr.		
13. Birthplace of Father,	C. Hunter		
14. Birthplace of Mother,			
15. Place of Interment,	LA		

Signature of Undertaker
or other person making
the Return,

W. B. Brown

DATED at P. B. B. B., on Aug. 20 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

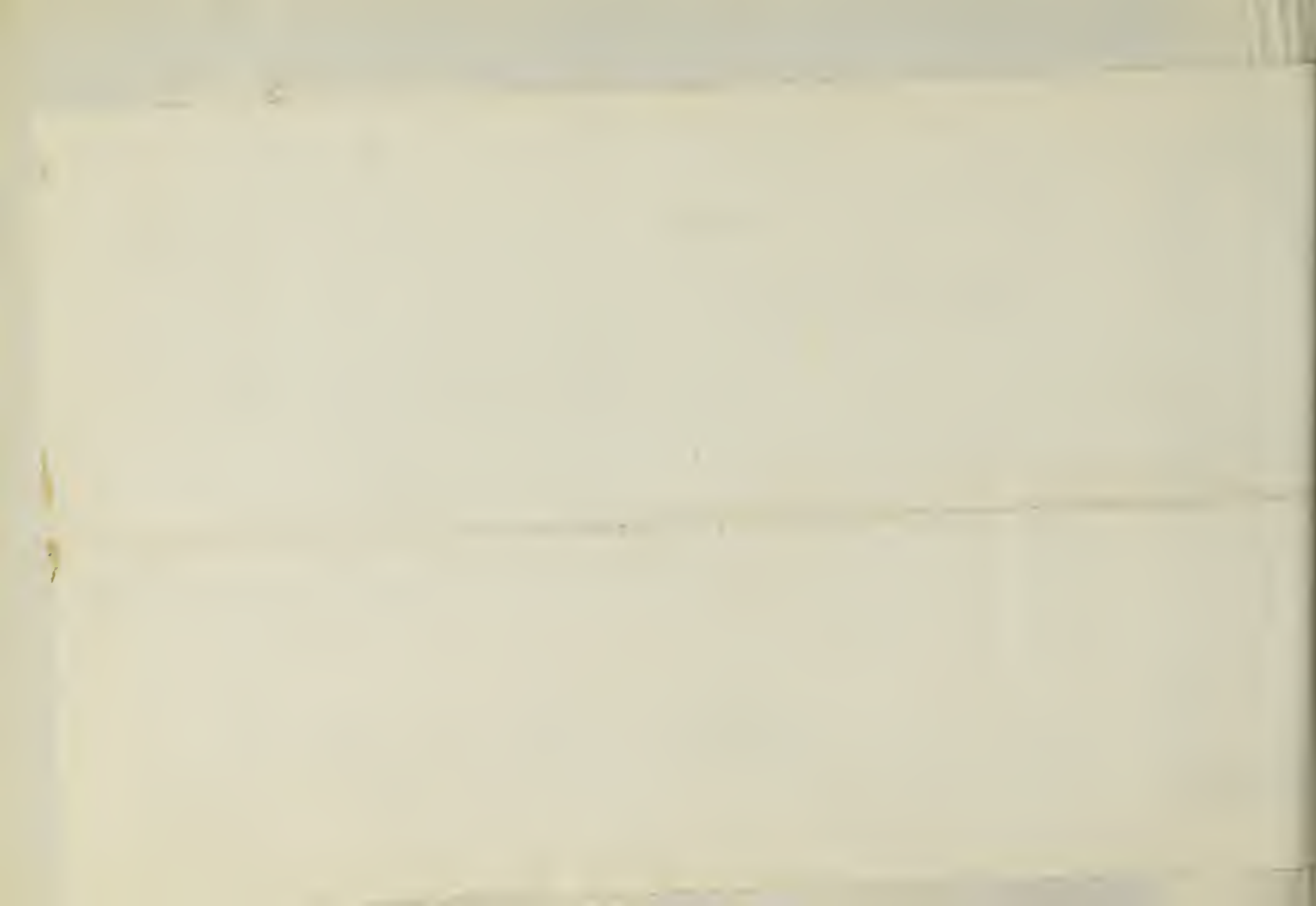
☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Winthrop Boston, Aug. 10 1886

This Certifies, That James C. Dodge
died on the 9 day of Aug. 1886, aged 15 years,
6 months, days.

CAUSE OF DEATH. { Primary, Typhoid Fever Duration 4 Days
Secondary, Duration

John C. Sprague M.D. Physician.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 20 th , 1886.		
2. Name, (Maiden Name),* . . .	Mary E. Hodges		
3. Sex, and whether single, Married, or Widowed,	Widow		
4. Color, †	White		
5. Age,	47 Years,	2 Months,	7 Days.
6. Disease or (First or Primary Cause of (Secondary (if any) Death, (By whom certified	Death		
7. Residence,	Smiths Falls, Mass.		
8. Place of Death,	Boston, Mass.		
9. Occupation,	House-keeper		
10. Place of Birth,	Mass.		
11. Name of Father,	George H. Hodges		
12. Name of Mother,	Mary E. Hodges		
13. Birthplace of Father,	Boston, Mass.		
14. Birthplace of Mother,	Boston, Mass.		
15. Place of Interment,	Woodlawn Cemetery		
Signature of Undertaker or other person making the Return,	Sumner F. Foy		

DATED at Smiths Falls, on Aug 21st, 1886

* If a Married Woman or Widow.
† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Please fill each question and file

Filed by her sister Amanda A. Mayes - Gayton River Penna

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

5-6 Coffin
Box
found 3-30 Saturday
For Mr. Mearns

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Mrs. Mary E. Hodges

Age and Place of Death,

died at Wintthrop, August- 19,

Disease or Cause of Death,

of Apoplexy

1886.

Duration of Sickness 6 hours

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. E. McCarthy Wintthrop, Mass.

*Or Sex of Infant (not named).

Date of Certificate, Sept 1

1886.

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug. 29 th 1886		
2. Name, (Maiden Name),* . . .	Evelton Eustis		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	Years, 5	Months, 24	Days,
6. Disease or { Cause of { Death, {	First or Primary Secondary (if any) By whom certified		
7. Residence,	Guthrie, Ind.		
8. Place of Death,	Guthrie, Ind.		
9. Occupation,	Guthrie, Ind.		
10. Place of Birth,	Guthrie, Ind.		
11. Name of Father,	Charles R. Eustis		
12. Name of Mother,	Sarah A. Eustis		
13. Birthplace of Father,	New Brunswick, N. J.		
14. Birthplace of Mother,	New Brunswick, N. J.		
15. Place of Interment,	Guthrie, Ind.		
Signature of Undertaker or other person making the Return,	J. H. Eustis		

DATED at Guthrie, Ind., on Aug. 29, 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Handwritten notes at bottom:
10-1-1880
10-1-1880
10-1-1880

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred. Aug 3

1.	Date of Death.	
2.	Name,	
	(Maiden Name)*.	
3.	Sex, and whether single, Married, or Widowed,	
4.	Color, †.	
5.	Age,	
6.	Disease or Cause of Death, Duration of Sickness, By whom certified,	
7.	Residence,	
8.	Place of Death,	
9.	Occupation,	
10.	Place of Birth,	
11.	Name of Father,	
12.	Name of Mother,	
13.	Birthplace of Father,	
14.	Birthplace of Mother,	
15.	Place of Interment,	

Signature of Undertaker
or other person making
the Return,

DATED at Winnipeg, on Aug. 31 1886

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased,* - - - *George Clark*
Cause of Death, - died at *Sea Shore Home, Wintthrop, Mass. Aug 3/1886.*
Cause of Death, - of *Dysentery* Duration of Sickness *6 wks*

I certify that the above is true, to the best of my knowledge and belief.

Signature of Certifying Physician, *Wm Greve Wintthrop Mass*
Date of Certificate, *Aug 31st 1886*

Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given to the registrar or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, to the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician is not good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall give the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April - 1st 1886
2. Name, (Maiden Name),* . . .	Simon & Sumner
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	40 Years, — Months, — Days.
6. { Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .	Witchamers Road Street
7. Residence,	Chicopee
8. Place of Death, . . .	aged 40 years at home
9. Occupation,	Edward Sumner
10. Place of Birth, . . .	Sumner
11. Name of Father, . . .	Edward A. S.
12. Name of Mother, . . .	Elizabeth A. S.
13. Birthplace of Father, .	Witchamers
14. Birthplace of Mother, .	Witchamers
15. Place of Interment, . .	Witchamers
Signature of Undertaker by other person making the Return,	

DATED at *Witchamers*, on *April 1st*, 188*6*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Funeral 2.20. Friday
Coffin
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Disinterment

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* *Simon J. Dummer*
Date and Place of Death, - died at *Winthrop* *Sep 1* 188*6*
Disease or Cause of Death, - of *typhoid fever* Duration of Sickness *two weeks*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *Wm. S. Perci M.D. Winthrop*

Date of Certificate, *Sep 1 27^c* 188*6*

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Sept 1 st 1886
2. Name. (Maiden Name)*, . . .	Mrs. Mary T
3. Sex, and whether single, Married, or Widowed.	Female
4. Color, †.	White
5. Age,	Years, ² 2 Months, ¹⁰ 2 Days.
6. { Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .	Boston Good Samaritan Hospital
7. Residence,	Boston
8. Place of Death,	Boston
9. Occupation,	Domestic Servant
10. Place of Birth,	Massachusetts
11. Name of Father,	John - Henry
12. Name of Mother,	Ann - Fied
13. Birthplace of Father,	Massachusetts
14. Birthplace of Mother,	Massachusetts
15. Place of Interment,	Franklin Park Cemetery
Signature of Undertaker or other person making the Return,	

DATED at Franklin, on Sept 2nd, 1886

* If a Married Woman or Widowed.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Deceased,*

Mary^m Geary

Place of Death,

died at Sea Shore Home Wintthrop Mass Sept 1 1886

Cause of Death, -

of Diarrhoea

Duration of Sickness 10 days

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

R. W. Allen M.D.

Sex of Infant (not named).

Date of Certificate, Sept 2

1886

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept 22 ^d 1886		
2. Name, (Maiden Name),*	Thomas Snowcraft-		
3. Sex, and whether single, Married, or Widowed.	Male		
4. Color, †	White		
5. Age,	Years,	Months,	Days,
6. Disease or { Cause of { Death, {	By whom certified		
7. Residence,	Christiansburg, Va.		
8. Place of Death,	Christiansburg & Buchanan		
9. Occupation,	—		
10. Place of Birth,	" " "		
11. Name of Father,	Richard Snowcraft		
12. Name of Mother,	Mary Snowcraft		
13. Birthplace of Father,	Richwood, N.Y.		
14. Birthplace of Mother,	Richwood, N.Y.		
15. Place of Internment,	Christiansburg, Va.		
Signature of Undertaker or other person making the Return,			
James Doyle			

DATED at Christiansburg, on Sept 3, 1886

* If a Married Woman or Widow.

† If other than white, (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Direct to Coffin
Removal to P. 200

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jul 2 nd 1877		
2. Name,	Eben H. Brown		
(Maiden Name)*, . . .			
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †,	White		
5. Age,	Years, —	Months, 10	Days, —
(Disease or Cause of Death,			
6. Duration of Sickmess, . .			
(By whom certified, . . .			
7. Residence,	Belton, Maine		
8. Place of Death,	Sea of the River Maine		
9. Occupation, . . . ; . .	Boatman		
10. Place of Birth,			
11. Name of Father,			
12. Name of Mother,			
13. Birthplace of Father, . .			
14. Birthplace of Mother, . .	Denmark 184		
15. Place of Interment, . . .	Summer Place		
Signature of Undertaker or other person making the Return,	Undertaker		
DATED at <u>Belton</u> , on <u>Sept 3rd</u> 18 <u>77</u>			

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Ellen McKean M. K.
Date and Place of Death, - died at Leasure Home Waltham Mass. Sept 2 1886
Disease or Cause of Death, - of Double Pneumonia Duration of Sickness 10 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, R. H. Lane M.D.

Date of Certificate, Sept 2 1886

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
3. Sex, and whether single,
Married, or Widowed.
4. Color, †
5. Age,
6. Disease or ~~First or Primary~~
Cause of ~~Secondary (if any)~~
Death, ~~By whom certified~~
7. Residence,
8. Place of Death,
9. Occupation,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~or other person making~~
the Return,

DATED at Smithtown, on Sept-3rd 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

September 3, 1886
Olivia E. Bacon.

Female

White

3 Years, 5 Months, 9 Days.

Smithtown, Mass.
Cor. Belcher & Northrup Sts.

Massachusetts

James Bacon

Eliza Bacon

Charlestown, New Hampshire

Charlestown, Penn.

Smithtown, Penn. Cemetery

Quinner Floyd

☞ The Undertaker, or other informant, is requested to report the facts—together with Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to the Town Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *Alice Bacon*
Date and Place of Death, - died at *Winthrop, Mass Sept. 3,* 188*6.*
Disease or Cause of Death, - of *Dysentery* Duration of Sickness *6 days*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *Geo. E. McCarthy, M.D., Winthrop, Mass*

Date of Certificate, *Sept 3,* 188*6.*

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

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Place of Death }
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WARD

Sex, Male Single,

Married.

Occupation,

Wife of

Birthplace*

View of

Name of Father,

Name of Father,

Name of Mother

Name of Mother

Birthplace of Father,*

Birthplace of Father,*

Birthplace of Mother,*

Birthplace of Mother,*

Cause of) Primary, ~~Secondary~~ Duration,

Cause of) Primary, ~~Secondary~~ Duration,

Death } Secondary,

Death } Secondary,

Place of Interment,

Duration,

Date of Interment or removal,

Date of Interment or removal,

Undertaker or Informant,

22

NO. 251 TREMONT ST.,

 * *Insert Town and State.*

 * *Insert Town and State.*

† State whether white or black.

21 312 Belcher
445 0 + 445 2. Stillman

Goodnight

Boston, Sept 4th 1886

This Certifies, That *Harriet S. Hastings*
died on the 4th day of *Sept* 1886, aged 1 years,
months, days.

CAUSE OF } Primary,

DEATH. } Secondary,

Benjamin. F. Smith,

Undertaker.

No 251 Tremont St.

Boston Mass

Duration

Cholera Infantum

Duration

E. W. Coker Physician.

RECEIVED
AT THE
OFFICE OF THE
SHERIFF
JAN 10 1891

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Sept. 3, 1886		
2. Name, (Maiden Name),*	Charles H. Tenney		
3. Sex, and whether single. Married, or Widowed.	Male		
4. Color, †	White		
5. Age,	74	Years,	Months, Days,
6. Disease or First or Primary Cause of { Death, By whom certified {	Fungus		
7. Residence,	Winton Mass		
8. Place of Death,	Washington Avenue		
9. Occupation,	Book Binder		
10. Place of Birth,	Chelsea Mass		
11. Name of Father,	William Tenney		
12. Name of Mother,	Hannah Tenney		
13. Birthplace of Father,	Chelsea Mass		
14. Birthplace of Mother,	Boston Mass		
15. Place of Interment,	Burial Ground		
Signature of Undertaker or other person making the Return,			

DATED at Winton, on Sept 6, 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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H. Knolly

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 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Samuel Howe Curbobury

Date and Place of Death,

died at Winthrop, Mass Sept 5, 1886.

Disease or Cause of Death,

of Typhoid Dysentery Duration of Sickness three weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. E. McLearty M.D. Winthrop Mass

Date of Certificate, Sept 6, 1886.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

1. Date of Death, . . .	Sept. 13 " 1886		
2. Name, (Maiden Name),*	Gordon J. Bell		
3. Sex, and whether single, Married, or Widowed.	Male		
4. Color, †	White		
5. Age,	1 Year, 3 Months, 3 Days,		
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified			
7. Residence,	Shirley, Mass.		
8. Place of Death,	Shirley, Mass.		
9. Occupation,	—		
10. Place of Birth,	East Boston		
11. Name of Father,	John B.		
12. Name of Mother,	Margaret S.		
13. Birthplace of Father,	W. E. Ireland		
14. Birthplace of Mother,	W. E. Ireland		
15. Place of Interment,	Lamarck W. E. Ireland		
Signature of Undertaker or other person making the Return,			
James Hays			

DATED at Shirley, on Sept. 14, 1886.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

2-6

~~Ms. A. 9. 2. 3. 3~~

1200-

- 750

Lost 1000

7. 11. 1911

Winthrop
Boston, *Sept. 14th* 1886.

This Certifies, That *Gordon H. Bell*
died on the *13th* day of *Sept.* 1886, aged *1* years,
5 months, days.

CAUSE OF	{	Primary, <i>Dysentery</i>	Duration <i>3 weeks</i>
DEATH.		Secondary, <i>Meningitis</i>	Duration <i>5 days</i>

Samuel H. Druggin, Physician.



RETURN OF DEATH TO THE CITY REGISTRAR.

(32)

CITY HALL, BOSTON.

Minutrope

Date of Death, *Sept. 17* 18*96*
 Name, *Beatrice (Prue) W.* Color, *W.*

Age *11* years *11* Months *1* days

Place of Death }
 Street and No. }

Wood Street
Smithrops St.

Residence, *Smithrops* Sex, *Wife of* Single, Married.

Occupation, *Widow* *Wife of*
 Birthplace* *D. Cambridge* *Widow of*

Name of Father, *Joseph*

Name of Mother, *Mary*

Birthplace of Father,* *Cambridge*

Birthplace of Mother,* *Cambridge*

Cause of } Primary,

Duration,

Death } Secondary,

Duration,

Place of Interment, *Cambridge*

Date of Interment or removal, *Sept. 19*

Undertaker or Informant,

John A. Kelly
E. O'Brien

**Insert Town and State.

†State whether white or black.



PHYSICIAN'S CERTIFICATE.

of Deceased,* - - - Sarah Paul Brown
and Place of Death, - died at Winsthrop Sept 2, 1876
or Cause of Death, - of Whooping Cough Duration of Sickness Three weeks

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician H. S. Loeble M.D. Winsthrop

Date of Certificate, Sept 13th 1876

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, unless a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of the clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where a certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 11 th 1886		
2. Name, (Maiden Name),* . . .	John Smith		
3. Sex, and whether single, Married, or Widowed,	M		
4. Color, †	W		
5. Age,	48	Years,	Months, Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Gonorrhea, Syphilis Secondary Syphilis		
7. Residence,	New York		
8. Place of Death,	New York		
9. Occupation,	Teacher		
10. Place of Birth,	New York		
11. Name of Father,	Eugene A.		
12. Name of Mother,	Landonia M.		
13. Birthplace of Father,	Berlin, Prussia		
14. Birthplace of Mother,	Prussia, Prussia		
15. Place of Interment,	Single Grave lot		
Signature of Undertaker or other person making the Return,	J. M. Smith, East 12th St.		

DATED at New York, on Sept 12, 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Age and Place of Death,

Time or Cause of Death,

died at

of

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

*Or Sex of Infant (not named).

Josephine Rich
Winthrop Mass Sept 22 1886

Date of Certificate, Sept 23 " 1886

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 9 th 1886.
2. Name, (Maiden Name)*.	Guy Walter Paul
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	W.
5. Age,	Years, 3 Months, 13 Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	
7. Residence,	Winthrop Mass
8. Place of Death,	Winthrop Street
9. Occupation,	
10. Place of Birth,	Winthrop Mass
11. Name of Father,	Geo. W. Paul
12. Name of Mother,	Mary C. G. Paul
13. Birthplace of Father,	Ellis. Me.
14. Birthplace of Mother,	Newport Mass.
15. Place of Interment,	Newport Mass.
Signature of Undertaker or other person making the Return,	Summer Shaw M. Shaw

DATED at Winthrop Mass on Oct 10th 1886

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Jay W. Paul
Date and Place of Death, . died at Windsor Oct 9th, 1886.
Disease or Cause of Death, - of Sparnache Cramp Duration of Sickness Two hours.

I certify that the above is true, to the best of my knowledge and belief. •

Name and Residence of Certifying Physician H. S. Smith M.D. Windsor

Date of Certificate, Oct 9th 1886

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of such clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

To be reported before interment.

Return of a Death to the City Clerk.

CITY HALL, CHELSEA.

Date of Death,

Oct 13th

188

Name,

Emmie B. Gray

Age,

29

years,

months,

days.

Color,

M

Residence, (St. & No.)

St Charles St - North

Sex, whether single, married, or widowed

Married

Occupation,

Domestic

At 14

Barrett

Names of Parents,

James & Sarah J. ~~Gray~~

Wife or Widow of

Wife of Douglas

Birthplace of Father,

Melrose Mass

Birthplace of Mother,

Boston Me

Place of Interment,

Wardham

Undertaker or Informant,

Rev S. G. Marden

Winthrop Post Office

Windsor, ~~Chelms~~, 18th Oct 1886

This Certifies, That Emma B. Gray

on the 13th day of Oct 1886, aged 29 years,

— months, — days.

E OF ATH	{	Primary,	Tuberculosis.	Duration,	4 1/2 years
		Secondary,	Tubercular Intestines	Duration,	1 1/2 years

W. W. W. —

Physician.

RETURN OF DEATH TO THE CITY REGISTRAR.

(36)

CITY HALL, BOSTON.

Wentworth, Mass

Date of Death,

Dec 2nd

Name,

Mrs Kimball

Age

2 years

Months

18

white

Color,†

days

Place of Death
Street and No.

26 Arbor Ave Wentworth

WARD

Residence,

Wentworth

Sex,

F

Single,

Married.

Occupation,

Wife of

Birthplace*

Boston

Widow of

Name of Father,

Deastus J. Little

Name of Mother,

Mrs. C. J. Little

Birthplace of Father,*

Wentworth, Mass

Birthplace of Mother,*

Bangor, Maine

Cause of

Duration,

Death

Secondary,

Place of Interment,

Duration,

Date of Interment or removal,

December 5th 1886

Undertaker or Informant,

BENJ. F. SMITH,

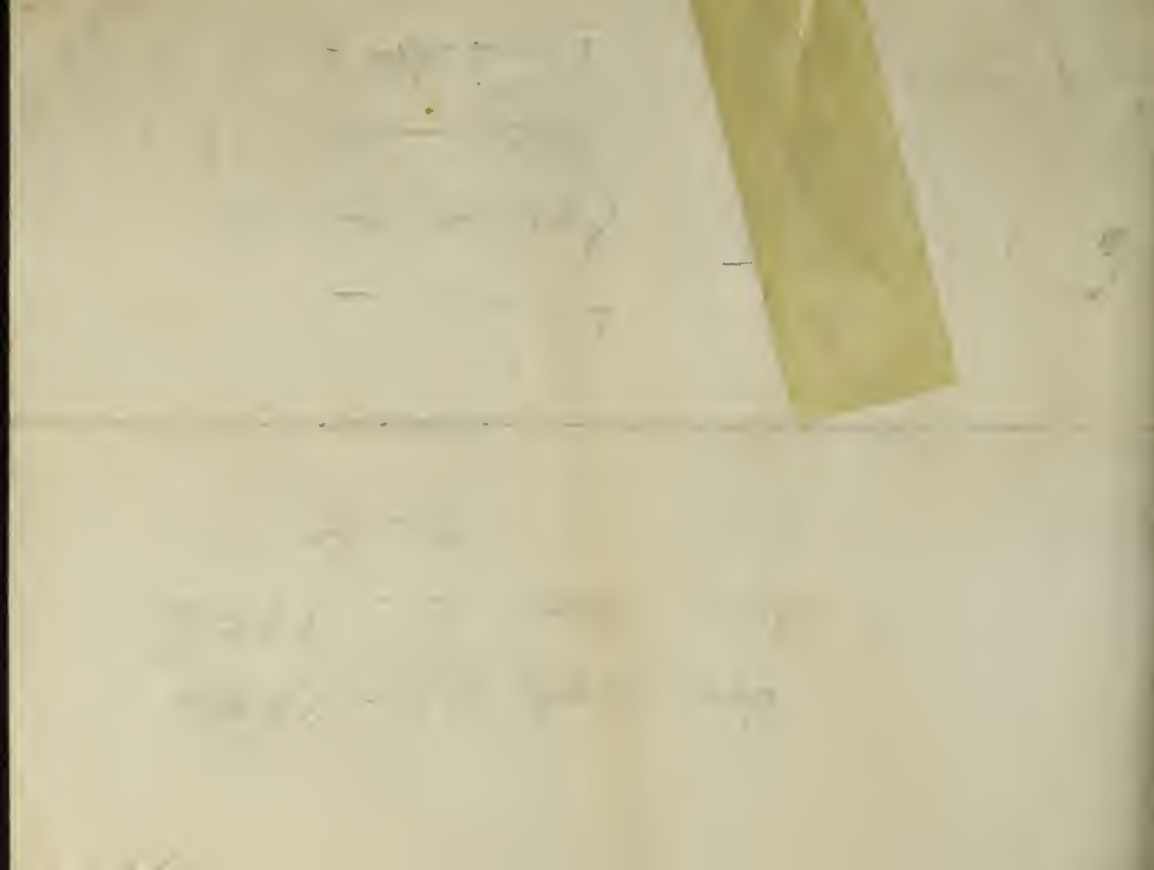
UNDERTAKER,

NO. 251 TREMONT ST.,

BOSTON, MASS

*Insert Town and State.

†State whether white or black.



Boston, Dec 2 1886

This Certifies, That *Inez Kimball* *or Little*
died on the *2* day of *Dec* 1886, aged *2* years,
8 months, days.

CAUSE OF	{	Primary, <i>Burns</i>	Duration
DEATH.		Secondary, <i>Nervous Shock</i>	Duration <i>21 hours</i>

BENJ. F. SMITH,
UNDERTAKER,

NO. 251 TREMONT ST.,
BOSTON, MASS.

R. S. Soule M.D.

Physician.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 24 1887		
2. Name, . . . (Maiden Name),*	Mary E. Thompson		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age, . . .	1 Year,	3 Months,	3 Days.
6. Disease or Cause of Death, { First or Primary Secondary (if any) By whom certified	Antitoxin		
7. Residence, . . .	Pittsboro		
8. Place of Death, . . .	Pittsboro		
9. Occupation, . . .	Pittsboro		
10. Place of Birth, . . .	Pittsboro		
11. Name of Father, . . .	George E. Thompson		
12. Name of Mother, . . .	Mary E. Thompson		
13. Birthplace of Father, . . .	Camden, N. J.		
14. Birthplace of Mother, . . .	Camden, N. J.		
15. Place of Interment, . . .	Pittsboro		
Signature of Undertaker or other person making the Return, . . .			
DATED at Pittsboro, on Dec 28 1887			

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to forward the Physician's Certificate of the Causes of Death—to the Town

☞ In case of an interment taking place, without the Town in which the Death occurred (or the deceased residing) the person having charge of such Interment must FORTHWITH GIVE NOTICE to the Town Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained of the

PHYSICIAN'S CERTIFICATE.

Deceased,* - - - *Mary G. Wickwire*
Place of Death, died at *Windsor Dec 28* 188*6*
Cause of Death, of *Whooping Cough* Duration of Sickness *Five months*

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

H. S. Louie MD

Date of Certificate, *Jan 1st* 188*7*.

Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by a physician or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 6 th 1887.
2. Name,	Minnie F. Carby
(Maiden Name), *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	4 Years, 11 Months, 14 Days,
(Disease or Cause of Death,	
6. Duration of Sickness, . .	
(By whom certified, . . .	
7. Residence,	Read Street
8. Place of Death,	" "
9. Occupation,	
10. Place of Birth,	East Boston
11. Name of Father,	Charles T. Carby
12. Name of Mother,	Minnie C. Carby
13. Birthplace of Father, . .	East Boston, Mass
14. Birthplace of Mother, . .	Boston, Mass
15. Place of Interment, . . .	Winthrop Cem. Cemetery
	East Dennis Floyd
	Sumner Floyd
Signature of Undertaker making making the Return,	
DATED at <u>Winthrop</u> , on <u>January 7</u> 1887	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Box
Name
1 Ensign
Funeral Calvary
213 Dr

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the requirements required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until a certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* -

Willie Crosby

Age and Place of Death, -

died at Whiting, Md. Jan 6 1887.

Disease or Cause of Death, -

of Croupous Pneumonia Duration of Sickness Six days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. E. McCarthy M.D. Whiting, Md.

Date of Certificate, Jan. 8, 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 7 1888		
2. Name, (Maiden Name),* . . .	Ada Hunt		
3. Sex, and whether single, Married, or Widowed.	Single		
4. Color, †	White		
5. Age,	4 Years, 1 Month, 28 Days,		
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Typhoid Fever		
7. Residence,	New York City		
8. Place of Death,	New York City		
9. Occupation,	Teacher		
10. Place of Birth,	New York City		
11. Name of Father,	John A. Hunt		
12. Name of Mother,	Mary A. Hunt		
13. Birthplace of Father,	New York City		
14. Birthplace of Mother,	New York City		
15. Place of Interment,	New York City		
Signature of Undertaker or other person making the Return,			

DATED at, on 188 .

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

11th St. N. W.
2-30
8-20
7

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - - *Ada Hattie Reed*
d Place of Death, - died at *Winthrop Jan 7*
or Cause of Death, - of *Consumption* Duration of Sickness *Three months* 1887.

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, *Her. S. Louie Winthrop*

or Sex of Infant (not named).

Date of Certificate, *Jan 8* 1887.

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 23 rd 1877
2. Name, (Maiden Name),* . . .	Maria Rudolph
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	88 Years, 3 Months, 13 Days.
{ Disease or Cause of Death, 6. { Duration of Sickness, . . . { By whom certified, . . .	
7. Residence,	West 1 st Street
8. Place of Death,	Resident Street
9. Occupation,	Retired
10. Place of Birth,	Wethersfield England
11. Name of Father,	
12. Name of Mother,	
13. Birthplace of Father,	
14. Birthplace of Mother,	Wethersfield England
15. Place of Interment,	Wethersfield
Signature of Undertaker or other person making the Return,	

DATED at *Wethersfield* . . . on *Jan* 26 1877.

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - *Maria Girdlestone*
and Place of Death, - died at *Winthrop Jan 25 "* 1887
se or Cause of Death, - of *Old age* Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, *Dr. S. Louis Winthrop*
Date of Certificate, *Jan 26 "* 1887
*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Feb 8. 1887		
2. Name.	Daniel Anderson		
(Maiden Name),	Catt		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	White		
5. Age,	37	Years,	1
		Months,	
		Days,	
(Disease or Cause of Death,	Hemorrhage		
6. { Duration of Sickness,	Fifty days		
{ By whom certified,	Dr. H. S. Green		
7. Residence,	Seymour, N. H.		
8. Place of Death,	Seymour, N. H.		
9. Occupation,	Blacksmith		
10. Place of Birth,	New York		
11. Name of Father,	Daniel A. Anderson		
12. Name of Mother,	Mary A. Anderson		
13. Birthplace of Father,	New York		
14. Birthplace of Mother,	New York		
15. Place of Interment,	Seymour, N. H.		
Signature of Undertaker or other person making the Return,			
H. S. Green			

DATED at

, on

18

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

177-20 1885-1886 9840
H
2-2-8

PHYSICIAN'S CERTIFICATE.

of Deceased,* - Mrs. Frances B. Sanderson
nd Place of Death, - died at Wintthrop Mass Feb. 8, 1887
e or Cause of Death, - of Hemorrhage & convulsions expiration of Sickness One day
above death was the result of complicated child birth
I certify that the above is true, to the best of my knowledge and belief.
nd Residence of Certifying Physician, Geo E. McCarthey M.D Wintthrop Mass
Date of Certificate, Feb 10 1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons before early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 8 1892		
2. Name,	Doris B. Gibson		
(Maiden Name),* . . .			
3. Sex, and whether single, Married, or Widowed, . . .	Single		
4. Color, †	White		
5. Age,	Years, 2	Months, 5	Days, 18
(Disease or Cause of Death, . . .	Typhoid fever		
6. { Duration of Sickness, . . .	Duration 12 days		
{ By whom certified, . . .			
7. Residence,	Dorchester, Mass.		
8. Place of Death,	Dorchester, Mass.		
9. Occupation,	Teacher		
10. Place of Birth,	Dorchester, Mass.		
11. Name of Father,	John B. Gibson		
12. Name of Mother,	Mary B. Gibson		
13. Birthplace of Father,	Massachusetts		
14. Birthplace of Mother,	Massachusetts		
15. Place of Interment,	Dorchester, Mass.		
Signature of Undertaker or other person making the Return,			
Dated at Dorchester, on Feb 9 1892			

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - - Female Infant of Geo. A. & Frances B. Sanderson,
and Place of Death, died at Wintthrop, Mass Feb. 6. E. 1887.

or Cause of Death, - of Duration of Sickness

The above mentioned infant was stillborn

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, Geo. E. McCarthy M.D. Wintthrop Mass

Date of Certificate, Feb. 10 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be so good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, Feb 15th 1887
 2. Name, James M. Chubb
 (Maiden Name), *
 3. Sex, and whether single, Married, or Widowed, M
 4. Color, † W
 5. Age, 75 Years, 6 Months, 27 Days.
 (Disease or Cause of Death, { Enlargement of Heart
 6. { Duration of Sickness,
 { By whom certified,
 7. Residence, North of Mass
 8. Place of Death, Worcester Dist
 9. Occupation, Farmer
 10. Place of Birth, Cheshire Mass
 11. Name of Father, Joseph Barker
 12. Name of Mother, Mary Barker
 13. Birthplace of Father, Cheshire Mass
 14. Birthplace of Mother, Cheshire Mass
 15. Place of Interment, Worcester Burial

Signature of Undertaker
or other person making
the Return,

James F. Barker

DATED at Worcester,

on Feb 16

1887

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fees required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until a certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

Funeral Director 2.303m
1 Carriage

Rev. B. M. M. - R. C.

Case - 6-3-18
Ms 26

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

and Place of Death,

Age or Cause of Death,

James M. Belcher

died at

Winthrop Feb 15th

1887

of Enlargement of

Heart

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

H. S. Louie

Winthrop

Date of Certificate,

Feb 16th

1887

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mch 15 th 1887		
2. Name, . . .	Elna . . .		
(Maiden Name)*, . .	Female		
3. Sex, and whether single, Married, or Widowed,			
4. Color, †, . . .			
5. Age, . . .	27	Years,	Months, Days,
(Disease or Cause of Death,	Diphtheria		
6. { Duration of Sickness, .	27		
{ By whom certified, . .	Dr. J. B. Jones		
7. Residence, . . .	Dixfield, Me.		
8. Place of Death, . . .	Dixfield, Me.		
9. Occupation, . . .	Laborer		
10. Place of Birth, . . .	East Port		
11. Name of Father, . . .	J. B. Jones		
12. Name of Mother, . . .	Keturah Jones		
13. Birthplace of Father, .	Maine		
14. Birthplace of Mother, .	Maine		
15. Place of Internment, .	Dixfield		
Signature of Undertaker or other person making the Return, . . .			

DATED at Dixfield, on 15 1887

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

[*Public Statutes, Chap. 52, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the fees required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until a certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

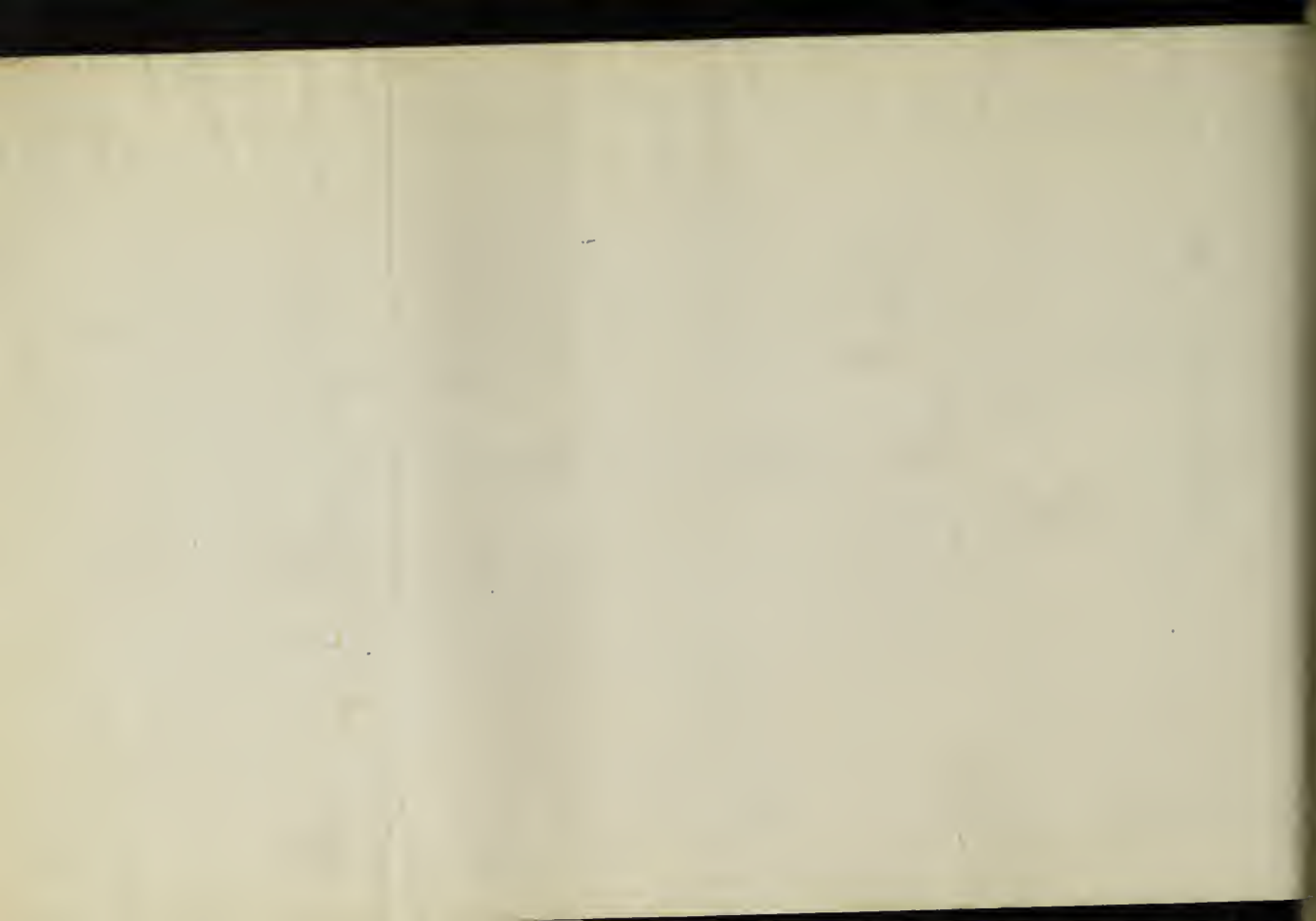
5-3
C. J. Cook
R. J. Cook
A. J. Cook
C. J. Cook

~~Boston~~, Winthrop Mch 17 1887

This Certifies, That Edna M. Weston
died on the 15 day of Mch 1887, aged 27 years,
..... months, days.

CAUSE OF } Primary, Acute Tuberculosis Duration 6 weeks
DEATH. } Secondary, Duration

x B. H. Campbell Physician.



To the Clerk of the Town in which the Death occurred.

1. Date of Death. *March 28th 1887*

2. Name, *Mary H. Dwyer*

(Maiden Name), * *" " Bond*

3. Sex, and whether single, Married, or Widowed, *Female*

4. Color, † *White*

5. Age, *79* Years, *~* Months, *~* Days.

(Disease or Cause of Death,)

6. { Duration of Sickness,

{ By whom certified,

7. Residence, *Winthrop Mass.*

8. Place of Death, *Home Street*

9. Occupation, *Winthrop Mass.*

10. Place of Birth, *Elizah -*

11. Name of Father, *Mary -*

12. Name of Mother, *Winthrop Mass.*

13. Birthplace of Father, *Dorchester Mass.*

14. Birthplace of Mother, *Wick & Gloucester Mass.*

15. Place of Internment, *Summer Street*

Signature of Undertaker *Summer Street*
~~another person making~~ the Return,

DATED at *Winthrop* , on *March 29* 18*87*

* If a Married Woman or Widow.
 † If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what
 [Be very particular to fill all Blanks.]

Chapter 3 - 1 - 20
Roke -
Rox -
= Cape =

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

of Deceased,* - - -	Mary S. Blake		
and Place of Death, -	died at	at Winthrop March 28 th	1887.
se or Cause of Death, -	of	Old age	Duration of Sickness -

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,	H. S. Soule Winthrop
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Date of Certificate,	Dec 21.	1887.
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*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 20. "1887
2. Name, (Maiden Name)*.	Philipa Tenketying
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †.	White
5. Age,	60 Years, 8 Months, 25 Days.
{ Disease or Cause of Death, { Duration of Sickness, { By whom certified,	
7. Residence,	Warrant Street -
8. Place of Death,	"
9. Occupation,	Farmer
10. Place of Birth,	Barren River
11. Name of Father,	Philipa Tenketying
12. Name of Mother,	Henry Tenketying
13. Birthplace of Father,	Labadie Mass
14. Birthplace of Mother,	Barren Mass
15. Place of Interment,	Warrant Tenketying
Signature of Undertaker with making the Return,	
DATED at <i>Warrington</i> , on <i>May 21</i> "1887".	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Edul on Und return.

Winthrop Boston, Case 20" 1887

This Certifies, That *Philip Turkington*
died on the *20* day of *May* 1887, aged years,
..... months, days.

CAUSE OF } Primary, *Degeneration of the Heart* Duration *unknown*
DEATH. } Secondary, Duration

B. F. Campbell Physician.

All errors are / 91
by low from gathering
Rome till not so far
from looking any the
pleasant, from writing
different, or ~~some~~ not
at all, from the
structure in the
of the

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, June 3, 1887
 Name, John E. Blair Color, W.
 Age 28 years — Months — days

Place of Death Wilmington WARD
 Street and No., —

Residence, Weschmont Sex, M. Single, Married.

Occupation, Book Keeper Wife of

Birthplace * England Widow of

Name of Father, John Blair

Name of Mother, Margaret Blair

Birthplace of Father, * England

Birthplace of Mother, * England

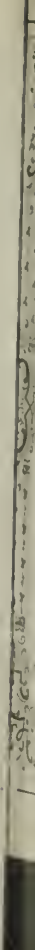
Cause of } Primary, — Duration, —
 } Secondary, — Duration, —

Death } Primary, — Duration, —

Place of Interment, —

Date of Interment or removal, June 6

Undertaker or Informant, J. W. H. H. H.



Boston, June 6th 1887

This Certifies, That James Blair
died on the 5th day of July 1887, aged 28 years,
..... months, days.

CAUSE OF } Primary, Accident Duration.....
DEATH. } Secondary, Drowning - Duration.....

Frederick H. Hays, Physician.
Mabel Hays

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 7 - 1889.		
2. Name, (Maiden Name), . . .	George E. Warner		
3. Sex, and whether single, Married, or Widowed,	Male - single		
4. Color, †	White		
5. Age,	Years,	Months,	Days,
	30	12	12
(Disease or Cause of Death, 6. { Duration of Sickness, . . (By whom certified, . . .	Died - Still - Birth		
7. Residence,	" "		
8. Place of Death,	" "		
9. Occupation,	Mariner		
10. Place of Birth,	D. Boston Mass.		
11. Name of Father,	T. J. Warner		
12. Name of Mother,	A. J.		
13. Birthplace of Father,	" "		
14. Birthplace of Mother,	" "		
15. Place of Interment,	W. J. Warner		
Signature of Undertaker or other person making the Return,			
Dated at <i>Warrenton</i> , on <i>July 11</i> , 1889, 18			

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

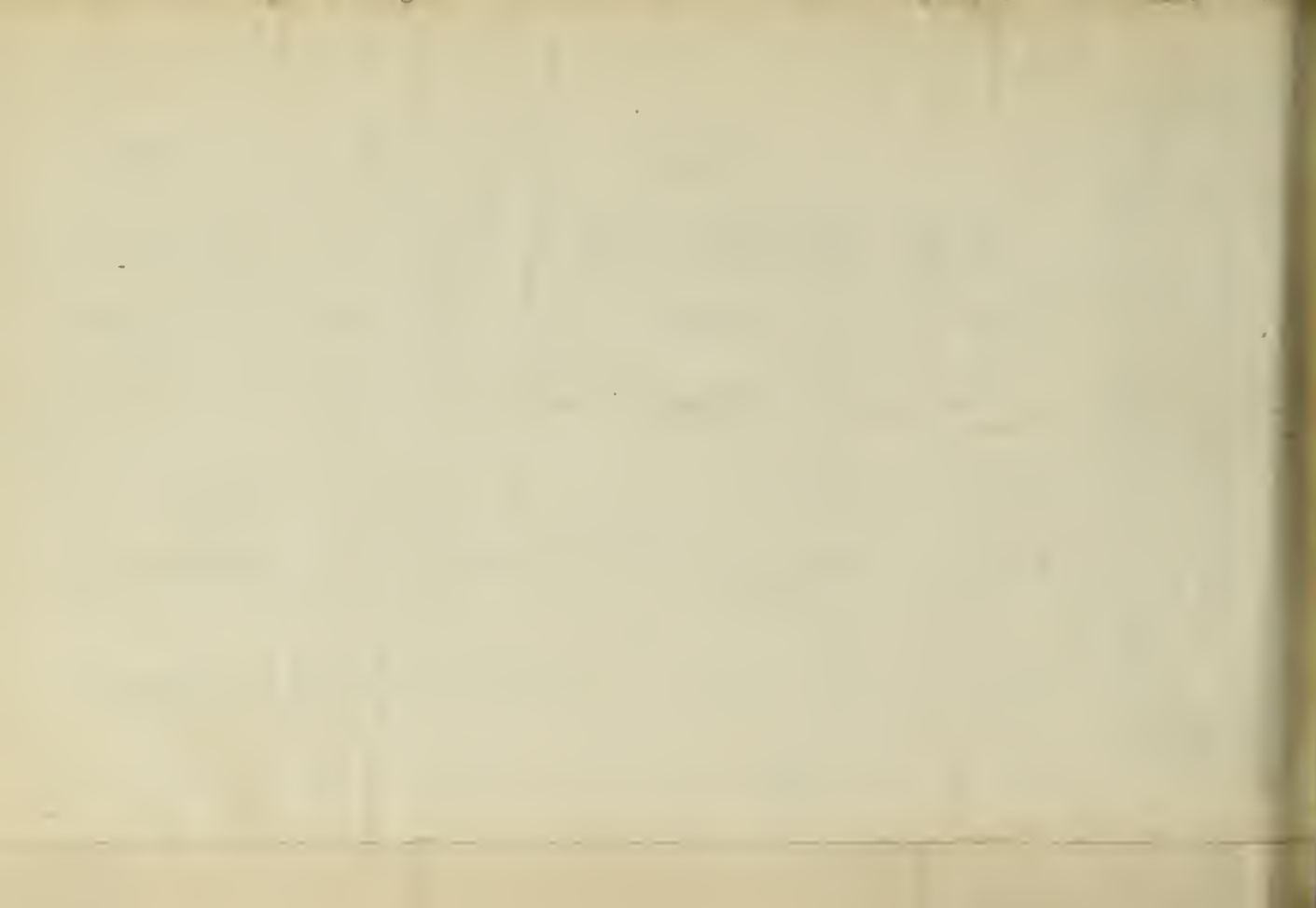
No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

Boston, July 7 1887.

This Certifies, That George E. Kieiser
died on the 7 day of July 1887, aged 36 years,
months, days.

CAUSE OF } Primary, Duration
DEATH. } Secondary, Accidental Duration

Crushing of
Head & Spinal
Column
Leah Lyne Physician.



To the Clerk of the Town in which the Death occurred.

July 19th 1887

1

.....

1

17

Years, *4* Months, *3* Days.

Bebe 3.11.11

~~the~~ Cambridge Cemetery

Summer-Floyd

Signature of Undertaker
or other person making
the Return,

DATED at
Minsho p

July 20 1887

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be easily enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

of Deceased,*
and Place of Death,
se or Cause of Death,

Alfred David Fox
died at Children's Sea Shore home
of Cholera Infantum Duration of Sickness five days.
class. July 19 1887

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, A. C. Steward, 381 Columbus Ave. Boston.

Date of Certificate, July 19th 1887.

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by a fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 27 '1887		
2. Name,	William J. Kirby		
(Maiden Name)*, . . .	Sister		
3. Sex, and whether single, Married, or Widowed, . . .	Single		
4. Color, †	White		
5. Age,	15 Years, 11 Months, 18 Days,		
(Disease or Cause of Death, . . .	Epilepsy		
6. { Duration of Sickness, . . .	10 days		
{ By whom certified, . . .	M. J. Kirby		
7. Residence,	Maine Street		
8. Place of Death,	Maine Street		
9. Occupation,	Farmer		
10. Place of Birth,	Maine		
11. Name of Father,	J. Kirby		
12. Name of Mother,	Mary A. Kirby		
13. Birthplace of Father,	Maine		
14. Birthplace of Mother,	Maine		
15. Place of Internment,	Burial Ground		
Signature of Undertaker } other person making the Return,			
Dated at on July 27 1887			

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

4-9 Charles Brown
Bridg
P. W.
London
J. H. B.
[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

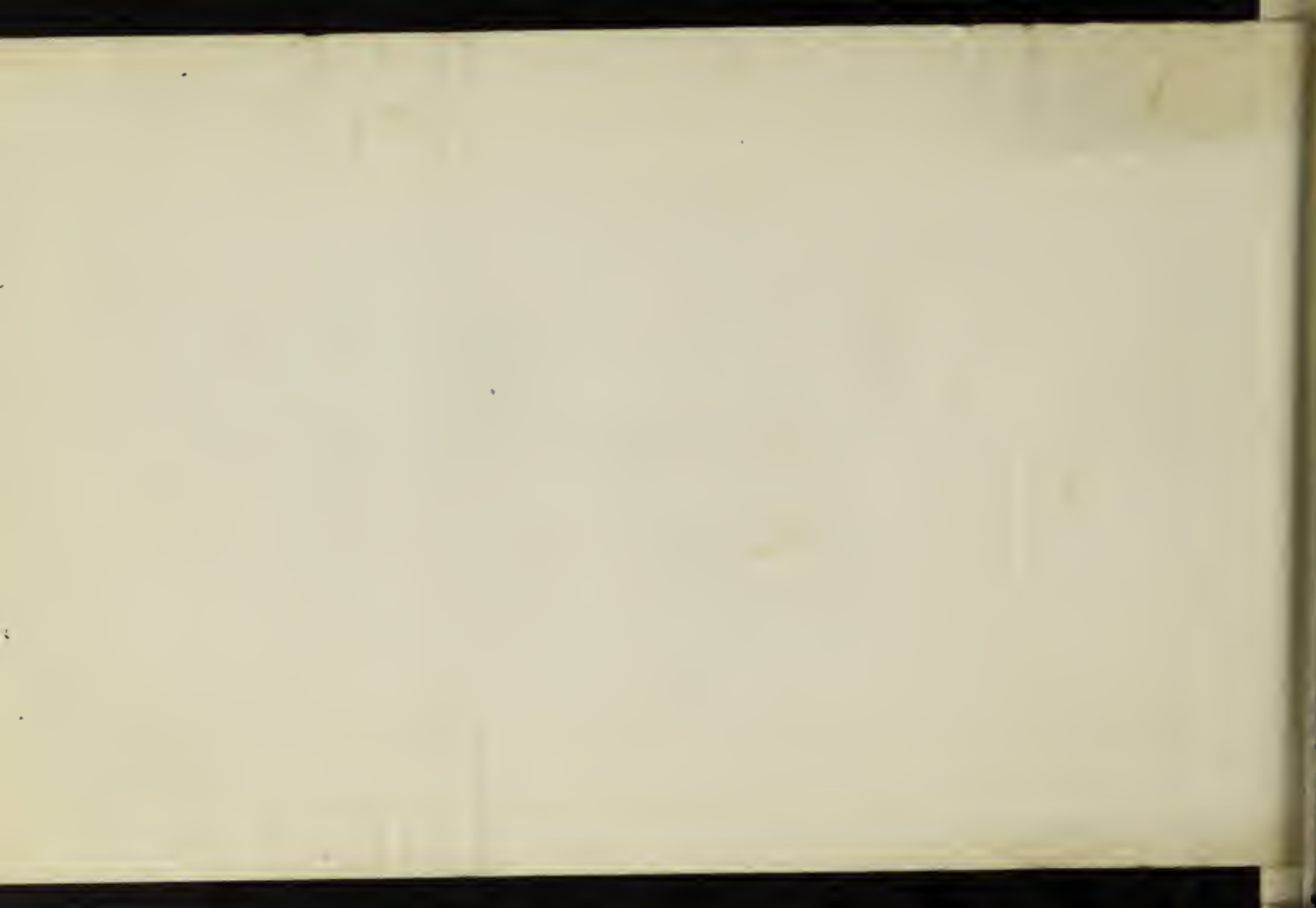
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Wintthrop Mass. July 27 1887

This Certifies, That Arthur M. Clesby
died on the 27th day of July 1887, aged 10 years,
11 months, 4 days.

CAUSE OF DEATH. } Primary, Inflammation of Stomach & Bowels Duration 5 days
Secondary, Gastric Fever Duration

Perceval L. Gordon Physician.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . July 27th 1887
 2. Name,
 (Maiden Name),* . . .
 (Name of Husband),* . . .
 3. Sex, and whether single, . . . Male
 Married, or Widowed, . . . Single
 4. Color,†White
 5. Age,0 Years, 8 Months, — Days.
 (Disease or Cause of Death, . . . Subcicular Meningitis.
 Duration of Sickness, . . . Eight days
 By whom certified, . . . A C. Steward.
 6. Residence,28 Clark St.
 Occupation,Barman
 7. Place of Death,Sea Pine Grove
 8. Place of Birth,Boston
 9. Name of Father,Rubina Norison
 10. Name of Mother,—
 11. Birthplace of Father,—
 12. Birthplace of Mother,—
 13. Place of Interment,—
 14. Signature of Undertaker
 or other person making the Return,—
 15. Signature of Undertaker
 or other person making the Return,—
 16. Signature of Undertaker
 or other person making the Return,—
 17. Signature of Undertaker
 or other person making the Return,—
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 or other person making the Return,—
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 or other person making the Return,—
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 or other person making the Return,—
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 or other person making the Return,—
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 or other person making the Return,—
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 or other person making the Return,—
 95. Signature of Undertaker
 or other person making the Return,—
 96. Signature of Undertaker
 or other person making the Return,—
 97. Signature of Undertaker
 or other person making the Return,—
 98. Signature of Undertaker
 or other person making the Return,—
 99. Signature of Undertaker
 or other person making the Return,—
 100. Signature of Undertaker
 or other person making the Return,—

DATED at Northrop, on July 27, 1887.

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: —if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

William Morrison

Date of Death
not made

Age and Place of Death,

died at Sea Shore Home, Wintrop Mass. July 27th 1887.

Disease or Cause of Death, -

of Tubercular Meningitis Duration of Sickness Eight days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

A. C. Standard 381 Columbus Ave. Boston

Date of Certificate,

July 28th 1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

Date of Death, July 8-29 1897
 Name, Charles J. Smith Color, †
 Age, 1 years 8 months days
 Place of Death }
 Street and No. }
 Residence, Ward 10
 Sex, Male Single, Married
 Occupation, Barber WARD
 Birthplace* Barre Wife of Widow of
 Name of Father, John
 Name of Mother, Elizabeth
 Birthplace of Father,* Mass
 Birthplace of Mother,* Mass
 Cause of } Primary, Cerebral Duration,
 Death } Secondary, Stroke Duration,
 Place of Interment, Cemetery
 Date of Interment or removal, July 14
 Undertaker or Informant, John Cade

 *Insert Town and State.

†State whether white or black.



PHYSICIAN'S CERTIFICATE.

Name of Deceased,* -

Charles Fenton

145 3rd Ave

Date and Place of Death, -

died at *Shaw's Home, 145 3rd Ave, New York* July 1887.

Disease or Cause of Death, -

of *Cholera Infantum* Duration of Sickness *2 or 3 days*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Samuel J. May, M.D., New York

Date of Certificate,

July 1887

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	July 29 th 1887
2. Name.	Frank E. George
(Maiden Name)*.	
3. Sex, and whether single,	Male
• • Married, or Widowed,	White
4. Color, †.	
5. Age,	Years, 14 Months, — Days,
(Disease or Cause of Death,)	
6. { Duration of Sickness,	
{ By whom certified,	
7. Residence,	Wagon Shop
8. Place of Death,	Hereafter "
9. Occupation,	" "
10. Place of Birth,	Wintthrop Mass
11. Name of Father,	Walter E. George
12. Name of Mother,	Caroline George
13. Birthplace of Father,	East Boston
14. Birthplace of Mother,	Wintthrop Cemetery
15. Place of Interment,	Summer Floyd
Signature of Undertaker as other person making the Return,	Wintthrop
DATED at Wintthrop,	on July 29 th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Original I. S. W. [unclear]
Marriage -
Dated [unclear]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

23

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Frank E. George

Date and Place of Death,

died at Winthrop July 29

1887

Disease or Cause of Death,

of Cholera Infantum

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winthrop Mass

*Or Sex of Infant (not named).

Date of Certificate, Aug 6th

1887

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 29 th 1887		
2. Name,	Ella Shea		
(Maiden Name)*, . . .			
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †,	White		
5. Age,	Years,	Months,	Days,
Disease or Cause of Death, Duration of Sickness, By whom certified, Cholera Infantum See Page Home (Maiden's Gt)			
7. Residence,			
8. Place of Death,			
9. Occupation,			
10. Place of Birth,			
11. Name of Father,			
12. Name of Mother,			
13. Birthplace of Father,			
14. Birthplace of Mother,			
15. Place of Internment,	Holy Cross Cemetery, Boston		
Signature of Undertaker the Return making			
Summer Flayed			

DATED at Winthrop, on July 29th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Perry (Maiden's Name)

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Ella Shea

Date and Place of Death,

died at *Sea Shore Home Winthrop Mass. July 29th 1887.*

Disease or Cause of Death,

of *Cholera Infantum*

Duration of Sickness

Ten days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

A. C. Stenard 381 Columbus Ave.

Date of Certificate,

July 29th Boston, 1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. . .	August 1 st 1887		
2. Name.	James E. Boylan		
(Maiden Name), * . .	Male		
3. Sex, and whether single, Married, or Widowed, . .	Male		
4. Color. †	White		
5. Age.	Years, 5	Months, —	Days, —
(Disease or Cause of Death, Duration of Sickness, . .	Zanthrop's Mace		
{ By whom certified, . .	Pauline Quail		
7. Residence.	Zanthrop's Mace		
8. Place of Death.	Pauline Quail		
9. Occupation.	Zanthrop's Mace		
10. Place of Birth.	Stephen Boylan		
11. Name of Father.	Leathrine Boylan		
12. Name of Mother, . . .	P. E. Island		
13. Birthplace of Father, .	P. E. Island		
14. Birthplace of Mother, .	Holy Cross Cemetery (Malden)		
15. Place of Interment. . .	Summer, Floyd		

Signature of Undertaker
~~whether person~~ making
 the Return,

DATED at Zanthrop, on August 1st, 1887

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars

Funeral Home 2 P.M.
Carrage
2-0 Round End

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - *James E. Boylan*
Date and Place of Death, *Died at Winthrop Aug 1*
Disease or Cause of Death, - *Cholera Infantum* Duration of Sickness *1887*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. T. Gould Winthrop - Me.*

Date of Certificate, *Aug 6* *1887*

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 5 th 1887
2. Name, (Maiden Name),* . . .	James M ^{rs} Searal
3. Sex, and whether single, Married, or Widowed, . . .	Female
4. Color, †	White
5. Age,	X Years, / Month, Days.
(Disease or Cause of Death, 6. { Duration of Sickness, . . . (By whom certified, . . .	Wentrop, Mrs Atlantic Street -
7. Residence,	Wentrop, Mrs
8. Place of Death,	Wentrop, Mrs
9. Occupation,	Wentrop, Mrs
10. Place of Birth,	Wentrop, Mrs
11. Name of Father,	Wentrop, Mrs
12. Name of Mother,	Wentrop, Mrs
13. Birthplace of Father,	Wentrop, Mrs
14. Birthplace of Mother,	Wentrop, Mrs
15. Place of Interment,	Wentrop, Mrs
Signature of Undertaker or other person making the Return,	Wentrop, Mrs

DATED at *Wentrop*, on *Aug 5th* 1887.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - James McLaughlin
Date and Place of Death, - died at Winthrop Aug 5th 1887
Disease or Cause of Death, - of Premature Birth Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Gould Winthrop Mass.

Date of Certificate, Aug 6^c 1887

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 6 th 1887		
2. Name,	Joseph Emerson		
(Maiden Name),* . . .	Male		
3. Sex, and whether single, Married, or Widowed, . . .	Male		
4. Color, †	White		
5. Age,	Years,	Months,	Days,
(Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .)	Diphtheria		
7. Residence,	Winthrop (P. S. House)		
8. Place of Death,	Boston, Mass.		
9. Occupation,	Sewing Machine		
10. Place of Birth,	Mass. F. Lawrence		
11. Name of Father,	Mr. F. Lawrence		
12. Name of Mother,	Mrs. F. Lawrence		
13. Birthplace of Father,	Mass. F. Lawrence		
14. Birthplace of Mother,	Mass. F. Lawrence		
15. Place of Interment,	Temporary deposit in P. S. House		
Signature of Undertaker or other person making the Return,	Burial to final place Summer Hory		
DATED at	Winthrop, Aug 6 th 1887		

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until a certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

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PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Joseph Lerner
Date and Place of Death, - died at Shore House, Wintthrop, Mass. Aug 6 1887.
Disease or Cause of Death, - of Pneumonia Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, A. C. Starvard 381 Chambers Ave. Boston
Date of Certificate, Aug 6th 1887.
*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the Board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 6 th 1887
2. Name,	John Baeth
(Maiden Name), * . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, 14- Months, Days,
(Disease or Cause of Death, Duration of Sickness, . .	Cholera Infantum
{ By whom certified, . .	Bedm Mear
7. Residence,	Winthrop, (P. O. House)
8. Place of Death, . . .	
9. Occupation,	
10. Place of Birth, . . .	
11. Name of Father, . . .	
12. Name of Mother, . . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Internment, . .	Temporary Spent in York
Signature of Undertaker or other person making the Return,	Sumner Floyd
DATED at	Winthrop, on Aug 6 th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto.

(1.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*].

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

2 in Print

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - John Brett.
Date and Place of Death, - died at Sea Shore House, Waltham, Aug 6th 1887
Disease or Cause of Death, - of Cholera infantum Duration of Sickness 2 days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Charles W. Townsend M.D. 61 Chestnut St
Boston

Date of Certificate,

Aug 6th 1887

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes.*]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 8 th 1887
2. Name,	Julie Collins.
(Maiden Name)* . . .	—
(Name of Husband),* . .	—
3. Sex, and whether single, Married, or Widowed,	Female Single
4. Color, †	White
5. Age,	1
(Disease or Cause of Death,	Years, — Months, — Days. Lobular Pneumonia
6. Duration of Sickness, . .	two weeks.
(By whom certified, . . .	C. C. Steward
7. Residence,	16 Concord Ave. Boston
8. Occupation,	—
9. Place of Death,	Sea Side House Winthrop
10. Place of Birth,	Boston
11. Name of Father,	Julia Collins
12. Name of Mother,	—
13. Birthplace of Father, . .	—
14. Birthplace of Mother, . .	—
15. Place of Interment, . . .	—
Signature of Undertaker or other person making the Return,	Wm. H. Foye Summer Street

DATED at Winthrop, on Aug 9, 1887.

* If a Married Woman or Widow.
† If other than White. (M.) to. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twelfth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased, - - -

Mellie Collins

Age and Place of Death, -

died at Sea Shore Home Wintthrop Mass Aug 7 1887

Disease or Cause of Death, -

of Lobular Pneumonia Duration of Sickness two weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician

A. L. Starnard 381 Columbus Ave. Boston

Date of Certificate,

Aug. 8th 1887

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 5 th 1887		
2. Name, . . .	William M. M. M.		
(Maiden Name), . . .	—		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . .	White		
5. Age, . . .	Years, 8	Months, —	Days, —
{ Disease or Cause of Death,	Enteritis		
{ Duration of Sickness, .	Bills, 51/2		
{ By whom certified, .	Sea Shore House		
7. Residence, . . .	Bills, 51/2		
8. Place of Death, . . .	Sea Shore House		
9. Occupation, . . .	Bills, 51/2		
10. Place of Birth, . . .	Bills, 51/2		
11. Name of Father, . . .	Bills, 51/2		
12. Name of Mother, . . .	Bills, 51/2		
13. Birthplace of Father, . . .	Bills, 51/2		
14. Birthplace of Mother, . . .	Bills, 51/2		
15. Place of Interment, . . .	Bills, 51/2		
Signature of Undertaker or other person making the Return, . . .			

DATED at Portland, on Aug 15 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what

[Be very particular to fill all Blanks.]

William M. M. M.

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - *William Martin*
Date and Place of Death, - died at *Sea Shore Home Winthrop Mass. Aug 15 1887*
Disease or Cause of Death, - of *Enteritis*
Duration of Sickness *four weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *A. C. Howard 387 Columbus Ave. Boston.*

*Or Sex of Infant (not named).

Date of Certificate, *Aug 15* 188*7*

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 17 " 1887		
2. Name, (Maiden Name)*, . . .	Lucretia C. West		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	43	Years,	Months, Days,
(Disease or Cause of Death,	In London		
6. { Duration of Sickness, . . . By whom certified, . . .	Atlantic Coast		
7. Residence,	"		
8. Place of Death,	"		
9. Occupation,	New York		
10. Place of Birth,	"		
11. Name of Father,	"		
12. Name of Mother,	"		
13. Birthplace of Father,	"		
14. Birthplace of Mother,	"		
15. Place of Interment,	Arlington Cemetery		
Signature of Undertaker or other person making the Return,			

DATED at, on May 17 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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Boston, August 20th 1887

This Certifies, That Lucetta C. McDougall
died on the 17th day of Aug. 1887, aged 43 years,
5 months, 15 days.

CAUSE OF } Primary, Child Birth Duration July 9, 1887
DEATH. } Secondary, Blood Poisoning Duration 38 days

Richard L. Gordon Physician.

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[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Frank Mitchell

Date and Place of Death,

died at Sea Shore Home Wintthrop Mass. Aug 18 1887.

Disease or Cause of Death,

of Septicæmia

Duration of Sickness About 2 in a pillor

opened Aug 8.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

A. C. Stanford 381 Columbus Ave. Boston.

Date of Certificate, Aug 18th 1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	August 30 th 1887
2. Name, (Maiden Name),*	Opella Johnson
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	— Years, 6 Months, 20 Days.
(Disease or Cause of Death, Duration of Sickness, By whom certified,	of Death Brother William Johnson
7. Residence,	of Death Brother
8. Place of Death,	of Death Brother
9. Occupation,	of Death Brother
10. Place of Birth,	of Death Brother
11. Name of Father,	Christina Johnson
12. Name of Mother,	Christina Johnson
13. Birthplace of Father,	"
14. Birthplace of Mother,	France, France
15. Place of Interment,	France, France
Signature of Undertaker and other persons making the Return,	James Johnson

DATED at Trinity, on Aug 29th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what

[Be very particular to fill all blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Walter Peterson

Age and Place of Death,

died at Sea Shore Home, Winthrop, Mass. Aug 20, 1887.

Disease or Cause of Death,

of Meningitis.

Duration of Sickness

Rhegyminal

disease 2-3 wks. Cerebral symptoms one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

A. L. Standard 381 Columbus Ave. Boston.

Date of Certificate,

Aug 20

1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 25 th 1887		
2. Name,	Mary Kelly		
(Maiden Name), * . .			
(Name of Husband), * . .			
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	Single		
5. Age,	0 Years, 4 Months, — Days.	White	
(Disease or Cause of Death,	Enteritis		
6. Duration of Sickness,	unknown		
(By whom certified,	A. L. Steward.		
7. Residence,	196 Essex St.		
8. Occupation,			
9. Place of Death,	Sea Shore Home Withthrop		
10. Place of Birth,	Boston		
11. Name of Father,			
12. Name of Mother,			
13. Birthplace of Father,			
14. Birthplace of Mother,			
15. Place of Internment,			
Signature of Undertaker <i>Mary A. H.</i>			
and other persons making the Return, <i>James A. H.</i>			
DATED at <i>Withthrop</i> , on <i>Aug 26</i> 1887			

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Return of death
not in use

Deceased,* - - - *Mary*
 Place of Death, - died at *Gill - Welles*
 Cause of Death, - of *Sea Shore Home, Winstrop Mass. Aug 24 1887*
 of *Enteritis* Duration of Sickness *10 hours here*
Comatose condition. Mother not in condition to give previous history.
 I certify that the above is true, to the best of my knowledge and belief.
 Residence of Certifying Physician, *A. L. Stannard 381 Columbus Ave. Boston*
 Date of Certificate, *Aug. 25th* 1887
 *Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 29 th 1897
2. Name, (Maiden Name),* . . .	Eliza Pitts
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	77 Years, — Months, 17 Days.
(Disease or Cause of Death, 6. Duration of Sickness, . . . By whom certified, . . .	
7. Residence,	Dynor Mass
8. Place of Death,	Private Mass
9. Occupation,	—
10. Place of Birth,	Long Island City
11. Name of Father,	David
12. Name of Mother,	Elizabeth
13. Birthplace of Father,	Long Island City
14. Birthplace of Mother,	Long Island City
15. Place of Interment,	—
Signature of Undertaker for other person making the Return, } <i>Sumner Lloyd</i>	

DATED at *Northampton*, on *Aug 30* 18*97*.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Mr. Thoms

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot furnish good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

5-6-26-2
Exhibit
Franklin

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *Eliza B. Watts*
Date and Place of Death, - died at *D.P. Mathew's Winthrop.* *Aug. 29th* 1887.
Disease or Cause of Death, - of *Apoplexy* Duration of Sickness *36 hours*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *E.P. Wing M.D. #38 So. Common St. Lynn.*
Date of Certificate, *Aug 30th* 1887.

*Or Sex of Infant (not named).

[*Extracts from Chapter 32 of the Public Statutes, 1882.*]

“SECT. 3.—A Physician who has attended a person during his last illness, shall, when requested within fifteen days after the decease of such person, *forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.”

“SECT. 5.—No human body shall be buried, or removed from any city or town, until a proper certificate has been given, by the clerk or registrar, to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the Physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar.”

[If there has been no physician in attendance, or in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the Board of Health, or any physician employed by any city or town for such purpose, shall, upon application, sign the certificate of the cause of death, to the best of his knowledge and belief. In case of death by violence, the medical examiner attending shall furnish the requisite certificate.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 31 st 1887		
2. Name,	Baby of Mrs. Deane		
(Maiden Name)*, . .	—		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †.	White		
5. Age,	79	Years, 8	Months, Days,
(Disease or Cause of Death, Duration of Sickness, .	Cold, Croup, Whooping Cough		
6. } By whom certified, . .	Dr. J. H. Smith		
7. Residence,	East 10th St. Wm.		
8. Place of Death, . . .	Home		
9. Occupation,	Teacher		
10. Place of Birth, . . .	Mass.		
11. Name of Father, . .	John Deane		
12. Name of Mother, . .	Mary Deane		
13. Birthplace of Father, .	Mass.		
14. Birthplace of Mother, .	Mass.		
15. Place of Interment, . .	Mount Auburn		
Signature of Undertaker was absent from making the Return,			
Dated at <u>Worcester</u> , on <u>Sept 1</u> , 18 <u>87</u>			

* If a Married Woman or Widow.
 † If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 (Be very particular to fill all blanks.)

Funaria latifolia 2. 1500. Cap. 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. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837.

Winthrop ~~Boston~~, September 1st 1887

This Certifies, That Capt. Peter M. O'Neen
died on the 31st day of Aug 1887, aged 78 years,
9 months, — days.

CAUSE OF DEATH. { Primary, Pleuritis Duration 8 days
Secondary, Double Pneumonia Duration 6 days

S. H. Durgin Physician.

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RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON. *Winthrop*

Date of Death, *Sept 1* 18*81*
 Name, *Germeria Rosenberg* Color, *W*
 Age *71* years Months *13* days
 Place of Death *German Sprng* *Winthrop Mass*
 Street and No. *WARD*
 Residence, *Boston Mass* Sex, *W* Single, ~~M~~ Married.
 Occupation, *Widow*
 Birthplace* *Germany* Widow of *Samuel*
 Name of Father, *Elias* *Mass*
 Name of Mother, *Mary* *Germany*
 Birthplace of Father,*
 Birthplace of Mother,*
 Cause of *Primary*, Duration,
 } *Secondary*, Duration,
 Place of Interment, *East Boston Mass*
 Date of Interment or removal, *Sept 2nd*
 Undertaker or Informant, *Benj F Smith*

BENJ F. SMITH,

UNDERTAKER,

No. 251 TREMONT ST.,

BOSTON, MASS.

* Insert Town and State No. 251 TREMONT ST., † State whether white or black



Boston, Sept 1

1887

This Certifies, That *Fernmeria Rosenberg*
died on the *1* day of *Sept* 1887, aged *71* years,
1 months, *13* days.

CAUSE OF } Primary,
DEATH. } Secondary,

Cerebral Hemorrhage Duration *4 days*

Duration

BENJ. F. SMITH,
UNDERTAKER,

NO. 251 TREMONT ST.,
BOSTON, MASS

S. H. Durgie,

Physician.



1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Inusband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
6. Duration of Sickness, . . .
(By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at

, on 18 .

* If a Married Woman or Widow,
† If other than White. (M.) Muttato.

(I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by any contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. A person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the first line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Age and Place of Death,

Sex or Cause of Death,

George W. Paul
died at Winthrop Mass on the 26th of Sept 1887
of Pneumonia Duration of Sickness One week

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

H. S. Soule, M.D. Winthrop Mass

Date of Certificate, Sept. 26

1887

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 18 th 1887
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Annie Winthrop Dves
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, (Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .	— Years, — Months, 4 Days.
6. Residence,	Winthrop Mass
8. Occupation,	Farmers Street
9. Place of Death,	Farmers Street (H.B.D.)
10. Place of Birth,	Williamstown, Mass
11. Name of Father,	Sophia F. Dves
12. Name of Mother,	
13. Birthplace of Father,	Winthrop Cemetery
14. Birthplace of Mother,	Summerford
15. Place of Internment,	
Signature of Undertaker whether person making the Return,	

DATED at Winthrop, on Oct 19th 1887

* If a Married Woman or Widow.
† If other than White. (M.) Mukhato. (I.) Indian. If of other races, specify what.
[Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[Acts of 1887, Chap. 202, Sect. 5.]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *Annie Winthrop Pres*
Date and Place of Death, - died at *Winthrop Oct 18th* 188*8*,
Disease or Cause of Death, - *of Malformation of Heart*
Duration of Sickness *4 days*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician *H. S. Lunt M. D.*

Date of Certificate, *Jan 4th* 188*8*

* Or Sex of Infant (not named).

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent “Act to provide for the more Accurate Registration of Vital Statistics,” passed April 23, 1878, provides that “no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar.”

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

Apr 10 " 1887.
 Eliza J. E. E. E.
 Pendleton
 Frank Co.
 Female
 married
 White
 36 Years — Months, — Days.

Disease or Cause of Death,
 Duration of Sickness, .
 (By whom certified, .
 Residence,
 Occupation,
 Place of Death,
 Place of Birth,
 Name of Father,
 Name of Mother,
 Birthplace of Father,
 Birthplace of Mother,
 Place of Interment,

Minnoria
 Belfast Me.
 Minnoria
 Northport Maine
 Jonathan
 Eunice
 Northport
 Northport
 Summer Floyd
 Signature of Undertaker
 the Return,

DATED at *Northport*, on *Apr 11* 1887

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[Acts of 1887, Chap. 202, Sect. 5.]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

George Barker
Attest
Barth
Remond
Baruch

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Elzira Lunt

Age and Place of Death, -

died at Winthrop Mass November 10 1887.

Disease or Cause of Death, -

of Pneumonia Duration of Sickness One week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winthrop

Date of Certificate, Nov 26 1887.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 25 th 1887		
2. Name,	William S. Balaban		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single, Married, or Widowed,	male married		
4. Color, †	White		
5. Age,	55 Years, 5 Months, 9 Days,		
(Disease or Cause of Death, Duration of Sickness, . By whom certified, .	(Wintthrop Grace Horse Binder Herron Stue		
7. Residence,	Malden Mass		
8. Occupation,	William		
9. Place of Death,			
10. Place of Birth,	Malden Mass		
11. Name of Father,	Malden Mass		
12. Name of Mother,	Malden Mass		
13. Birthplace of Father,	Malden Mass		
14. Birthplace of Mother,	Malden Mass		
15. Place of Interment,	Malden Cemetery		
Signature of Undertaker Wintthrop making the Return,			
Dated at Wintthrop, on Apr 25 th 1887			

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Deceased,* *William H. Baldwin*
Place of Death, died at *Winthrop Nov 25* 188*7*
Cause of Death, of *Dropsy* Duration of Sickness *One year*

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician, *H. S. Soule Winthrop*
Date of Certificate, *Nov 26* 188*7*

Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the death of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the physician or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the clerk or the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, if good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 8 th 1887
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Annie Pereira
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Stillborn Infant
(Disease or Cause of Death, 6. Duration of Sickness, . . (By whom certified, . . .	Monmouth, N.J.
7. Residence,	Winthrop (C. Head)
8. Occupation,	Crystal Cove Ave
9. Place of Death,	Michael Pereira
10. Place of Birth,	Jessie M. Pereira
11. Name of Father,	Gibraltar Spr.
12. Name of Mother,	W. Boston
13. Birthplace of Father,	Winthrop Sem. Cemetery
14. Birthplace of Mother,	Ced Dingle Large lot.
15. Place of Interment,	Summer Hays
Signature of Undertaker not necessary making the Return:	

DATED at Winthrop, on Dec 8th 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

of Deceased,*

Anne Pereira

nd Place of Death,

died at Winthrop Dec 8

or Cause of Death, -

of Stillborn

Duration of Sickness

1887

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

H. S. Soule Winthrop

Or Sex of Infant (not named).

Date of Certificate, Dec 21

1887

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot be obtained, good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name), *
(Name of Husband), *
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
Disease or Cause of Death,
Duration of Sickmess, .
(By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
making
the Return,

DATED at

Winthrop, on Jan 20

1888

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

January 14" 1888
Ada S. Crosby

White

White

12 Years, 9 Months, 5 Days.

Consumption

Winthrop Mass

Henry Stees

Charlestown

Everett Crosby

Abbie D. Crosby

Waltham Mass

South Boston

Winthrop Town Cemetery

Summerthorpe

[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[Acts of 1887, Chap. 202, Sect. 5.]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words:—if the deceased was a married woman the name of her husband.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name) *,
(Name of Husband) *,
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
(Disease or Cause of Death,
Duration of Sickness, .
By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~with person~~ making
the Return,

DATED at

, on

January 27th 1888
William B. Belcher
Male
Widower
White
74 Years, 6 Months, 9 Days.
Apoplexy
Wentworth Mass
Farmer
Buckham Street
Chelsea Mass
Joseph Belcher
Fancy Belcher
Chelsea Mass
Chelsea Mass
Wentworth Mass
Summer Floyd

DATED at

, on

January 28th 1888

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

21
g. 5
[Public Statutes, Chap. 32, Sect. 5.]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[Acts of 1887, Chap. 202, Sect. 5.]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: —if the deceased was a married woman the name of her husband.

7112 72

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
 2. Name, . . . (Maiden Name),* . . .
 (Name of Husband),* . . .
 3. Sex, and whether single, Married, or Widowed,
 4. Color, † . . .
 5. Age, . . . 74 Years, 6 Months, 9 Days.
- (Disease or Cause of Death,
 6. Duration of Sickness, . . .
 (By whom certified, . . .
 7. Residence, . . .
 8. Occupation, . . .
 9. Place of Death, . . .
 10. Place of Birth, . . .
 11. Name of Father, . . .
 12. Name of Mother, . . .
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . . .
 15. Place of Interment, . . .

Signature of Undertaker
~~whether person making~~
 the Return, . . .

DATED at

Wintthrop, on Jan 20th 1888

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

250
811, 812

No. *D*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Feb 25th 1888</i>		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	<i>Samuel J. Edlestone</i>		
3. Sex, and whether single, Married, or Widowed,	<i>Male</i>		
4. Color, †	<i>13</i> Years, <i>18</i> Months, <i>19</i> Days.		
5. Age,	<i>White</i>		
6. Disease or Cause of Death, (By whom certified,)	<i>Death from Typhoid</i>		
7. Residence,	<i>North Street</i>		
8. Occupation,	<i>Farmer</i>		
9. Place of Death,	<i>At home</i>		
10. Place of Birth,	<i>Massachusetts</i>		
11. Name of Father,	<i>Samuel T. Edlestone</i>		
12. Name of Mother,	<i>Esther Stewart</i>		
13. Birthplace of Father,	<i>England</i>		
14. Birthplace of Mother,	<i>England</i>		
15. Place of Internment,	<i>Burial Ground</i>		
Signature of Undertaker or other person making the Return,	<i>Sumner Foye</i>		

DATED at *Northampton*, on *March 12* 18*88*.

* If a Married Woman or Widow.

† If other than White. (M.) Nubatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be easily enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenty line of said section the words: — if the deceased was a married woman the name of her husband.

James W. Smith
John
Robert
James W. Smith

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Samuel J. Girdlestone
 Date and Place of Death, - died at Winkrip Feb 25 1888
 Disease or Cause of Death, - of Drowning Duration of Sickness —

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Louie M.D.

Date of Certificate, Mar 10¹ 1888

*Or Sex of Infant (not named).

Permission is hereby granted Sumner Floyd to bury the above body H. S. Louie M.D.
 Chairman of the Board of Health Winkrip

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 13 th 1888		
2. Name,	Charles E. Gordon		
(Maiden Name)*, . .	Edith		
(Name of Husband)*, .	Daniel H. Gordon		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	37	Years, 1	Months, 6 Days.
(Disease or Cause of Death,	L.		
6. Duration of Sickness, .	1 Week		
(By whom certified, . .	L.		
7. Residence,	Pleasant Street		
8. Occupation,	Boston		
9. Place of Death,	Groton		
10. Place of Birth,	Groton		
11. Name of Father,	Salmon		
12. Name of Mother,	Elizabeth		
13. Birthplace of Father, . .	Groton		
14. Birthplace of Mother, .	Groton		
15. Place of Interment, . .	Groton		
Signature of Undertaker or other person making the Return,			

DATED at Groton, on May 13 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be easily obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: —if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Frances L
Mrs *Fannie L* Cordes

Date and Place of Death, -

died at *Winthrop May 13th*

Age, _____

Disease or Cause of Death, -

of *Pneumonia*

Duration of Sickness

11 days

1888.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Loulé Winthrop

Date of Certificate,

June 1

1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 17 th 1888		
2. Name,	Baby W. B. Donald		
(Maiden Name),* . .	Female		
3. Sex, and whether single, Married, or Widowed,	White		
4. Color, †	12	Years, 5	Months, Days.
5. Age,	Spinal.		
(Disease or Cause of Death, Duration of Sickness, .	Winthrop		
(By whom certified, .	M. H. Jones		
7. Residence,	Ocean View Street		
8. Occupation,	9 th E ^o Island		
9. Place of Death, . . .	Dependent M. Donald		
10. Place of Birth, . . .	Agnes H. Donald		
11. Name of Father, . . .	E. Donald		
12. Name of Mother, . .	Evelyn Butler		
13. Birthplace of Father, .	New York		
14. Birthplace of Mother, .	New York		
15. Place of Interment, .	Graves		
Signature of Undertaker at the Return,	Summer Hoyt		

DATED at Winthrop, on May 18 1888

* If a Married Woman or Widow.
† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop May 17th 1888,
~~Boston~~,

This Certifies, That Mary H. E. Donald
died on the 17 day of May 1888, aged 13 years,
5 months, days.

CAUSE OF
DEATH.

Primary,

Secondary,

Causes of Spine Duration 1 year
These
Exhaustion

Duration

J. K. Fahmy M.D. Physician.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	2. Name, . . .	(Maiden Name), *	(Name of Husband), *	3. Sex, and whether single, Married, or Widowed,	4. Color, † . . .	5. Age, . . .	6. Disease or Cause of Death, Duration of Sickness, . (By whom certified, .	7. Residence, . . .	8. Occupation, . . .	9. Place of Death, . . .	10. Place of Birth, . . .	11. Name of Father, . . .	12. Name of Mother, . . .	13. Birthplace of Father, .	14. Birthplace of Mother, .	15. Place of Interment, .	Signature of Undertaker or other person making the Return, . . .
Sept 10 1887	John J. Smith	John J. Smith	John J. Smith	Male	White	22	22 Years, Months, Days.	20	Atlantic City	Atlantic City	Atlantic City	Atlantic City	Atlantic City	Atlantic City	Atlantic City	Atlantic City	Atlantic City

Dated at Worcester, on May 26, 1887.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words:—if the deceased was a married woman the name of her husband.

7
1

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Laura P. Burrell

Date and Place of Death,

died at

Winthrop May 25th

Disease or Cause of Death,

of

Old Age

Duration of Sickness

1888

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician

H. S. Leitch Winthrop

* Or Sex of Infant (not named).

Date of Certificate, May 26th

1888

Any Physician having attended a person during his last illness, shall—when requested within fifteen days after the decease of such person—*forthwith* furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same.—[*Extract from Chapter 21 of the General Statutes, 1859.*]

Without repealing the foregoing requirements of the General Statutes, the recent "Act to provide for the more Accurate Registration of Vital Statistics," passed April 23, 1878, provides that "no human body shall be buried, or removed from any city or town, until a proper Certificate has been given by the clerk or local registrar of statistics, to the Undertaker or Sexton, or person performing the burial or removing the body. This certificate shall state that the facts required by chap. 21 of the General Statutes have been returned and recorded; and no clerk or local registrar shall give such certificate or burial permit until the Certificate of the Cause of Death has been obtained, (from the Physician, if any, in attendance at the last sickness of the deceased), and placed in the hands of said clerk or local registrar."

If there has been no Physician in attendance, or in case of death by dangerous contagious disease, or in any other event where the certificate of the attending Physician cannot, for good and sufficient reasons, be early enough obtained, the chairman of the local Board of Health, or any Physician employed by any city or town for such purpose, shall sign the Certificate of the Cause of Death, to the best of his knowledge and belief. In case of death by violence, the medical examiner shall furnish the certificate.

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name)*,
(Name of Husband),*
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
6. Duration of Sickness, .
(By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~or other person making~~
the Return,

DATED at

, on

18

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded, and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Marine C. Allen* Age, *10*
Date and Place of Death, - died at *Winthrop May 26th* 188*8*.
Disease or Cause of Death, - of *Inflammation of Brain* Duration of Sickness *1 Week*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule

Date of Certificate, *June 1*

188*8*.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 10 th 1888	68	Years,	—	Months,	3	Days.
2. Name,	John C. L.						
(Maiden Name), * . .	Wendell Garrison						
(Name of Husband), * .	Leonard Grant						
3. Sex, and whether single, Married, or Widowed,	Male						
4. Color, †	White						
5. Age,	68						
(Disease or Cause of Death, Duration of Sickness, . .	Croup, &c.						
(By whom certified, . .	Dr. J. C. L.						
7. Residence,	Bar Harbor, Me.						
8. Occupation,	Owner of Ship						
9. Place of Death, . . .	Bar Harbor						
10. Place of Birth, . . .	Bar Harbor						
11. Name of Father, . . .	Benjamin						
12. Name of Mother, . .	Elizabeth						
13. Birthplace of Father, .	Portland, Maine						
14. Birthplace of Mother, .	" "						
15. Place of Interment, .	Greenwood						
Signature of Undertaker or other person making the Return, } H. B. M. & Co.							
DATED at Bar Harbor, on June 11, 1888							

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

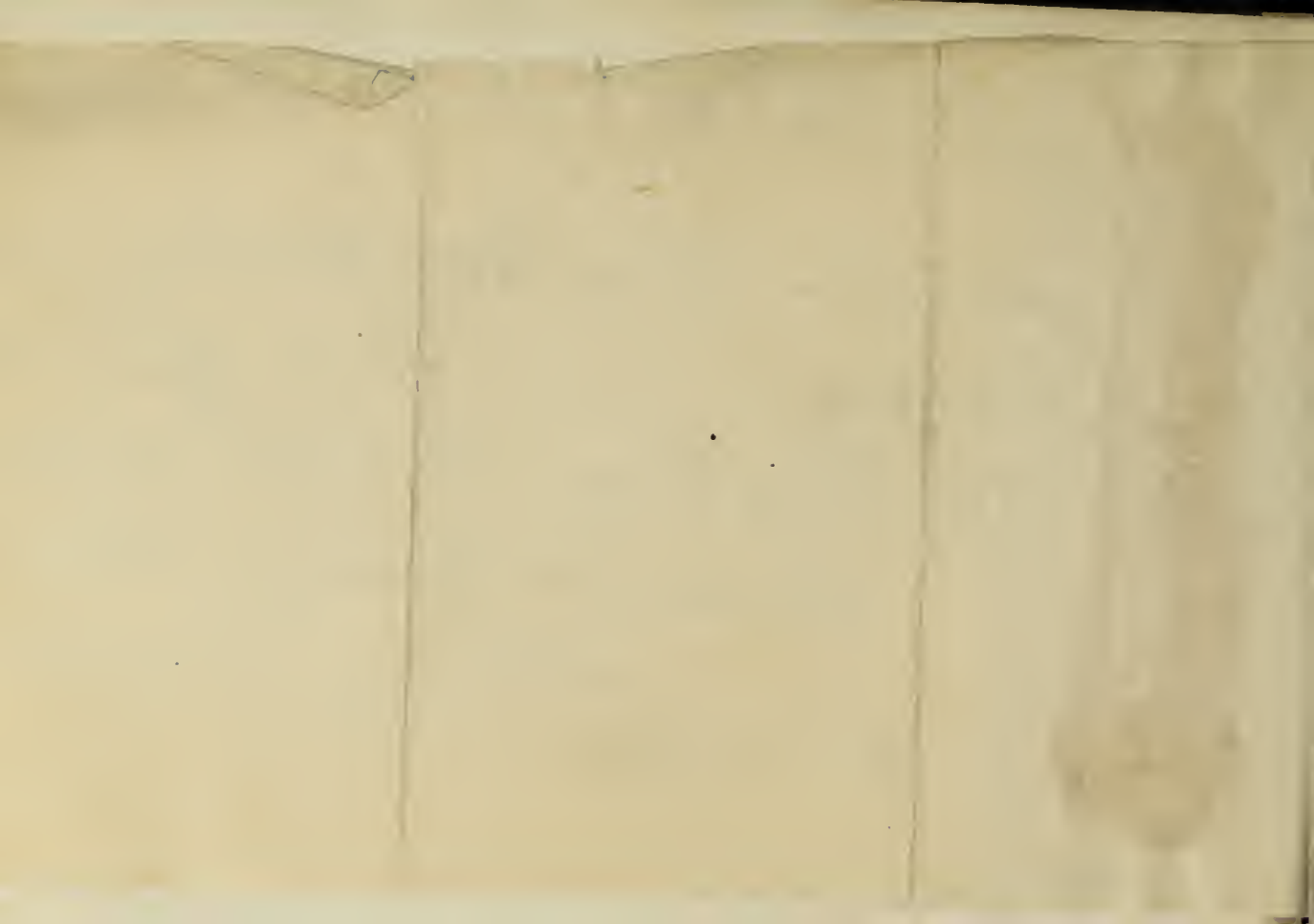
No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Winthrop June 10th 1888.

This Certifies that Martha Lamb
aged 68 years. 3 days. died June
10th 1888 of Apoplexy - duration 3 days
Samuel H. Druggin M.D.
Attending Physician



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),*
(Name of Husband),*
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age,
(Disease or Cause of Death,
Duration of Sickness,
By whom certified,
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Internment,

Signature of Undertaker
~~with~~ making
the Return,

DATED at Wintrop Nov 12 1885

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

June 12 " 1885
Beil F. James

Male

White

4 Years, 21 Months, 21 Days.

Wintrop, Mass

Deen Lee Smith

Matthias

Thomas H. James

Joseph James

England

England

Wintrop, Mass

Old Hope Church

Amie Taylor

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: —if the deceased was a married woman the name of her husband.

10/10/87
Theresa F. [illegible]
[illegible]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Cecil F. Haines

Date and Place of Death, -

died at

Winthrop June 12

Disease or Cause of Death, -

of

Acute Infantile

Duration of Sickness

Three days

1888-

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Gould M.D. Winthrop

Date of Certificate, Feb 18th

1889.

*Or Sex of Infant (not named).

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the requirements required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until a certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and kept in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for any just and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 16, 1888		
2. Name, (Maiden Name),* . (Name of Husband),* .	Mary C. Appleton Helen C. Appleton 7th Street Hingham		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	65 Years,	Months,	Days.
(Disease or Cause of Death, 6. (Duration of Sickness, . (By whom certified, .	Cancer of the Throat Larynx Hingham		
7. Residence,	Hingham		
8. Occupation,	Housewife		
9. Place of Death,	Hingham		
10. Place of Birth,	Self Hingham		
11. Name of Father,	Helen C. Appleton		
12. Name of Mother,	Helen C. Appleton		
13. Birthplace of Father,	Hingham		
14. Birthplace of Mother,	Hingham		
15. Place of Interment,	Hingham		
Signature of Undertaker or other person making the Return, } Summer Floyd			

DATED at Hingham, on

1888

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,*

Mary E. Bartlett

Date and Place of Death,

died at Winthrop June 16th

1888

Disease or Cause of Death,

of Phthisis

Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. P. Smith M.D. Winthrop

Date of Certificate, Feb 18th

1889

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

10
NOTICE.—Fill out in Ink.

RETURN OF DEATH TO THE CITY REGISTRAR.

CITY HALL, BOSTON.

1888
Date of Death, June 20 1888
Name, Charles J. Donovan Color, W
Age, 1 years 11 Months 20 day
Place of Death }
Street and No. } 1 Beale St. Wintthrop
Residence, Same Sex, m Single, Married
Occupation, _____ Wife of _____
Birthplace* Mass Widow of _____
Name of Father, Charles J. Donovan
Name of Mother, Ellen
Birthplace of Father,* England
Birthplace of Mother,* Glooucester Mass
Cause of } Primary, _____ Duration, _____
Death } Secondary, _____
Place of Interment, Malden
Date of Interment or removal, June 21
Undertaker or Informant, G. W. Sullivan

 * Insert Town and State.

† State whether white or black.

Boston,

June 20 1888

This Certifies, That Daniel J. Donovan
died on the 20th day of June 1888, aged 1 years,
11 months, 20 days.

CAUSE OF DEATH. { Primary, Tubercular Meningitis Duration 8 days,
Secondary, Convulsions Duration 5 days.

W. H. Granger Physician.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 23 rd 1878		
2. Name, (Maiden Name), *	Miss M. A. . . .		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	Years,	Months,	Days,
(Disease or Cause of Death,	Sp. Ph.		
6. Duration of Sickness, (By whom certified,	Declared in Boston and Jury 14 th for said Mass.		
7. Residence,	Boston, Mass.		
8. Occupation,			
9. Place of Death,			
10. Place of Birth,			
11. Name of Father,			
12. Name of Mother,			
13. Birthplace of Father,			
14. Birthplace of Mother,			
15. Place of Interment,			
Signature of Undertaker } with person making the Return, } Miss M. A. } Jury 14 th for said Mass. }			
DATED at		on 1878	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased

Date and Place of Death,

Disease or Cause of Death,

Unknown (Supposed) ^{Boston,} June 23rd 1888.
Boston Harbor
Found drowned

*Duration of

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence,

Francis A. Harris

Med. Examiner

agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 25, 1881
2. Name, (Maiden Name) *, . . . (Name of Husband) *, . . .	Charles W. Clark
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	21 1/2
(Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .	T. J. Clark
7. Residence,	Northampton
8. Occupation,	Bookkeeper
9. Place of Death,	Northampton
10. Place of Birth,	Mass.
11. Name of Father,	Samuel Clark
12. Name of Mother,	Esther Clark
13. Birthplace of Father,	Mass.
14. Birthplace of Mother,	Mass.
15. Place of Interment,	Northampton

— Years, 6 Months, — Days.

Signature of Undertaker
 or other ~~person~~ making
 the Return,

DATED at

, on

26

18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words:— if the deceased was a married woman the name of her husband.

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 26 / 88.
2. Name, (Maiden Name), * . .	Phoebe G. Herriman Smith
3. Sex, and whether single, Married, or Widowed, .	Female - Married
4. Color, †	White
5. Age,	74 Years, 7 Months, 19 Days.
(Disease or Cause of Death, Duration of Sickness, .	
By whom certified, . .	
7. Residence,	Winthrop
8. Place of Death, . . .	Washington Ave.,
9. Occupation,	E
10. Place of Birth, . . .	Eastham Mass.
11. Name of Father, . . .	Herriman Smith
12. Name of Mother, . .	Phoebe G. *
13. Birthplace of Father, .	Oileau Mass.
14. Birthplace of Mother, .	Eastham "
15. Place of Interment, . .	Winthrop
Signature of Undertaker or other person making the Return,	W. E. Brown

DATED at Winthrop, on June 27 1888.

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts — together with the Physician's Certificate of the Causes of Death — to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred, (or the deceased resided,) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof — or report these facts — to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms of Returns may be obtained from the Town Clerk.

Printed by the Church, City Printer, in Arch Street, Boston.

Boston,

June 20, 1887

This Certifies, That

John B. French

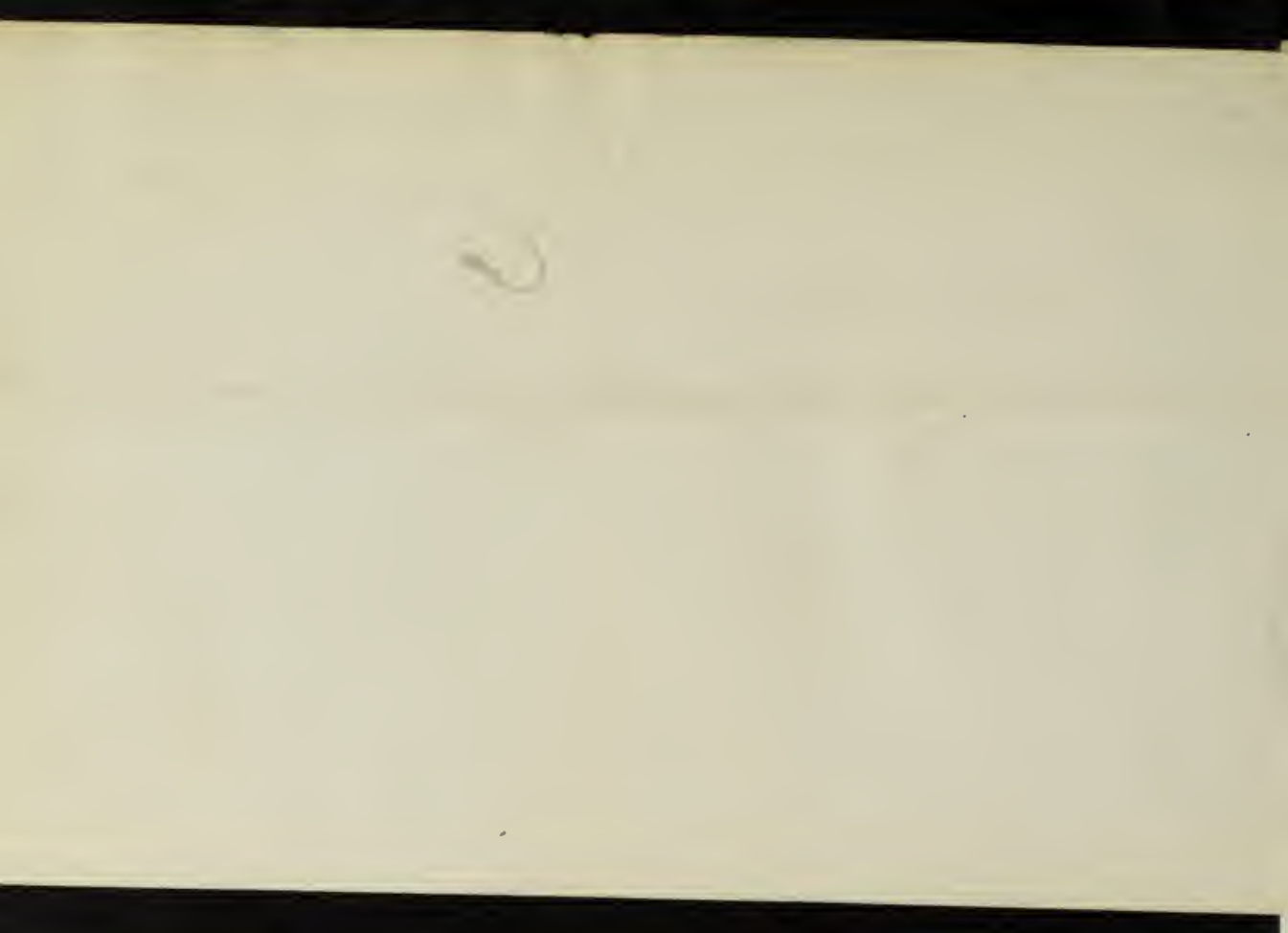
died on the 22 day of June 1887, aged 71 years,
7 months, 19 days.

CAUSE OF } Primary, Liver Disease and Duration

DEATH. } Secondary, probably Alcohol, Duration

H. S. Soule

Physician.



No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . June 27th 1888
2. Name, Sumner
- (Maiden Name),*
- (Name of Husband),*
3. Sex, and whether single, Married, or Widowed,
4. Color,†
5. Age, 11 Years, 10 Months, 15 Days.
- (Disease or Cause of Death,
6. Duration of Sickmess,
- (By whom certified, Winthrop, Mass.
7. Residence, 1210 West
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~not~~ making
 the Return,

Sumner Floyd

DATED at

, on

Winthrop

June 28

1888

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

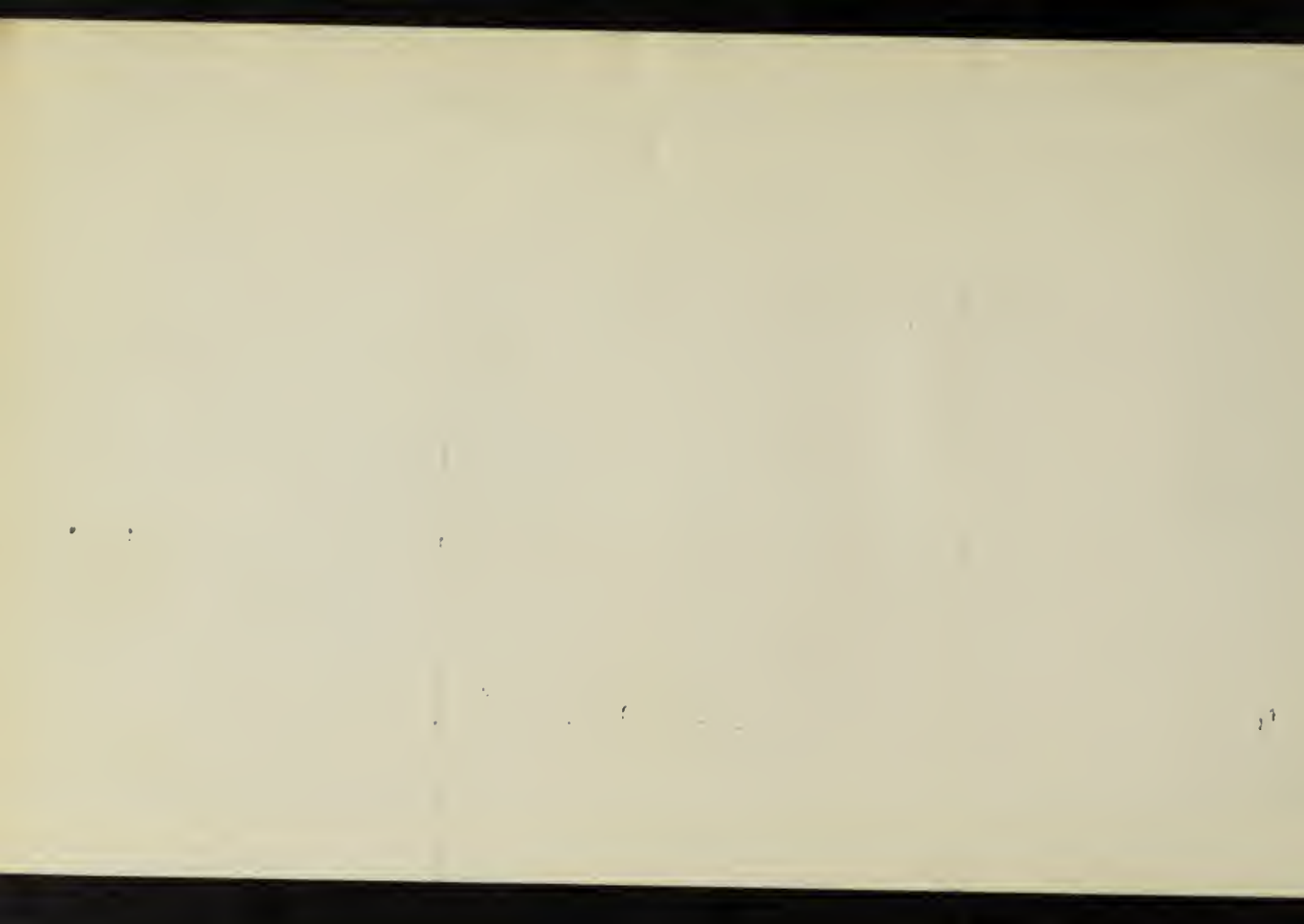
6-5
for 1/2 of
1887

Winthrop ^{Mass} ~~Boston~~ June 28th 1888.

This Certifies, That John A. Folcom
died on the 27th day of June 1888, aged 41 years,
10 months, 15 days.

CAUSE OF } Primary, Bright Disease. Duration 2 months
DEATH. } Secondary, Duration

..... S. W. Perkins Physician.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 7 th 1868
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Charles Decker
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	White
5. Age,	2 Years, 8 Months, 6 Days.
(Disease or Cause of Death, (Duration of Sickmess, . . . (By whom certified, . . .	Yellow Fever
7. Residence,	East End
8. Occupation,	Black man
9. Place of Death,	Boston Mass
10. Place of Birth,	Fred & Frank
11. Name of Father,	Harriet A.
12. Name of Mother,	Augusta Maria
13. Birthplace of Father,	Augusta Mass
14. Birthplace of Mother,	Augusta Mass
15. Place of Interment,	Summer Street
Signature of Undertaker or other person making the Return,	Summer Street

DATED at *Waltham*, on *July 8*

1868

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto.

(I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words:— if the deceased was a married woman the name of her husband.

Winthrop ~~Boston~~ ^{Mass} July 7th 1888

This Certifies, That Clara May Decker
died on the 7th day of July 1888, aged 2 years,
8 months, 6 days.

CAUSE OF DEATH. } Primary, *Hydrops* Duration *10 days*
 } Secondary, _____ Duration _____

J. P. Jones Physician.

PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased . . . Thomas Portin
Date and Place of Death, . . . July 19, 1886, Shirley St Ocean Spray
Disease or Cause of Death, . . . Phthisis Pulmonalis *Duration of 18 Months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, . . . W. H. Granger 11 Chelsea St E.B.

taker, sexton or other person shall bury in a city or town a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

This Act takes effect June 3, 1888.

HENRY B. PIERCE

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, July 17 Name, Thomas J. Carter

Maiden Name* 1888 Sex, M

Married, single or widow, Single wife of

Color, W Age, 32 years, 0 mos. 0 days. Residence, Winter St.

Place of death, St. and No. North St. & 100 Ward 1

Place of Birth, Irish Shire Occupation, Clerk

Name of father, Sam J. Carter Name of mother, Mary L.

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment, St. John's Church

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person making the return. Wm. J. Carter

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL
AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, regulating the burial or removal of a human body

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 30 1888		
2. Name,	Abby G. Williams		
(Maiden Name), *	Wife to		
(Name of Husband), *	Frederick J.		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	Married		
5. Age,	Years,	Months,	Days.
Disease or Cause of Death,	White		
6. Duration of Sickness,	74		
(By whom certified,)			
7. Residence,	29 Winthrop St Boston Mass		
8. Occupation,	Winthrop Mass		
9. Place of Death,	Charlestown Mass		
10. Place of Birth,	Ellbert		
11. Name of Father,	Mary C		
12. Name of Mother,	Madden Mass		
13. Birthplace of Father,	Haverhill Mass		
14. Birthplace of Mother,	Boston Mass		
15. Place of Interment,	Boston Green Hill		
Signature of Undertaker the <i>making</i> the Return,			
Dated at <i>Winthrop</i> , on <i>July 30</i> 188 <i>8</i> .			

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words:—if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Abby T. Williams

Age, 75 yrs

Site and Place of Death, -

died at Winthrop Mass July 30th 1888.

Disease or Cause of Death, -

of Stricture of Esophagus Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winthrop Mass

Date of Certificate,

July 30th 1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name,

(Maiden Name),* . . .

(Name of Husband), *

3. Sex, and whether single,

Married, or Widowed,

4. Color,†

5. Age,

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, .

11. Birthplace of Mother, .

15. Place of Internment,

Signature of Undertaker
~~at the expense of~~ making
the Return, . . .

Delayed at

, Oil

...

18

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be easily enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

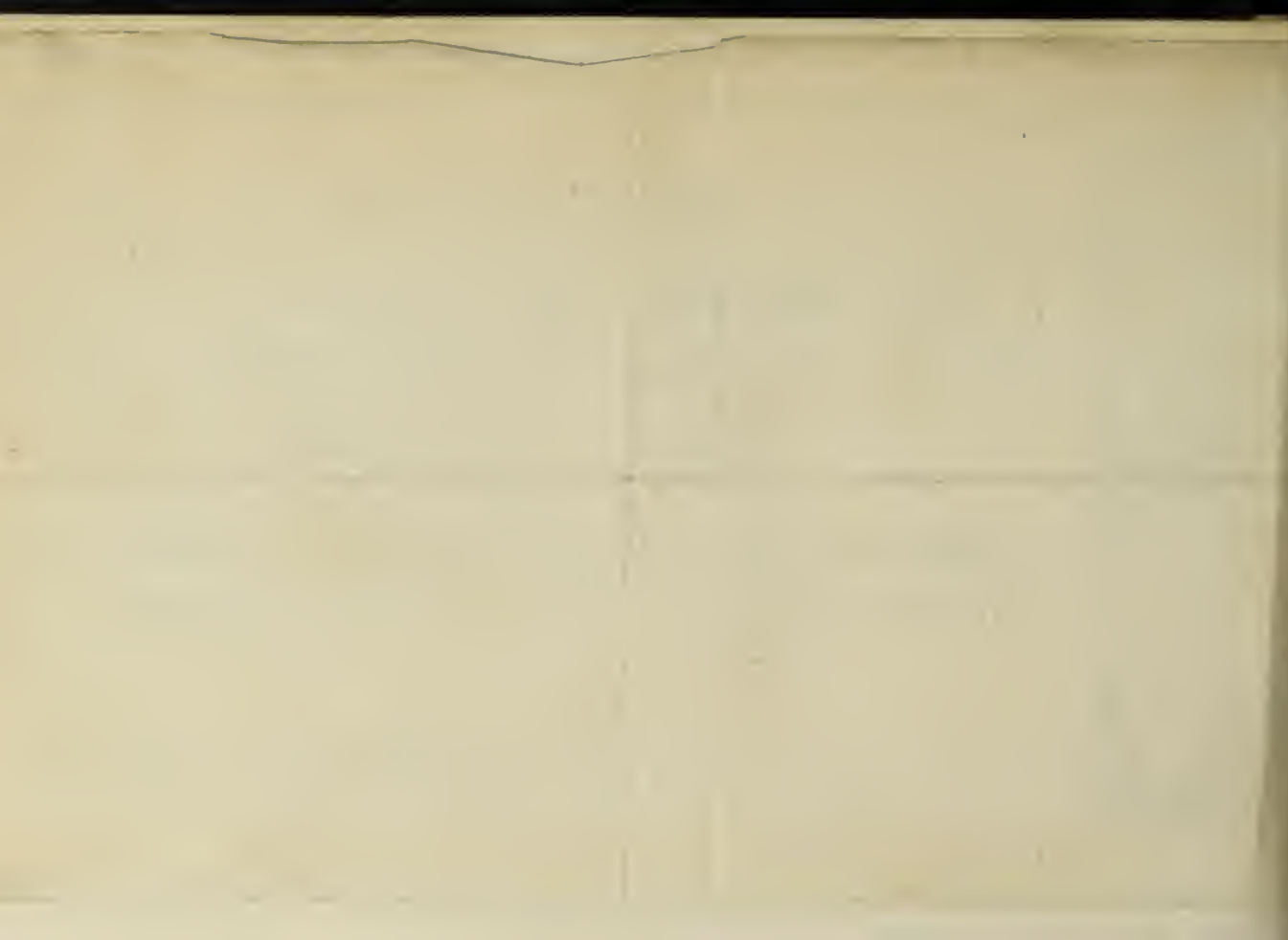
Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Boston, *Aug. 4* 1888.

This Certifies, That *Winthrop P. Snelling*
died on the *4* day of *Aug.* 188*8*, aged years,
2 months, days.

CAUSE OF DEATH. } Primary, *Cholera Infantum* Duration *12 hours*
 } Secondary, Duration

Isaac Louis Physician.



PHYSICIANS' CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 16. 1888
Name of Deceased . . . Jennie G. Meyer
Date and Place of Death, . . . Aug 15, 1888 Sea Shore Home Winthrop
Disease or Cause of Death, . . . Intestinal Catarrh •Duration of 2 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence, Addison S. Hayer, M.D.
Sea Shore Home, Winthrop.

deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or clerk, make such certificate as is required of the attending physician: and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. Any person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

This Act takes effect June 3, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, *Aug 13* 1888 Name, *Jennie G. Myers*
 Maiden Name* *1888* Sex, *Female*
 Married, single or widow, *wife of*
 Color, *W.* Age, *1* years, *1* mos. *—* days. Residence, *173 Cambridge St.*
 Place of death, St. and No. *Sea Shore Home Winthrop Ward.*
 Place of Birth, *Boston* Father's Occupation, *Marble fitter*
 Name of father, *William J.* Name of mother, *Annie F.*
 Birthplace of father, *Boston* Birthplace of mother, *Ireland*
 Place of interment, *† Holy Cross R. C. Cem. Malden.*

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person
making the return.

Geo. M. Allen
84 Charlestown St., Boston

[CHAPTER 506.]
Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

**RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL
AND REMOVAL OF BODIES OF DECEASED PERSONS.**

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 18 th 1888
2. Name,	Edwin F. Dunham
(Maiden Name)*, . . .	—
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male - Married
4. Color, †	White
5. Age,	30 Years, 6 Months, 20 Days.
(Disease or Cause of Death, Duration of Sickness,)	Typhoid Fever
(By whom certified,)	Loose's Street - Builder
7. Residence,	Winthrop, Mass
8. Occupation,	Builder
9. Place of Death,	Residence
10. Place of Birth,	Essex Co. Massachusetts
11. Name of Father,	Henry A. Dunham
12. Name of Mother,	Adeline
13. Birthplace of Father,	Massachusetts
14. Birthplace of Mother,	Massachusetts
15. Place of Interment,	Winthrop, Mass
Signature of Undertaker or other person making the Return,	Sumner F.

DATED at Winthrop, on Aug 19, 1888

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

AMENDED.
See Chap. 306, Acts of 1888.
No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Edwin F. Durham

Age,

Date and Place of Death, -

died at Wintrop August 18th 1888.

Disease or Cause of Death, -

of Typhoid Fever Duration of Sickness Two weeks.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule M.D. Wintrop

Date of Certificate, Jan 9th 1889.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 24 - 1888
2. Name, . . .	John Porter
(Maiden Name)* . . .	
(Name of Husband),* . . .	Malen
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . .	White
5. Age, . . .	Years, 11 Months, Days.
(Disease or Cause of Death, Duration of Sickness, By whom certified, . . .)	Broken down
6. Residence, . . .	East New York, N.Y.
7. Occupation, . . .	Musical Comedian
8. Place of Death, . . .	Home
9. Place of Birth, . . .	Easton, Mass.
10. Name of Father, . . .	England
11. Name of Mother, . . .	England
12. Birthplace of Father, . . .	England
13. Birthplace of Mother, . . .	England
14. Place of Internment, . . .	England
15. Signature of Undertaker the ^{making} the Return, . . .	Summer Fields

Dated at

Northrop

, on

Aug 24 1888

* If a Married Woman or Widow.

† If other than White. (M.) Mthatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

John Portlock

Date and Place of Death, -

died at Sea Shore Home, Winthrop, Aug. 23 1888.

Disease or Cause of Death, -

of Broncho-Pneumonia

Duration of Sickness

5 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Addison S. May Jr., M.D., Winthrop

Date of Certificate,

Aug. 24

1888.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

“SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides.”

“SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.”

No. 22

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept. 3/88.		
2. Name, (Maiden Name)*, . . .	Female W. Adams Spencer		
3. Sex, and whether single, Married, or Widowed,	Female Widow		
4. Color, †	W.		
5. Age,	65	Years,	Months, Days,
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Winthrop Sunny Side "		
7. Residence,	Beverly Mass.		
8. Place of Death,	Glover.		
9. Occupation,	Lyncha		
10. Place of Birth,	Beverly		
11. Name of Father,	Maudslough		
12. Name of Mother,	Maudslough		
13. Birthplace of Father,			
14. Birthplace of Mother,			
15. Place of Interment,			
Signature of Undertaker or other person making the Return,	W. E. Brown		

DATED at *Winthrop*, on *Sept. 4*, 188*8*.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

Boston, Sept. 4 1888.

This Certifies, That Hannah W. Adams
died on the 7 day of Sept. 1888, aged 65 years,
..... months, days.

CAUSE OF } Primary,

Duration.

DEATH. }

Secondary, Dropsy

Duration One year

H. S. Soule Physician.

Lunny Side



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name),* . .

(Name of Husband),* .

3. Sex, and whether single,

Married, or Widowed,

4. Color,† . . .

5. Age, . . .

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . .

12. Name of Mother, . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker
~~or other person~~ making
the Return, . . .

DATED at

Winthrop

, on

Sept 29

18

* If a Married Woman or Widow.

† If other than White. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. *78*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Sept 30 " 1888</i>
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	<i>William G. Lee</i>
3. Sex, and whether single, Married, or Widowed,	<i>male</i>
4. Color, †	<i>White</i>
5. Age,	<i>64</i> Years, <i>7</i> Months, <i>—</i> Days.
(Disease or Cause of Death, Duration of Sickness, . . . (By whom certified, . . .	<i>Typhoid</i> <i>In 18.53</i> <i>Philip Jones</i>
7. Residence,	<i>Cozy / Riverside</i>
8. Occupation,	<i>Marriage</i>
9. Place of Death,	<i>Springfield</i>
10. Place of Birth,	<i>Chambersburg</i>
11. Name of Father,	<i>Solomon</i>
12. Name of Mother,	<i>William</i>
13. Birthplace of Father,	<i>Chambersburg</i>
14. Birthplace of Mother,	<i>Chambersburg</i>
15. Place of Interment,	<i>Chambersburg</i>
Signature of Undertaker or other person making the Return,	<i>Samuel H. Jones</i>

DATED at *Springfield*, on *Sept 30*, 18*88*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded, and the clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. 19

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 14 30 th 1888		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Frances F. Richardson		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	Years, . . .	Months, . . .	Days, . . .
(Disease or Cause of Death, Duration of Sickness, . . (By whom certified, . .	Dysentery		
7. Residence,	Beverly, Mass.		
8. Occupation,	Household Clerk		
9. Place of Death, . . .	Beverly, Mass.		
10. Place of Birth, . . .	Ipswich, Mass.		
11. Name of Father, . . .	Joseph		
12. Name of Mother, . . .	Sarah		
13. Birthplace of Father, . .	Westport, Maine		
14. Birthplace of Mother, . .	Westport, Maine		
15. Place of Interment, . .	Burial Ground		
Signature of Undertaker of the person making the Return, } Dwyer James			

DATED at Beverly . . . , on April 20 . . . 1888.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.
[Be very particular to fill all Blanks.]

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Oct 10th* 1888.
Name of Deceased . . . *Mary Lambell*
Date and Place of Death, . . . *Oct 10th, 1888, Hingham Mass.*
Disease or Cause of Death, . . . *Phtisis Pulmonalis* • Duration of *three*
years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, *W. B. Michael -*
4 Paratoga St Boston

taker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

This Act takes effect June 3, 1888.

John Blake
UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, *Oct 10th 1888* Name, *Mary Campbell*
Maiden Name* *Mary McDonald* Sex, *Female*
Married, single or widow of, *Married* wife of *Daniel Campbell*
Color, *W* Age, *49* years, *0* mos. *0* days. Residence, *Winthrop*
Place of death, St. and No. *Pauline St* Ward *1*
Place of Birth, *Cape Breton N.S.* Occupation, *Housewife*
Name of father, *Daniel McDonald* Name of mother, *Margaret M^{rs} D.*
Birthplace of father, *Cape Breton N.S.* Birthplace of mother, *Cape Breton N.S.*
Place of interment, † *St. Calvary.*

*If a married woman or a widow.

†Give the name of the burial ground.

Signature of Undertaker, or other person
making the return.

Frank S. Malourey

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL
AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: *Section 5.* No under-

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased . . . Abner Doan
Date and Place of Death, . . . Winsted, Conn.
Disease or Cause of Death, . . . Typhoid Fever
*Duration of about 6 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence, . . . B. H. Campbell No. 10. 33 Pineclow Street C. D.

taker, sexton or other person shall bury in a city or town a person who has deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician: and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Oct 14 Name, Abner Doane Leavelle
Maiden Name* 1888 Sex, male
Married, single or widow of. wife of
Color, White Age, 31 years, mos. days. Residence, Winthrop Mass
Place of death, St. and No. North Ave Winthrop Ward.
Place of Birth, Boston Occupation, Pilot
Name of father, Joseph Name of mother, Franis Ann
Birthplace of father, Boston Birthplace of mother, Green U. S.
Place of interment, † Woburn

*If a married woman or a widow.

†Give the name of the burial ground.

Signature of Undertaker, or other person }
making the return.

Benj. F. Smith

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL
AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. ~~Section five of said chapter prohibiting the burial or removal of a human body~~

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased

George V. ~~Easton~~ ^{Wintrop} Oct 17-1888

Date and Place of Death,

Oct 17th Wintrop Mass.

Disease or Cause of Death,

Old born & died

Duration of ^{immediately}

after. Came unknown to time.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence,

William H. Hall East Boston Mass.

taker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

SECRETARY'S DEPARTMENT, BOSTON, May 4, 1888.

This Act takes effect June 3, 1888.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, BOSTON.

Date of Death, Oct 19th Name, Josef. Vieira

Maiden Name* — 1888 — Sex, m

Married, single ~~or widow~~ of, — wife of —

Color, W. Age, — years, — mos. 5 days minutes Residence, Winthrop

Place of death, St. and No. Sunny side Ave Ward. —

Place of Birth, Winthrop Occupation, Fisherman

Name of father, Antonio Name of mother, Rosa

Birthplace of father, Puerto Rico Birthplace of mother, Portugal

Place of interment, † Holy Cross

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker, or other person }
making the return.

J. M. Murphy

Commonwealth of Massachusetts.

In the Year One Thousand Eight Hundred and Eighty-eight.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL
AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,

2. Name,

(Maiden Name), *

(Name of Husband), *

3. Sex, and whether single,

Married, or Widowed,

4. Color, †

5. Age,

(Disease or Cause of Death,

6. Duration of Sickness,

(By whom certified,

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

13. Birthplace of Father,

14. Birthplace of Mother,

15. Place of Interment,

Signature of Undertaker
~~or other person~~ making
the Return,

DATED at

, on

Dec 13, 1888.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

2-16-
Book
Burial - 2 Burial 18th 21st
2. 21st 18th 21st
[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
 2. Name, . . .
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single,
 Married, or Widowed,
 4. Color, † . . .
 5. Age, . . .
 (Disease or Cause of Death,
 (By whom certified, . . .
 7. Residence, . . .
 8. Occupation, . . .
 9. Place of Death, . . .
 10. Place of Birth, . . .
 11. Name of Father, . . .
 12. Name of Mother, . . .
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . . .
 15. Place of Interment, . . .

Signature of Undertaker
~~other person~~ making
 the Return, . . .

DATED at Leatherport, on November 20 1888

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenty-first line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Walter D. Perry

Date and Place of Death, -

died at

Winter of

Nov. 19th 1888.

Disease or Cause of Death, -

of Cirrhosis

Duration of Sickness

Unknown

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Louie M.D. Winchester

Date of Certificate,

Nov 20th

1888.

*Or Sex of Infant (not named).

[Extracts from Chapter 32 of the Public Statutes.]

"SECT. 3. A physician who has attended a person during his last illness shall, when requested within fifteen days after the decease of such person, forthwith furnish for registration a certificate of the duration of the last sickness, the disease of which the person died, and the date of his decease, as nearly as he can state the same. If a physician refuses or neglects to make such certificate, he shall forfeit ten dollars to the use of the town in which he resides."

"SECT. 5. No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars."

No. *22*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>November 30, 1887.</i>
2. Name, . . .	<i>James M. Gardiner</i>
(Maiden Name), *	—
(Name of Husband), *	<i>Female</i>
3. Sex, and whether single, Married, or Widowed,	—
4. Color, † . . .	<i>White</i>
5. Age, . . .	<i>17</i> Years, <i>6</i> Months, <i></i> Days.
(Disease or Cause of Death,	<i>Cholera - 1st Form</i>
6. Duration of Sickness, .	<i>Cholera - 1st Form</i>
(By whom certified, .	<i>Charles L. Gardiner</i>
7. Residence, . . .	<i>Addie B. Gardiner</i>
8. Occupation, . . .	<i>1st Form</i>
9. Place of Death, . . .	<i>1st Form</i>
10. Place of Birth, . . .	<i>1st Form</i>
11. Name of Father, . . .	<i>Charles L. Gardiner</i>
12. Name of Mother, . . .	<i>Addie B. Gardiner</i>
13. Birthplace of Father, .	<i>1st Form</i>
14. Birthplace of Mother, .	<i>1st Form</i>
15. Place of Internment, .	<i>1st Form</i>
Signature of Undertaker or other person making the Return, . . . } <i>James M. Gardiner</i>	

DATED at *Worcester*

, ON

*Nov 1st*18*87*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

AMENDED.
See Chap. 306, Acts of 1888.
No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twenty-first line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Jennie M. Gardiner

Age, 17^{yr} 6 mos

Date and Place of Death, -

died at Winthrop (Centre St) Nov 30th 1888.

Disease or Cause of Death, -

of Ulceration of Intestines Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

W. S. Leach Winthrop

Date of Certificate, Nov 1st

1888.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

130
To be Reported before interment.

Form for Report of Death
RETURN OF A DEATH TO THE BOARD OF HEALTH.

CITY HALL, CHELSEA.

Date of Death, Dec 2nd 1888
Name, Almire J. Dwyer Color, White
Age, 65 years, 2 months, days.
Residence, (St. & No.) Shirley St
Sex, whether single, married or widowed,

Occupation,

Birthplace,

Names of Parents,

Wife or Widow of,

Birthplace of Father,

Birthplace of Mother,

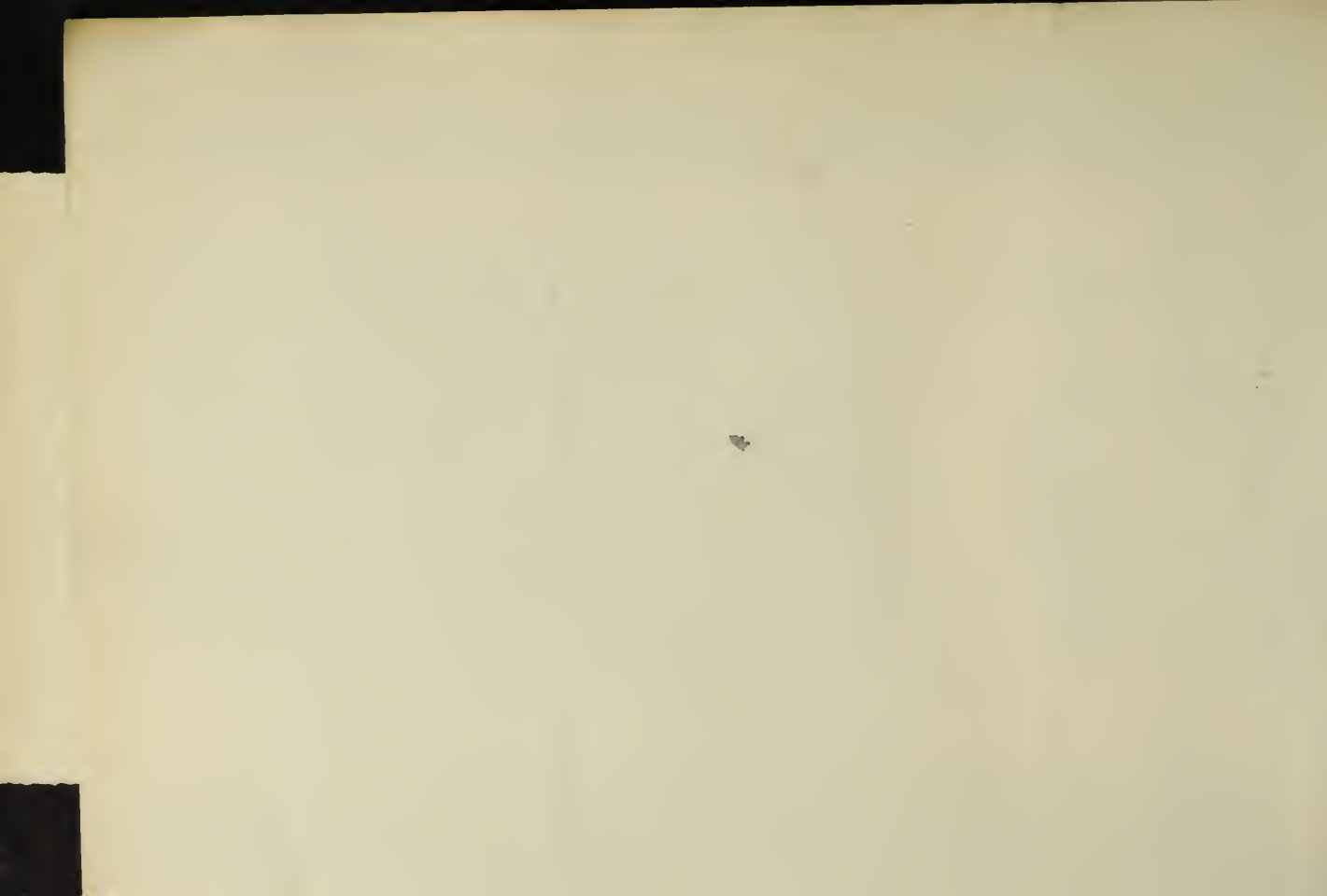
Place of Interment,

Undertaker or Informant,

Poughkeepsie, N. Y.
David N.

Stonington
Conn.

Bury
J. H. Carter



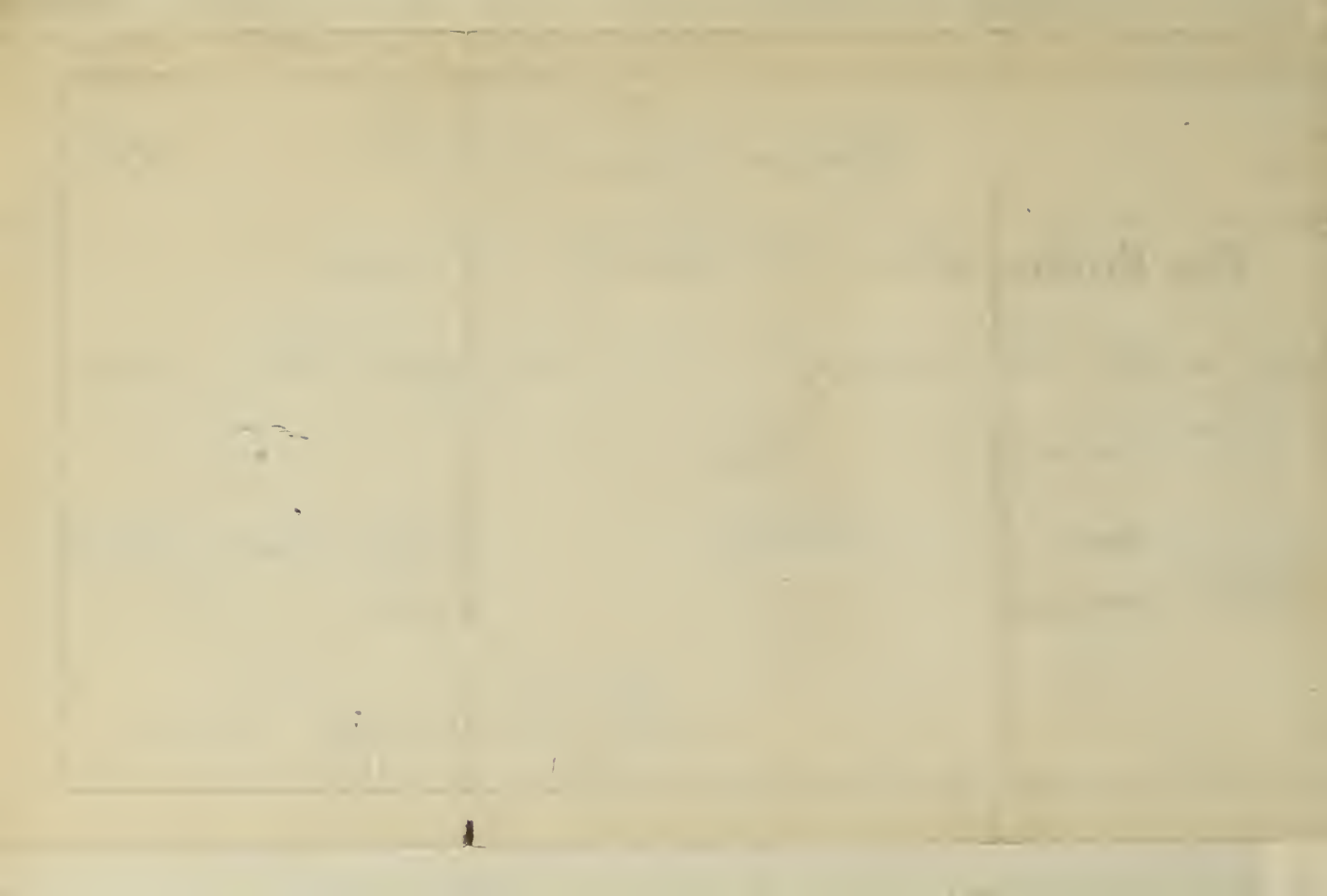
Chelsea, Mass., Dec 2 1888

This Certifies, That Almira L Devoe

died on the 2 day of Dec 1886, aged 55 years,
2 months, days.

CAUSE OF DEATH. { Primary, Dropsy Duration, One year
Secondary, Duration,

H. S. Lovell Physician.



No. 23

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Husband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
Duration of Sickness, . . .
By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Internment,

Signature of Undertaker
~~and person~~ making
the Return,

DATED at

, on

18 . 88

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

PHYSICIAN'S CERTIFICATE.

Fred L. Noyes

Name and Age of Deceased,*

Stillborn Infant

Age,

Date and Place of Death, -

died at

Winthrop Dec 15th

1888

Disease or Cause of Death, -

of

Still Born

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Louie M.D. Winthrop

Date of Certificate,

Dec 17th

1888

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December, 23 ^d , 1888
2. Name, (Maiden Name), * (Name of Husband), *	Maria Cook. Maria Cook. Samuel Cook.
3. Sex, and whether single, Married, or Widowed,	Female Widowed.
4. Color, †	White
5. Age,	76 Years, 6 Months, 23 Days.
(Disease or Cause of Death, Duration of Sickness, (By whom certified,	Blood Poison Two years. B. A. Collins M.D.
7. Residence,	Winthrop
8. Occupation,	Winthrop Mass
9. Place of Death,	Provincetown Mass
10. Place of Birth,	Jashua Cook
11. Name of Father,	Elizabeth Cook.
12. Name of Mother,	Provincetown Mass
13. Birthplace of Father,	Turo Mass.
14. Birthplace of Mother,	Provincetown Mass
15. Place of Interment,	Provincetown
Signature of Undertaker after person making the Return,	Summer Floyd
DATED at Winthrop, on Dec 23 rd 1888.	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded, and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

Amended Sweden 4/18/1888
Wm. C. S. [unclear]
Ref.
R. [unclear]

Duplicate
Death.

Wiltsey, Dec 24 " 1888

This Certifies, That Maria Cook
died on the 23^d, day of Dec 1888, aged 76 years,
6 months, 23 days.

CAUSE OF } Primary,

DEATH.

} Secondary, Gangrene of Foot

Duration

Duration

14 Months

C. A. Rollins M.D. Physician.



No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Husband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age, Years, 6 Months, Days.
- (Disease or Cause of Death,
Duration of Sickness, . . .
By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Internment,

Signature of Undertaker
or other person making
the Return,

DATED at

, on

1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888]

PHYSICIAN'S CERTIFICATE.

and Age of Deceased,*

Lora M Baker

Age, 4 yrs 1

and Place of Death, -

died at Winothrop Jan 4^c

1880

se or Cause of Death, -

of Membranous Croup Duration of Sickness. One week

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

W. S. Soule Winothrop

Date of Certificate, Jan 4^c

1880

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,

2. Name,

(Maiden Name), *

(Name of Husband), *

3. Sex, and whether single,

Married, or Widowed,

4. Color, †

5. Age,

Years, — Months, —

(Disease or Cause of Death,

6. Duration of Sickness,

(By whom certified,

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

13. Birthplace of Father,

14. Birthplace of Mother,

15. Place of Interment,

Signature of Undertaker)
not other person making
the Return,)

DATED at _____

on _____

18--

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Harold Cutter Twelve years* Age, _____

Date and Place of Death, - died at *Winthrop "Wash Ore" January 20th 1890*

Disease or Cause of Death, - of *Malformation of the Heart* Duration of Sickness _____

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. S. Searle Winthrop*

Date of Certificate, *Jan 25* 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	Jan. 26 1890		
2. Name.	Henry B. Small		
(Maiden Name). *			
(Name of Husband). *			
3. Sex, and whether single, Married, or Widowed.	male married		
4. Color, †	White		
5. Age,	76	Years, $\wedge$ Months, $\wedge$ Days.	
Disease or Cause of Death, (Duration of Sickness.)			
By whom certified,	Wm. F. Mason		
7. Residence,	Dunstable		
8. Occupation,	Farmer		
9. Place of Death,	Dunstable		
10. Place of Birth,	Brewster		
11. Name of Father,	Eldridge		
12. Name of Mother,	Brewster		
13. Birthplace of Father,	Brewster		
14. Birthplace of Mother,	Dunstable		
15. Place of Interment,	Dunstable		
Signature of Undertaker) the Return making)			
DATED at	Dunstable	on	Jan 26 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

75 Monday
40.00 Cash
13th Feb
Acts or 1888, Chap. 306.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

As it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counter sign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Date and Place of Death, -

Disease or Cause of Death, -

Henry D. Small

died at Winthrop Mass. Jan 26"

of Old age

Age, 76 years
1890

Duration of Sickness.

I certify that the above is true, to the best of my knowledge and belief.

*Or Sex of Infant (not named).

and Residence of Certifying Physician, M. S. Soule Winthrop

Date of Certificate, Jan 26

1890

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. *Mar 6' 1880*
 2. Name, *Mary H. -*
 (Maiden Name).* *Ford*
 (Name of Husband).* *Robert*
 3. Sex, and whether single,
 Married, or Widowed,
 4. Color,†
 5. Age, *79* Years, *6* Months, *0* Days.
 (Disease or Cause of Death,
 Duration of Sickness,
 By whom certified,
 7. Residence, *Andover*
 Freemont St.
 8. Occupation,
 9. Place of Death,
 10. Place of Birth, *Andover Mass*
 11. Name of Father, *Robert*
 12. Name of Mother,
 13. Birthplace of Father,
 14. Birthplace of Mother,
 15. Place of Interment, *North Burial*

Signature of Undertaker }
~~no other person~~ making }
 the Return,

DATED at

W. H. H. H. H.

. on

*Mar 7*18*80*

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counter-sign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mrs Mary Rich Age, 79 & 6 months

Date and Place of Death, -

died at Wintthrop Mass March 6th 1890

Disease or Cause of Death, -

Old age & of Fracture of the thigh Duration of Sickness about 1 month

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas A Eastman

Wintthrop, Mass

Date of Certificate, March 8th 1890

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), *

(Name of Husband), *

3. Sex, and whether single,

Married, or Widowed.

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker)
(~~another person making~~
the Return, . . .)

DATED at

Winthrop

, on

Mch 8 "

18 90

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Stillborn (W. H. Roberts) Age, _____
Date and Place of Death, - died at Ocean View Street March 8
Disease or Cause of Death, - of Stillborn Duration of Sickness _____ 1890

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, H. S. Smith

*Or Sex of Infant (not named).

Date of Certificate, March 26 1890.

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.	March 10 th 1890.		
2. Name.	Mellen Wilkie		
(Maiden Name),*			
(Name of Husband),*			
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color, †			
5. Age,	Years,	Months,	Days,
	46	11	4
Disease or Cause of Death,	Heart failure.		
6. Duration of Sickness.	death sudden		
By whom certified.	Winthrop		
7. Residence,	Clyman		
8. Occupation,	Winthrop		
9. Place of Death,	Marwick Ct—		
10. Place of Birth,	— Milken		
11. Name of Father,	— Flattery		
12. Name of Mother,	Marwick Ct—		
13. Birthplace of Father,	Marwick Ct—		
14. Birthplace of Mother,	Marwick Ct—		
15. Place of Internment,	Winthrop Cemetery		
Signature of Undertaker or other person making the Return,	James Flattery		

Dated at

, on

18.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto.

(1.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

It is enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 7, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Walter Willie* Age, *76* years
Date and Place of Death, - died at *Winthrop* *March 10* " *1890*
Disease or Cause of Death, - of *Heart Disease* Duration of Sickness *One Year*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. S. Gould* *Winthrop*

Date of Certificate, *March 20* *1890*

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March 15th 1890
 2. Name, . . . Winfield S. Burcell
 (Maiden Name),* . . .
 (Name of Husband),* . . .
 3. Sex, and whether single,
 Married, or Widowed, Male
 4. Color,† . . . Married
 5. Age, . . . White
 41 Years, ~ Months, ~ Days,
 (Disease or Cause of Death,
 Duration of Sickness, . . .
 (By whom certified, . . .
 7. Residence, . . . North Mass
 8. Occupation, . . . Farmer
 9. Place of Death, . . . Boston St
 10. Place of Birth, . . . East Boston
 11. Name of Father, . . . George Burcell
 12. Name of Mother, . . . Mary S. Burcell
 13. Birthplace of Father, . . . Mass
 14. Birthplace of Mother, . . . Chelsea
 15. Place of Interment, . . . Winthrop Cemetery
 Signature of Undertaker, Sumner Flavel
~~Signature of person making~~
 the Return, . . .

DATED at

, on

WinthropMarch 16th 1890

* If a Married Woman or Widowed.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL, AND REMOVAL OF BODIES OF DECEASED PERSONS.

[ACTS OF 1888, CHAP. 306.]

AN ACT

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counter-sign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Winfield S. Burrill

Age, 41 y

Date and Place of Death, -

died at

Winthrop

March

15th

1890

Disease or Cause of Death, -

of

Consumption

Duration of Sickness.

One Year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule

Winthrop

Date of Certificate,

Mar 20

1890

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	March 16-90		
2. Name, (Maiden Name)*,	Eliza E. Appleton Eliza E. Crocker		
3. Sex, and whether single, Married, or Widowed,	Female Married		
4. Color, †	White		
5. Age,	42 Years,	0 Months,	23 Days,
6. Disease or Cause of	Consumption		
Death, (By whom certified			
7. Residence,	Need St Winthrop		
8. Place of Death,	Winthrop		
9. Occupation,			
10. Place of Birth,	Provincetown, Mass.		
11. Name of Father,	Henry Crocker		
12. Name of Mother,	Elizabeth Crocker		
13. Birthplace of Father,	Provincetown		
14. Birthplace of Mother,	Provincetown		
15. Place of Interment,	Cohasset		
Signature of Undertaker or other person making the Return,	W. C. Crocker		

DATED at Winthrop, on Mar-16, 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,**

Elvise C. Appleton

Age, 42

Date and Place of Death, -

died at Reed L Winthrop Mass March 16 1890.

Disease or Cause of Death, -

of Phthisis

Duration of Sickness 6 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

W. B. Michael

5th Oct

Date of Certificate,

March 17 1880.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name),* . . .

(Name of Husband),* . . .

3. Sex, and whether single,

Married, or Widowed.

4. Color,† . . .

5. Age, . . .

— Years, 8 Months, 2 Days.

(Disease or Cause of Death,

6. Duration of Sickness, . .

(By whom certified, . . .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, . .

14. Birthplace of Mother, . .

15. Place of Interment, . . .

Signature of Undertaker
~~and person making~~
the Return, . . .

DATED at

Winthrop

, on

March 19

1890

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE.

ie and Age of Deceased,*

Sidney J Mc Neil

Age, *8 mo.*

and Place of Death, -

died at *Winthrop March 18th*

1889.

ise or Cause of Death, -

of *Convulsions*

Duration of Sickness

Three weeks

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

H. S. Soule

Winthrop

Date of Certificate, *March 20th*

1889.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mary Muller Age, 3 years

Date and Place of Death, -

died at Wintthrop March 19 1890

Disease or Cause of Death, -

of Pneumonia Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician.

Chas Eastman Wintthrop

Date of Certificate,

March 19 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

UNDERTAKER'S RETURN.—~~Boston~~ *Winthrop* *Me* 20

Date of death, *March 19* 1890 Name, *Mary* *Muller*

Maiden name,* Sex, *Female*

Married, single, or ~~widow~~ of _____ wife of _____

Color, *W* Age, *3* years, _____ mos., _____ days. Residence, *Winthrop* *Mass*

Place of death (street and number), *Cottage Ave* ward _____

Place of birth, *Boston* Occupation, _____

Name of father, *Peter* Name of mother, *Mary A.*

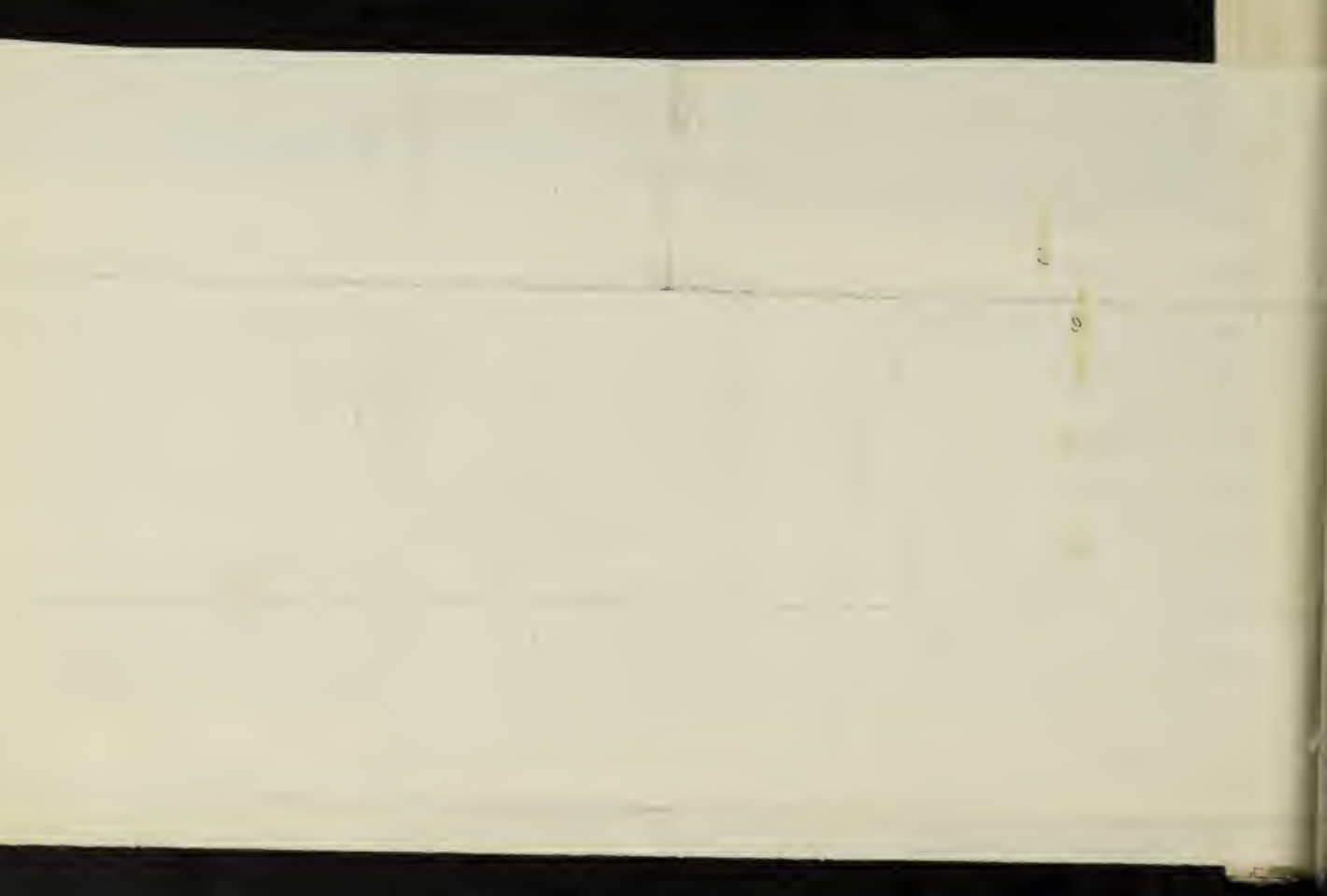
Birthplace of father, *Ireland* Birthplace of mother, *Cric Pa*

Place of interment,† *Boston*

* If a married woman or a widow. † Give the name of the burial ground.

Signature of undertaker, or other person }
making the return.

Jose Castello



No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March 19th 1890
 2. Name, Cara W. Chase

. (Maiden Name).*, . . .

(Name of Husband).*, . . .

3. Sex, and whether single, . . .

Married, or Widowed, . . .

4. Color, †

5. Age,

5 Years, 10 Months, Days.

Disease or Cause of Death, . . .

6. Duration of Sickness, . . .

By whom certified, . . .

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

13. Birthplace of Father,

14. Birthplace of Mother,

15. Place of Internment,

Signature of Undertaker }
~~another person making~~ the Return, }

DATED at

, on

March 20th1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

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78926-8

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Clara W Chase* Age, *Five*
Date and Place of Death, - died at *Wintthrop (Buchanan Street)* *Feb 19th* 1890
Disease or Cause of Death, - of *Peritonitis* Duration of Sickness *Two Weeks*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. J. Senti* *Wintthrop*

Date of Certificate, *March 19th* 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Mar. 27' 1890.
2. Name, . . . Josephine Patch
(Maiden Name),* . . . Dukesburg
3. Sex, and whether single,
Married, or Widowed, . . . Female - Widowed
4. Color, † . . . White
5. Age, . . . 39 Years, Months, Days,
6. Disease or { First or Primary
Cause of { Secondary (if any)
Death, { By whom certified
7. Residence, . . . 14 East Main
8. Place of Death, . . . Wintthrop Ave.
9. Occupation, . . . Seamstress
10. Place of Birth, . . . New York
11. Name of Father, . . . Elizabeth
12. Name of Mother, . . . Wintthrop
13. Birthplace of Father, . . . Maine
14. Birthplace of Mother, . . . Portland Me. It.
15. Place of Interment, . . . Malden Mass.

Signature of Undertaker
or other person making
the Return, . . .

W.E. Brown

DATED at Wintthrop, on Mar. 27' 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Josephine Patch

Age, 39

Date and Place of Death, -

died at

Wintrop March 27

1890

Disease or Cause of Death, -

of

Hurt fulmine

Duration of Sickness

13 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. Eastman

Date of Certificate,

March 29

1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

7th 10

Boston,

Mar 30th 1890

Name and age of deceased:

Age - yrs. mos. dys.

Date and place of death:

Found Great Head. (F.,

Disease or cause of death:

Still born

Duration of disease:...

I certify that the above is true, to the best of my knowledge and belief,

Name and residence }
of physician.

R. H. Harris

M. D.

Med. Examiner

* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10.30 A. M. till 2 P. M.; Holidays, from 10.30 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

7m 25

Date of death, *Found between Great Head Point Shirley on the beach* ~~10.9~~ *March 30/1892*

Maiden name,* _____ Sex, *Female*

Married, single, or widow of _____ wife of _____

Color, *N* Age, ~~years~~, ~~mos.~~, ~~days~~. Residence, _____

Place of death (street and number), *Unknown* ward _____

Place of birth, _____ Occupation, _____

Name of father, _____ Name of mother, _____

Birthplace of father, _____ Birthplace of mother, _____

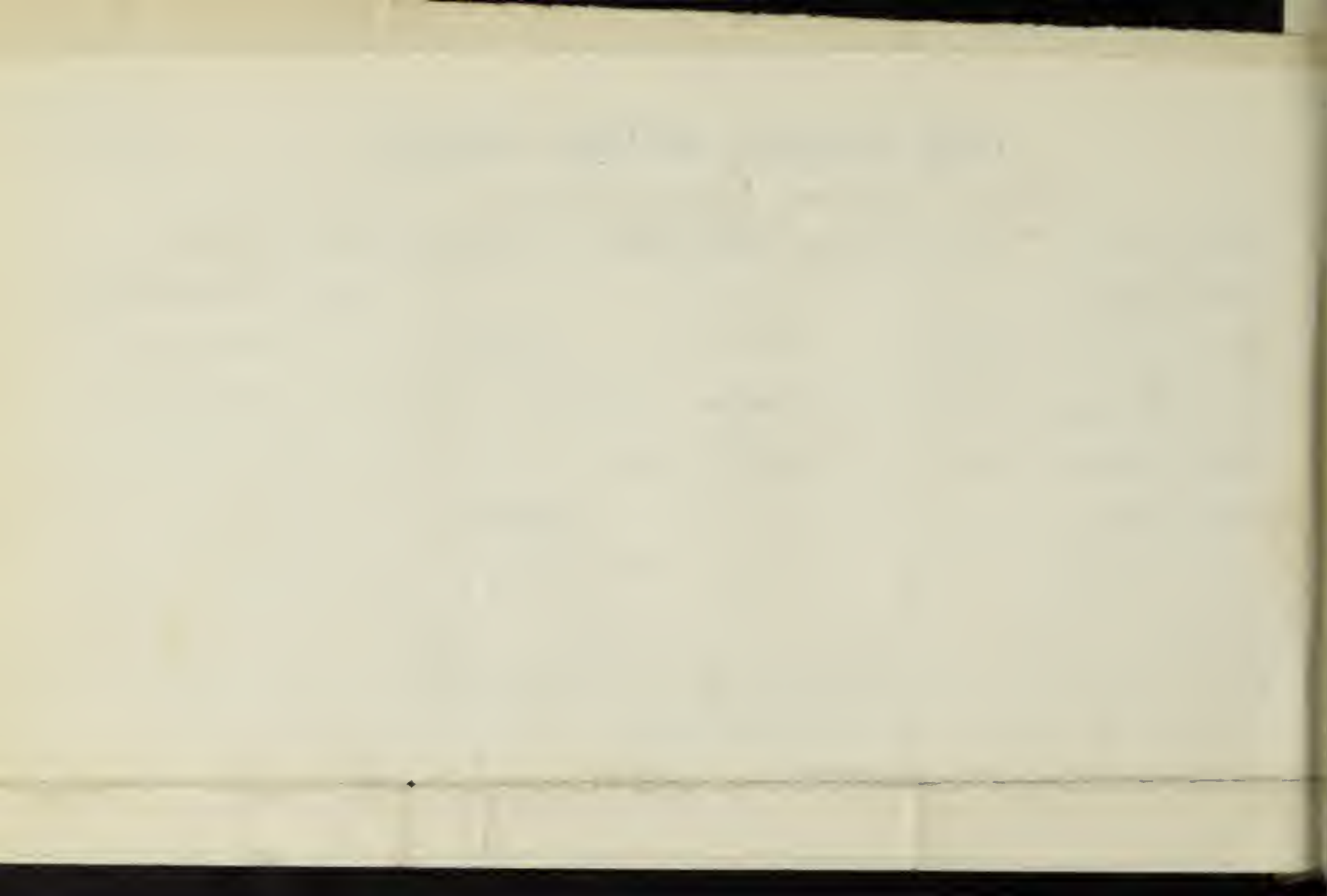
Place of interment,† *Winthrop Cemetery*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, ~~or other person~~ }
making the return.

Summer Floyd



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name),* . .

(Name of Husband),* . .

3. Sex, and whether single,

Married, or Widowed.

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,

6. Duration of Sickness, . .

(By whom certified, . .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, . .

14. Birthplace of Mother, . .

15. Place of Interment, . .

Signature of Undertaker)

or other person making)

the Return, . . .

DATED at

, on

1890

* If a Married Woman or Widow.

† If other than White. (W.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

◆◆◆

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	May 17-1931
2. Name, (Maiden Name)*,	George C. Chinnick
3. Sex, and whether single, Married, or Widowed,	Male, Single
4. Color, †	White
5. Age,	23 Years, 2 Months, 10 Days.
6. Disease or Cause of Death, { First or Primary Secondary (if any) By whom certified	Consumption
7. Residence,	Hamthorpe
8. Place of Death,	Reagel St. Hamthorpe
9. Occupation,	Barber
10. Place of Birth,	Charlton Charnesett
11. Name of Father,	David B. Chinnick
12. Name of Mother,	Elise C. Chinnick
13. Birthplace of Father,	Wilmington
14. Birthplace of Mother,	Prattville
15. Place of Interment,	Charnesett
Signature of Undertaker other person making the Return,	Lowell Moore

DATED at.....17.....

1896

* If a Married Woman or Widow.

[Be very particular to fill all Blanks.]

☞ The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

☞ In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

☞ Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

George C. Lincoln Age, 23

Date and Place of Death, -

died at Westport May 17 1890

Disease or Cause of Death, -

of Phthisis Duration of Sickness 2 1/2 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. F. Eastman

Date of Certificate,

May 18 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . May 28th 1896
2. Name, Alice D. Burage
(Maiden Name),* . . . Belcher
(Name of Husband),* . . . Burage
3. Sex, and whether single,
Married, or Widowed, . . . Married
4. Color,† White
5. Age, 31 Years, 10 Months, (Days,

(Disease or Cause of Death,

6. Duration of Sickness, . .

(By whom certified, . .

7. Residence, Northrup

8. Occupation, Merchant

9. Place of Death, Northrup

10. Place of Birth, Northrup

11. Name of Father, Warren

12. Name of Mother, Betts

13. Birthplace of Father, Chelsea

14. Birthplace of Mother, Chatham

15. Place of Interment, Westfield

Signature of Undertaker)
or other person making
the Return.

DATED at

. on May 28th 1896

* If a Married Woman or Widow.

† If other than White.

(M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Alice Burroughs* Age, *32*
Date and Place of Death, - died at *Wurtsboro* *May 27* 18*90*
Disease or Cause of Death, - of *Peritonitis* Duration of Sickness *one month*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Charles A. Eastman.

Date of Certificate,

June 20 18*90*

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), *

(Name of Husband), *

3. Sex, and whether single,Married, or Widowed,

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker
or other person making
the Report, . . .

DATED at

Chelsea

, on

10th June

1890

* If a Married Woman or Widow.

† If other than White. (L.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

June 9th 1890

Eliza A. Sunderland.

Wm^a Pickering.
Sunderland
Hemden

White.

80. Years. X Months. X Days.

94. Shawmut St Chelsea Mass

Newbury N.H.

Portsmouth N.H.

Chelsea Mass

James Lynde & Co.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If the attending physician, if any, as required by section three of this chapter, cannot be obtained, for good and sufficient reasons, say enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

Boston June 10th 1890

This certifies that

Elija Sunderland. age 80 years
died at Wintthrop. June 9th 1890

Cause of Death
Misadventure
Drowning

Francis A. Harris.
Med. Examiner.



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . June 19th 1899
 2. Name, . . . Edward L. Loring
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single, Male
 Married
 4. Color, † . . . White
 5. Age, . . . 58 Years, Months, Days.
 (Disease or Cause of Death,
 6. Duration of Sicknes, . . .
 (By whom certified, . . .
 7. Residence, . . .
 8. Occupation, . . .
 9. Place of Death, . . .
 10. Place of Birth, . . .
 11. Name of Father, . . .
 12. Name of Mother, . . .
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . . .
 15. Place of Internment, . . .

Signature of Undertaker,
or other person making
the Return, . . .

DATED at

, ON

18

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Edward S Leriny

Age, 88 years

Date and Place of Death, -

died at Winthrop June 19

1889

Disease or Cause of Death, -

of Old age

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Ab. S. Soule Winthrop

Date of Certificate,

June 19

1889

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
 (Maiden Name),*
 (Name of Husband),*
3. Sex, and whether single,
 Married, or Widowed,
4. Color,†
5. Age,
 Disease or Cause of Death,
 Duration of Sickness,
 By whom certified,
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~at death~~ ~~person making~~
 the Return,

DATED at

Northrop

, on

July 12th 1890

1890

* If a Married Woman or Widow,
 † If other than White. (M.) Mulatto.

(If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Daniel Denison Age, 12 weeks
Date and Place of Death, - died at Winthrop, Mass. July 11 1880.
Disease or Cause of Death, - of Infantile Atrophy Duration of Sickness 12 weeks -

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, James M. Jackson - Sea Shore Home Winthrop
Mass.
Date of Certificate, July 11 1880.
*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name),*
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
6. Disease or { First or Primary
Cause of { Secondary (if any)
Death, { By whom certified
7. Residence,
8. Place of Death,
9. Occupation,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at *Wintthrop*, on *July 24* 1890.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*July 23 '1890**William A. Pearson**Male - Married**White**64*

Years, Months, Days,

*Wintthrop**Bowdoin St**Cutter**Stamhill Mass**Thos.**Mary**Newburyport**Stamhill**Stamhill Mass.**W. E. Pearson*

 The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Causes of Death—to the Town Clerk, BEFORE THE INTERMENT.

 In case of an interment taking place, without the Certificate of Registry of the Clerk of the Town in which the Death occurred (or the deceased resided) having first been obtained, the person having charge of such Interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

 Blank forms for Returns of Deaths may be obtained from the Town Clerk.

PHYSICIAN'S CERTIFICATE.

and Age of Deceased,*

Hiram A. Pierson Age, 64

and Place of Death, -

died at Winstrop July 23 1898

se or Cause of Death, -

of Cancer Stomach Duration of Sickness Six months

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

Chas A Eastman Winstrop Mass

Date of Certificate,

July 24 1898

*Or Sex of Infant (not named).

[May, 1883.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Harriet Marsh* Age, *10 months*
Date and Place of Death, - *died at Sea Shore Home, Winthrop, July 23 1890.*
Disease or Cause of Death, - *of Cholera Infantum* Duration of Sickness *39 hours*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *S. A. Houghton, Sea Shore Home, Winthrop.*
Date of Certificate, *July 23 1890.*
*Or Sex of Infant (not named). [May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

UNDERTAKER'S RETURN.—Boston.

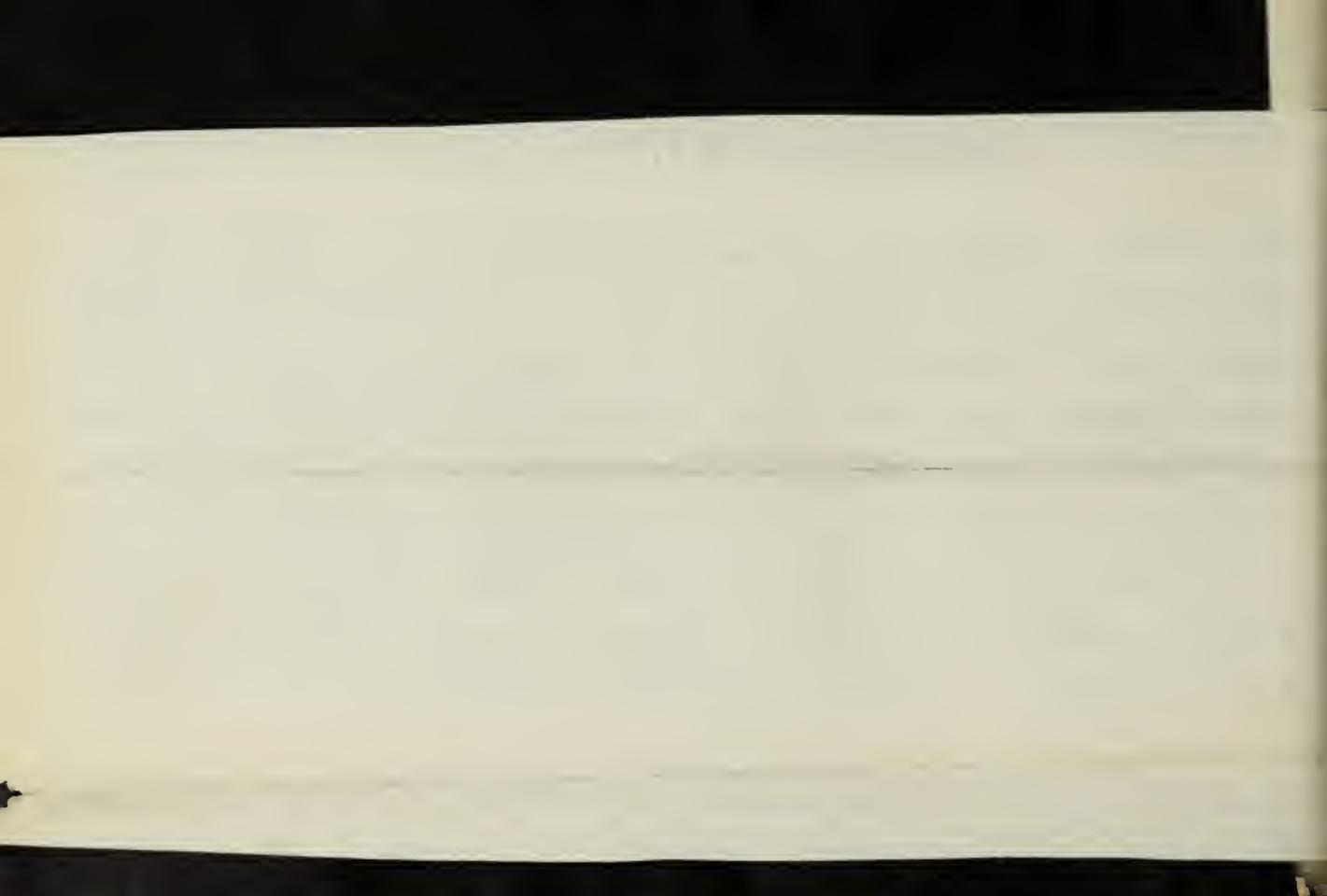
Date of death, *July 23* 189*0* Name, *Harriet Marsh*
Maiden name, * *_____* Sex, *Female*
Married, single, or widow of *Of* wife of *_____*
Color, *_____* Age, years, *10* mos., *28* days. Residence, *Near #430 Hanover st.*
Place of death (street and number), *Sea Shore Home* ward *_____*
Place of birth, *Boston* Occupation, *Labourer*
Name of father, *James* Name of mother, *Mary*
Birthplace of father, *England* Birthplace of mother, *Boston*
Place of interment, † *Holy Cross Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person }
making the return.

M. L. Murphy



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name,

(Maiden Name),* . .

(Name of Husband),* .

3. Sex, and whether single.

Married, or Widowed.

4. Color, †

5. Age,

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence,

8. Occupation,

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker
(~~other person~~ making
the Return,)

DATED at

Winthrop

, on

July 25, 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 188

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Ester T. Hemmon* Age. *3 1/2 months.*
Date and Place of Death, - died at *Sea Shore Lane, Winthrop, July 25-1880.*
Disease or Cause of Death, - of *Acute Dyspeptic Diarrhoea* Duration of Sickness *2 weeks*

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician, *S. A. Houghton, Sea Shore Lane, Winthrop*

Date of Certificate, *July 25,* *1880.*

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Rosella S. Ralph Age, 6 mos 23 days

Date and Place of Death, -

died at Wintthrop July 25 1890

Disease or Cause of Death, -

of Cholera Infantum Duration of Sickness Five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. F. Eastman Wintthrop

Date of Certificate,

July 25 1890

*Or Sex of Infant (not named).

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN.—Boston.

Date of death,

July 25 1890

1890

Name,

Rosella Tora

Ralph

Maiden name,*

Same

Sex,

F

Married, single, or widow of

H

wife of

Color, W

Age,

years,

6

mos.,

23

days.

Residence,

Sea Foam ave Ocean Spring

Place of death (street and number),

Place of birth,

Name of father,

Birthplace of father,

Place of interment,†

Boston

James Jr

Kingston Canada

Brookline Holyhood

Occupation,

Father

Fish dealer

Name of mother,

Rosella

Birthplace of mother,

Hilton

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person

making the return.

F. J. Crosby



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *July 25th 1890*
 2. Name, *Hettie Milne.*

(Maiden Name),* . . . —

(Name of Husband),* . . . —

3. Sex, and whether single,

Married, or Widowed. *Female.*4. Color, † *White*5. Age, *2* Years, *7* Months, *7* Days ^{Days}

(Disease or Cause of Death,

6. Duration of Sicknes, . . . *X*

(By whom certified, . . .

7. Residence, *Residence Boston*8. Occupation, *Sea Shore / Nurse*9. Place of Death, *Boston*10. Place of Birth, *Berger Milne*11. Name of Father, *Florence J. Milne*12. Name of Mother, *Scotland*13. Birthplace of Father, *Scotland*14. Birthplace of Mother, *M^{rs} Hope Cemetery*15. Place of Internment, *Summer Hill Cemetery*

Signature of Undertaker
 the Return

DATED at

July 25th 1890

, on

Mon

1890

* If a Married Woman.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Nellie Milne* Age, ~~7~~ ^m ~~months~~ ^{ds} *2-7*
Date and Place of Death, - died at *Sea Shore Home Winthrop* *July 25* *1883*.
Disease or Cause of Death, - of *Infantile Atrophy* Duration of Sickness *9 weeks*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *Silas A. Houghton, Sea Shore, Home Winthrop* 11
Date of Certificate, *July 30,* *1883*.
*Or Sex of Infant (not named). [May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

Mr. Wm. A. May
Clerk of the Board of Health

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name), *.
(Name of Husband), *.
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
(Disease or Cause of Death,
Duration of Sickness, .
By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~or other person making~~
the Return,

DATED at

, on

1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 7, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Eleanor Fawcett

Age, 5 months.

Date and Place of Death, -

died at Sea Shore Home, Winthrop, July 22, 1890.

Disease or Cause of Death, -

of Infantile Atrophy. - Duration of Sickness 5 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

S. A. Houghton, Sea Shore Home, Winthrop.

Date of Certificate, July 26, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. July, 29, 1890
 2. Name, Rachel Fishmann
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single,
 Married, or Widowed, Female
 4. Color, † White
 5. Age, 1 Year, ~~3 months~~ 21 days
 Disease or Cause of Death, Broncho-Pneumonia
 6. Duration of Sickness, 3 months
 By whom certified, James M. Jackson,
 7. Residence, 20 South Madison St. Boston,
 8. Occupation, Winthrop
 9. Place of Death, Boston
 10. Place of Birth, Limer Fishmann.
 11. Name of Father, Jennie Fishmann.
 12. Name of Mother, Russia.
 13. Birthplace of Father, Russia.
 14. Birthplace of Mother, Dedham.
 15. Place of Interment,

Signature of ~~the declarant~~
 of other person making the Return, Silas A. Houghton.

DATED at Winthrop,

, on

July 29,

1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Rachael Fishman

Age, 13 mos

Date and Place of Death, -

died at Wintthrop, Mass July 29 1890.

Disease or Cause of Death, -

of Broncho-Pneumonia Duration of Sickness 3 mos.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

James M. Jackson, Seashore Home, Wintthrop.

Date of Certificate,

July 29 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mary Madigan

Age, 14 mos.

Date and Place of Death, -

died at Wintthrop

July 31 1890

Disease or Cause of Death, -

of Broncho-Pneumonia Duration of Sickness 2 weeks.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

James M. Jackson, Sea Shore Home, Wintthrop, Mass.

Date of Certificate, August 1 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

UNDERTAKER'S RETURN.—Boston.

Date of death, *July 31* 189*0* Name, *Mary A. Madigan*
Maiden name,* *Female* Sex, *Female*
Married, single, or widow of *wife of*
Color, *White* Age, *1* years, *2 mos* ~~7 mos~~ days. Residence, *74 No. Marguerite St*
Place of death (street and number), *Sea Shore Home Whittryp* ward
Place of birth, *Boston* Occupation, *Mattress Maker*
Name of father, *John Madigan* Name of mother, *Ellen Madigan*
Birthplace of father, *Boston* Birthplace of mother, *Ireland*
Place of interment,† *Malden Holy Cross Cem*

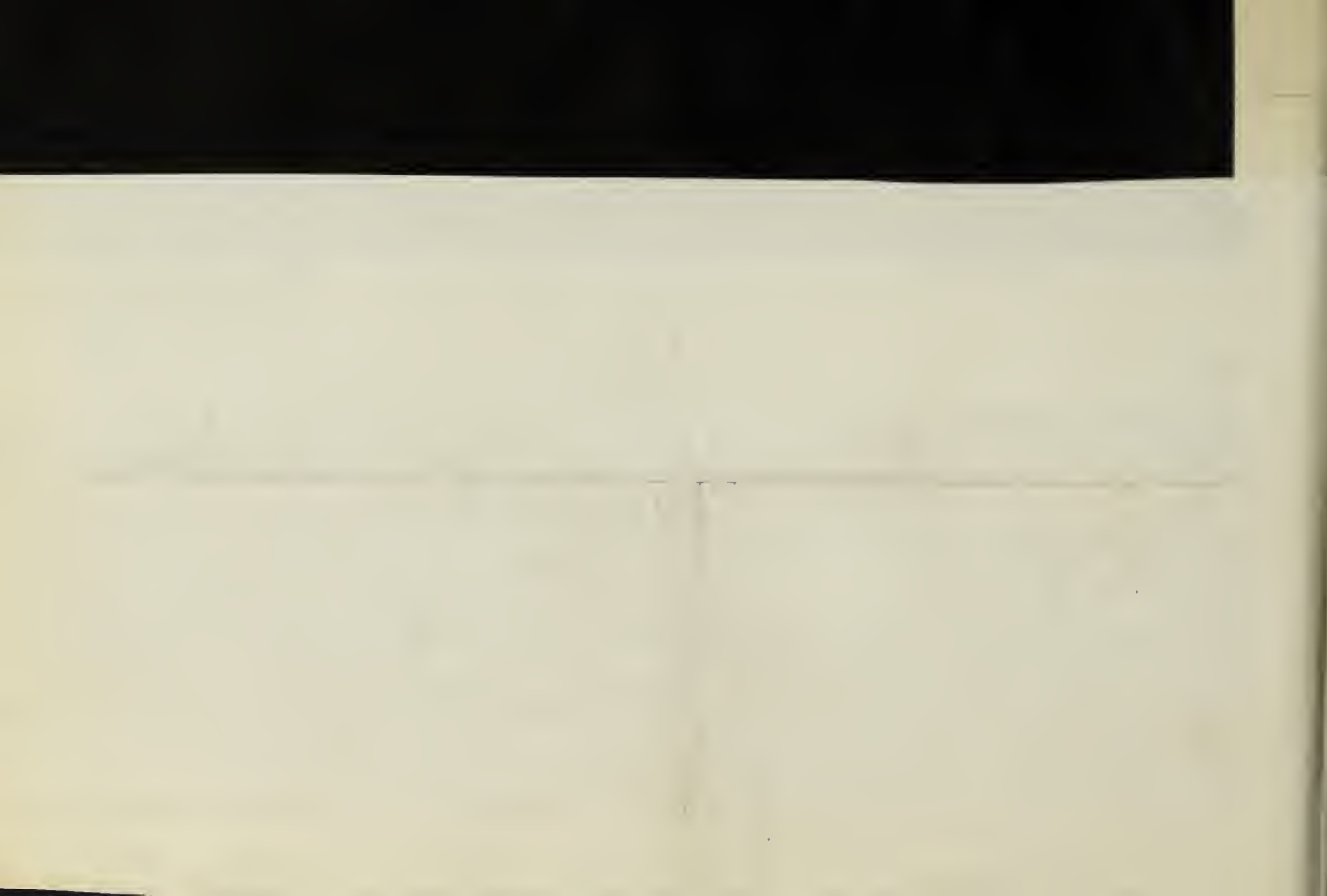
* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person

making the return.

James Muller



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . . August 1st 1890

2. Name, . . . John Flaherty Donovan
(Maiden Name)*, . . .
(Name of Husband), . . .

3. Sex, and whether single,
Married, or Widowed, . . . Single

4. Color, † . . . White

5. Age, . . . 5 Years, 5 Months, Days,

(Disease or Cause of Death,
Duration of Sickness, . . .)

(By whom certified, . . . Doctor)

7. Residence, . . . Boston

8. Occupation, . . . Sea Shore Home Millup

9. Place of Death, . . . Boston L-Inn Hospital

10. Place of Birth, . . . Palsey Flaherty

11. Name of Father, . . . Maggie Donovan

12. Name of Mother, . . . Ireland

13. Birthplace of Father, . . . Ireland

14. Birthplace of Mother, . . . Temporary Depot

15. Place of Interment, . . . Paul Re Town

Signature of Undertaker
~~not~~ *not* ~~returning~~ *returning*
the Return, . . . Summer Floyd Dec 1
mout hope

DATED at *Stoughton*, on *August 1st 1890*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

John Phaherty Donovan

Age, 5 mos.

Date and Place of Death, -

died at

Winthrop

August 1, 1890

Disease or Cause of Death, -

of

Involunt

Duration of Sickness,

Two days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

James M. Jackson, Sea Shore town, Winthrop, Mass.

Date of Certificate,

August 1, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *August 1st* 189*C.*

Name and age of deceased: *Gertrude A Reed* Age *54* yrs.....*1* mos. *5* dys.

Date and place of death: *August 1st* *Pauline St Winthrop*

Disease or cause of death: *Nervous Prostration*

Duration of disease: *about one year*

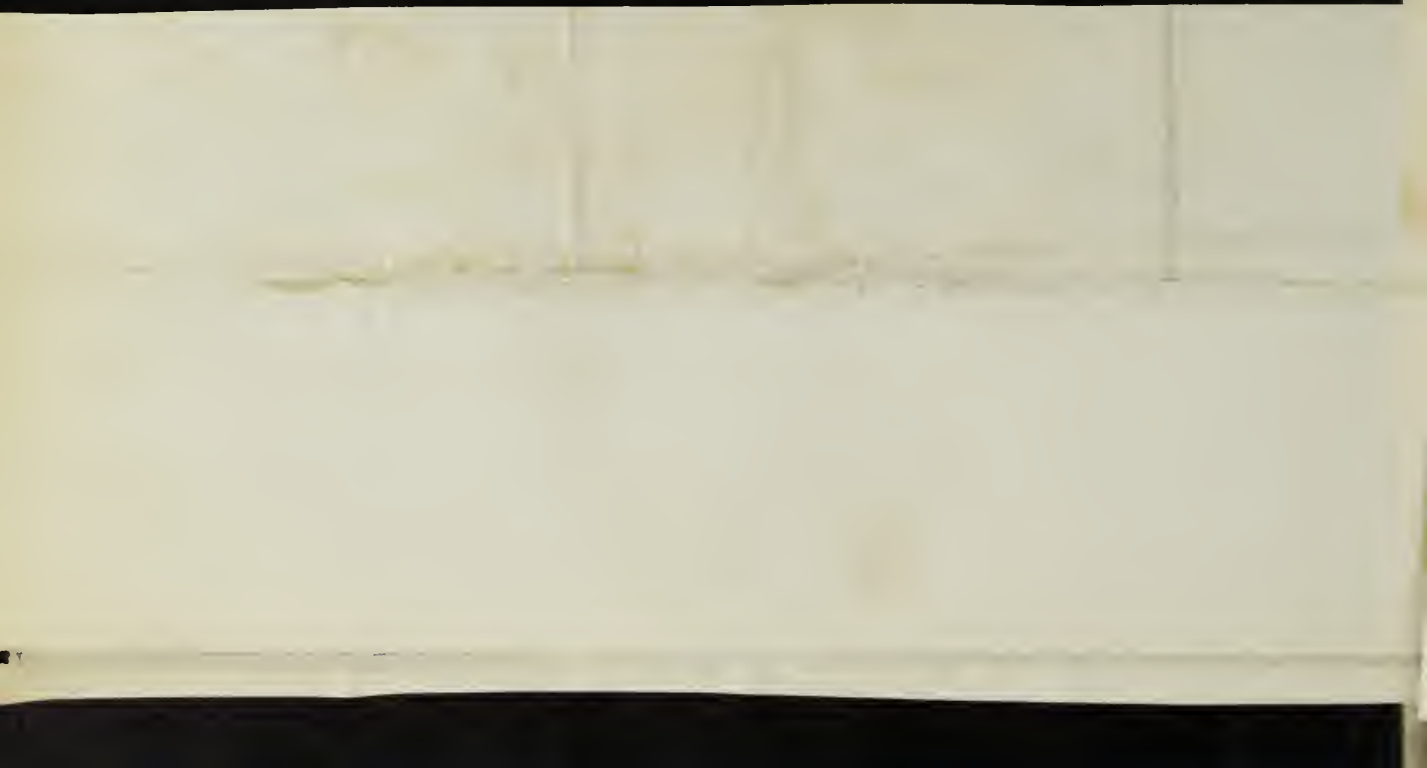
I certify that the above is true, to the best of my knowledge and belief.

Name and residence }
of physician. }

H. S. Smith M. D.
W. Winthrop Smith

*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:— Saturdays, 9 A. M. till 2 P. M.; Sundays, 10.30 A. M. till 2 P. M.; Holidays, from 10.30 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

Date of death, *August 1st 1890* Name, *Gertrude A Reed*
Maiden name, * *Gertrude A Spinning* Sex, *Female*
Married, single, or ~~widow~~ of *wife of Charles H.*
Color, *W* Age, *54* years. *1* mos., *5* days. Residence, *Winthrop Mass*
Place of death (street and number). *Pauline St* ward
Place of birth, *Annapolis Co Md* Occupation, *Housewife*
Name of father, *Elijah Spinning* Name of mother, *Margaret Spinning*
Birthplace of father, *Annapolis Md* Birthplace of mother, *Annapolis Md*
Place of interment, † *Winthrop Cem. Mass.*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person }

making the return.

J W Sprague



If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

^{D.} Charles Marcellus Jr. Age, 5 months

Date and Place of Death, -

died at Winthrop, August 4, 1890.

Disease or Cause of Death, -

of Infantile Atrophy Duration of Sickness 5 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Silas A. Houghton. Sea Shore, Maine, Winthrop.

Date of Certificate, August 5, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 4* 189*0* Name, *Chas. D. Marcelis Jr*
Maiden name,* *—* Sex, *M.*
Married, single, or widow of *5 months* wife of *—*
Color, *W* Age, years, *78* mos. *4* days. Residence, *4th St.*
Place of death (street and number), *Seashore Home* ward *Winthrop*
Place of birth, *Boston* Occupation, *—*
Name of father, *Chas. D. Marcelis* Name of mother, *Sarah*
Birthplace of father, *Philadelphia* Birthplace of mother, *England*
Place of interment,† *Seashore*

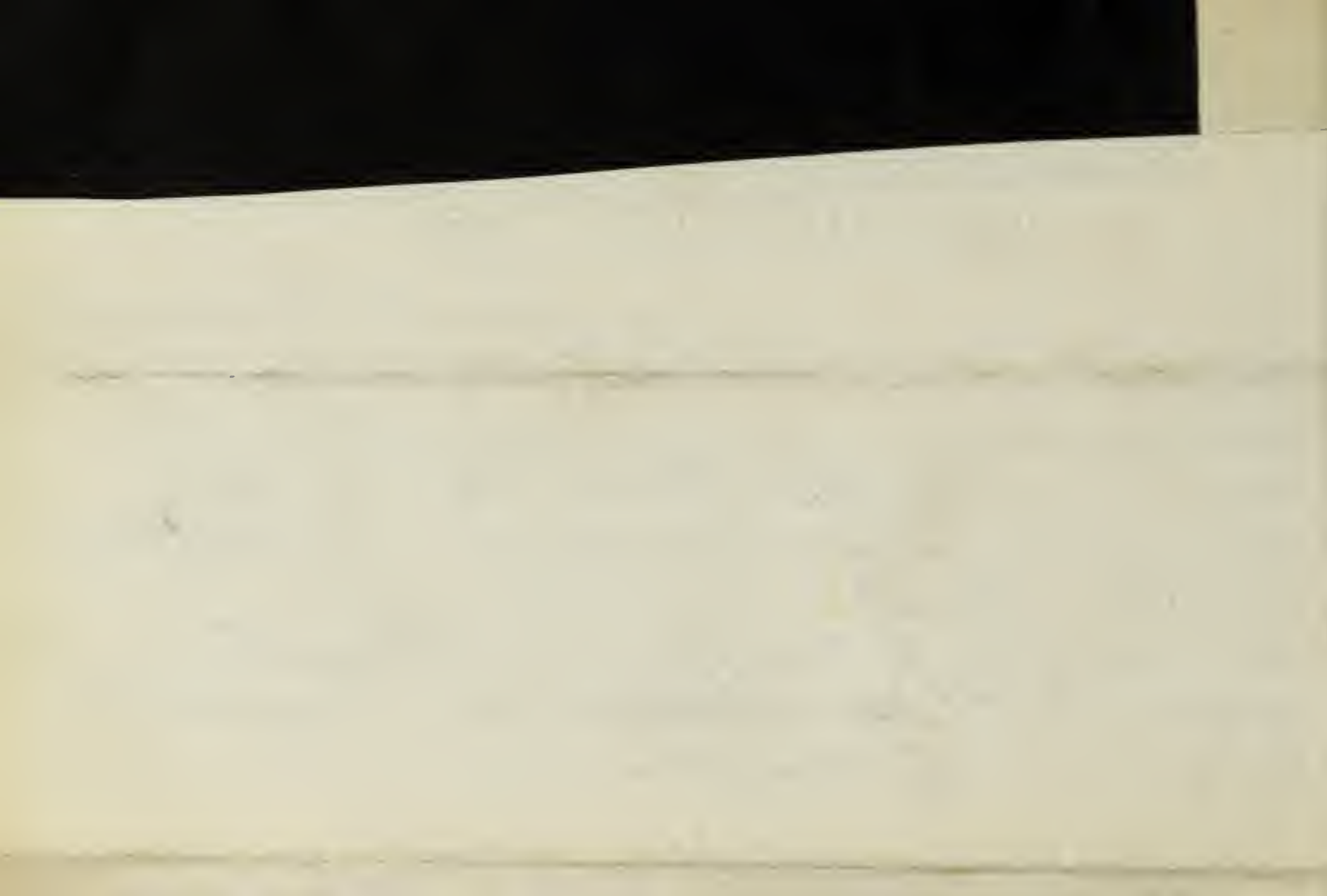
* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person

making the return.

W. J. Sullivan



No.

a continuation of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 4th 1890.
 2. Name, . . . Cornelius Patrick Kennelly

(Maiden Name)* . . .

(Name of Husband), * . . . Richard Kennelly

3. Sex, and whether single,

Married, or Widowed,

4. Color,† White

5. Age, ~~Years~~ 6 Months, Days,

(Disease or Cause of Death,

6. Duration of Sickness, . . .

(By whom certified, . . .

7. Residence, 60. Barton St. Boston

8. Occupation, Richard Kennelly
Sea Shore House

9. Place of Death, Boston

10. Place of Birth, Richard Kennelly

11. Name of Father, Sarah, Kennelly

12. Name of Mother, Boston

13. Birthplace of Father, Newfreeland St. John

14. Birthplace of Mother, Calvary Georgetown Mass

15. Place of Interment, Boston

Signature of Undertaker
or other person making
the Return, James. Mullen

Dated at Winthrop , on August 6 1890

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Cornelius Patrick Fennelly* Age, *6 months*
Date and Place of Death, - died at *Winthrop, August 4, 1890.*
Disease or Cause of Death, - of *Tubercular Meningitis* Duration of Sickness *Three weeks.*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *Liam A. Houghton Sea Shore Home Winthrop,*
Date of Certificate, *August 4, 1890.*

*Or Sex of Infant (not named).

[May, 1888.]

[Ed. — 10 M — Oct. 9, 1889.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Patrick ^JMcLaughlin Age, 4 months 8ds

Date and Place of Death, -

died at Winthrop, August 7, 1890.

Disease or Cause of Death, -

of Intestinal Catarrh Duration of Sickness Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Silas A. Houghton Sea Shore, Winthrop.

Date of Certificate, August 7, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 7th* 189 *189* Name, *Patrick J. M. Laughlin*
Maiden name, * *—* Sex, *M*
Married, single, or widow of *—* wife of *—*
Color, *W* Age, years, *4* mos., *8* days. Residence, *near 819 Chelsea St* *Esplanade*
Place of death (street and number), *near 819 Chelsea St* *Northward*
Place of birth, *Boston* Occupation, *—*
Name of father, *Michael* Name of mother, *Catherine*
Birthplace of father, *Ireland* Birthplace of mother, *Ireland*
Place of interment, † *Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person }
making the return.

James. Farrell



If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

^a
Michael Kilduff

Age, 6 months.

Date and Place of Death, -

died at Winthrop, August 8, 1890.

Disease or Cause of Death, -

of Infantile Atrophy Duration of Sickness 5 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Silas A. Houghton Sea Shore Home Winthrop.

Date of Certificate,

August 8, 1890.

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to the board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN.—Boston.

Date of death, *August 8* 189*0* Name, *Michael R. Kildu* &
 Maiden name,* _____ Sex, *Male*

Married, single, or widow of _____ wife of _____

Color, *W* Age, — years, *6* mos., — days. Residence, *25 King St.*

Place of death (street and number), *Wentworth Mass* ward *19*

Place of birth, *Boston* Occupation, *Labourer*

Name of father, *Thomas* Name of mother, *Ann*

Birthplace of father, *Ireland* Birthplace of mother, *Boston*

Place of interment,† *Mt Vernon*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of undertaker, or other person }
 making the return.

M. A. Farrell

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death. August 10th 1890
 2. Name. Charles F. Chipeman
 (Maiden Name). *
 (Name of Husband). *

3. Sex, and whether single,
 Married, or Widowed,

Male
 Married
 White -

4. Color, †

5. Age, 52 Years, (Months, (Days.

(Disease or Cause of Death,

6. Duration of Sickness,
 (By whom certified,
 Heart Disease

5th
 E. E. E. E. E.

7. Residence,

Southern Mass

8. Occupation,

Baggage Master

Porter Street - Great-Head

9. Place of Death,

Belgrader - Maine

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

South Paris Maine

13. Birthplace of Father,

7, Miles Brooke Maine

14. Birthplace of Mother,

Portland Maine

15. Place of Interment,

Summer Floyd

Signature of Undertaker
~~with person making~~
 the Return,

DATED at Winthrop

, on August 10th 1890

* If a Married Woman or Widow.

† If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counter-sign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Charles F. Chipman Age, 52 yrs.
and Place of Death, - died at Winthrop, Mass. Aug 10th 1890
Cause or Cause of Death, - of Heart Disease Duration of Sickness 7. wks.?

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Wm. Gross. Children's Hospital

Date of Certificate, Aug 10 - 1890

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

August 11 " 1890

John Marshall

(Maiden Name)*.

(Name of Husband)*.

Male

3. Sex, and whether single,

Married, or Widowed,

White

4. Color, †

X Years, X Months, 15 Days.

Disease or Cause of Death,

Gastric Enteritis
South Boston

6. Duration of Sickness, .

(By whom certified, .

7. Residence,

8. Occupation,

Sea Shore House
South Boston

9. Place of Death,

10. Place of Birth,

Edward Colton

11. Name of Father,

Agellie Morrill

12. Name of Mother,

South Boston

13. Birthplace of Father, .

Ireland

14. Birthplace of Mother, .

Deceased in Rec. Tomb Aug 12

15. Place of Interment, .

Winthrop Cemetery

Signature of Undertaker
~~the~~ ~~other person making~~ the Return,

Summer-Floyd Dec 1st 1890 Hope

DATED at Winthrop . on Aug 12 " 1890

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Page 34
Sick - Case 1

Interment at Mount Hope Dec 1st 1890

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

John Merrill

Date and Place of Death, -

died at Winthrop.

August, 11,

Age, 15 days

1890

Disease or Cause of Death, -

of Gastro-Enteritis

Duration of Sickness Eight days

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

S. A. Houghton, Sea Shore Home, Winthrop.

*Or Sex of Infant (not named).

Date of Certificate, August 11, 1890.

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death.

2. Name.

(Maiden Name).*, . .

(Name of Husband).*, . .

3. Sex, and whether single,

Married, or Widowed,

4. Color,†

5. Age,

(Disease or Cause of Death,

6. Duration of Sickness, . .

(By whom certified, . . .

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

13. Birthplace of Father, . .

14. Birthplace of Mother, . .

15. Place of Interment, . .

Signature of Undertaker
~~and~~ person making
the Return,

DATED August 13-1890,

18.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

August 13th 1890
Dwight, Maine
—
Male
—
White
Years, 1 Months, 6 Days.
Age 4
13 months
13 years
Midway Church
School, Maine
Eugene R. Davis
David P. Davis
Hill, Maine
Hill, Maine
Hill, Maine
Summer-Flyer

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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PHYSICIAN'S CERTIFICATE.

nd Age of Deceased,*

Male Irvin A Lewis Great Neck L.

Age, 5 Mo., 6 da.

d Place of Death, -

died at Winthrop Aug 13

1889

or Cause of Death, -

of Cholera Infantum Duration of Sickness 1 Week

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

Dr. S. Lewis Winthrop

Date of Certificate,

Aug 14 1889

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 14 1890		
2. Name,	Isaac Rajinetski		
(Maiden Name),* . .			
(Name of Husband),* .			
3. Sex, and whether single, Married, or Widowed,	Male, Single		
4. Color,†	white		
5. Age,	Years, 3	Months,	Days,
(Disease or Cause of Death, Duration of Sickness, .	Infantile atrophy 3 mon.		
(By whom certified, . .			
7. Residence,	89 Prince St. Boston		
8. Occupation,	See above Home Wreathop		
9. Place of Death, . . .	Boston		
10. Place of Birth, . . .	Egria Rajinetski		
11. Name of Father, . .	Janny "		
12. Name of Mother, . .	Ludie		
13. Birthplace of Father, .	"		
14. Birthplace of Mother, .	Holy Cross Queley		
15. Place of Interment, .	Summer Floyd		
Signature of Undertaker) noted <i>Summer Floyd</i>) the Return,			
DATED at		<i>Wreathop</i> , on <i>December 14 1890</i>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Isaac Rajinski

Age, 3 months

Date and Place of Death, -

died at

Winthrop, August 14,

1890.

Disease or Cause of Death, -

of Infantile Atrophy

Duration of Sickness 3 months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

S. A. Houghton. Sea Shore Home, Winthrop.

Date of Certificate,

August 14,

1890.

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

August 21st 1890
William Trotter

1. Date of Death, . . .

2. Name,

. (Maiden Name),* . .

. (Name of Husband),* .

3. Sex, and whether single,

Married, or Widowed,

4. Color, †

5. Age, 62

Years, — Months, — Days.

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, . .

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father, . . .

12. Name of Mother, . . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Male (Indoor)

— Widow

White

Typhoid Fever

England

Engineer

Widow, Pauline St-

Scotland

Robert-

Ellen D.

Scotland

Scotland

Smiths Cemetery

Summer Floyd

Signature of Undertaker

~~the~~ making

the Return,

Smiths

on August 22nd 1890

* DATED at

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

and Age of Deceased,*

William Foster

Age, 64

and Place of Death, -

died at N. 2nd St. Aug 11th

1889

or Cause of Death, -

of Typhoid Fever Duration of Sickness

Three Weeks

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

H. J. Louie, M.D.

Date of Certificate,

Aug 23rd

1889

Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to said board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 24 th 1890		
2. Name,	Minnie Deane.		
(Maiden Name),* . . .			
(Name of Husband),* . .			
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color,†	White		
5. Age,	1 Year, 6 Months, (Days,		
(Disease or Cause of Death, Duration of Sickness, . .	Membranous Croup		
(By whom certified, . . .	Boston Mass		
7. Residence,			
8. Occupation,	Sea Shore Home		
9. Place of Death,	Boston		
10. Place of Birth,	Daniel		
11. Name of Father,	Little		
12. Name of Mother,	Ireland		
13. Birthplace of Father, . .	England		
14. Birthplace of Mother, . .	Holy Cross Cemetery Malden		
15. Place of Internment, . .	Summer Floyd		
Signature of Undertaker the Return making the Return,			
DATED at	Winthrop	on	August 25 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counter-sign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 7, 1888.*]

the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Minnie Denieen

Age, 18 months

and Place of Death, -

died at Winthrop, Aug. 24,

1890.

and Cause of Death, -

of Membranous Croup

Duration of Sickness 4 days

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

S. A. Houghton, Sea Shore Home, Winthrop.

*Or Sex of Infant (not named).

Date of Certificate, Aug. 24,

1890.

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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No

18

RETURN OF A DEATH.

To the Clerk of the City of Malden.

1. Date of Death	Aug 27 th 1890
2. Name of Deceased (Maiden Name)* (Husband's Name)*	Mary Gray Lawrence
3. Sex	Female
4. Color†	White
5. Condition, whether Single, Married or Widowed	Single
6. Age	— Years — Months 19 Days.
7. Disease or Cause of Death,	
8. By whom Certified	Portland Me
9. Residence	Ocean Spray, Portland
10. Occupation	Ex 13 Lawrence
11. Place of Death	Portland
12. Place of Birth	Portland
13. Name of Father	Effie J. Gray
14. Birthplace of Father	Portland
15. Maiden Name of Mother	Malden Mass
16. Birthplace of Mother	
17. Place of Interment	
Signature of Undertaker or other person making the return.	Effie J. Gray Effie J. Gray Portland Me } Mary B. Jacob Portland Me

~~Effie J. Gray~~ *Effie J. Gray* Aug 27 1890

* If a Married Woman or a Widow.

† (W.) White; (A.) African; (M.) Mixed White and African.

If other Race, specify what.

Be very particular to fill all Blanks in Ink.

The Undertaker, or other informant, is requested to report the facts—together with the Physician's Certificate of the Cause of Death—to the City Clerk, BEFORE THE INTERMENT, and receive the Clerk's Certificate that the return has been made.

In case of an Interment taking place without the Certificate of Registry of the Clerk of the City or Town in which the death occurred (or the deceased resided) having first been obtained, the person having charge of interment must FORTHWITH GIVE NOTICE thereof—or report these facts—to said Clerk. Penalty for neglect, twenty dollars.

Blank forms of returns, and Physicians' Certificates, may be obtained from the City Clerk.

PHYSICIAN'S CERTIFICATE.

To the Clerk of the City of Malden.

Age of Deceased,* .
Place of Death, . . .
Cause of Death, . . .
Died at No. *Mary Gray Lawrence* yrs. *19* mos. *19* dys.
Mermaid ave. Street,
of *Diarrhoea* Duration of Sickness *Aug. 27* 1890.
one week

I certify that the above is true, to the best of my knowledge and belief.

Residence of Certifying Physician,

Saml. W. Druggin
Date of Certificate, *Aug. 27* th 1890.
* Or Sex of Infant (not named).

EXTRACT FROM SECTION 1 OF CHAPTER 306 OF THE LEGISLATIVE ACTS OF 1888.

A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *October 14, 1891*
2. Name,
 (Maiden Name). *
 (Name of Husband), *
Henry H. Rogers
Elizabeth Rogers
Frank
Married
31.9.91
3. Sex, and whether single,
 Married, or Widowed,
4. Color, †
5. Age, 31 Years, 5 Months, 17 Days.
- (Disease or Cause of Death,
 Duration of Sickness.
 By whom certified,
X
 Residence,
Brookline, Mass.
 Occupation,
Teacher
 Place of Death,
Brookline, Mass.
 Place of Birth,
Brookline, Mass.
11. Name of Father,
12. Name of Mother,
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment, *Dorchester Mass*

Signature of Undertaker
~~not collect person making~~
 the Return,

DATED at

, on

14th 1891

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mar. R. George

Age, *31*

3 mo 12 d

Date and Place of Death, -

died at

Waltham Sept 14th

1889

Disease or Cause of Death, -

Pneumonia

= Heart failure

Duration of Sickness

four days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Lucas S. Smith M.D. Waltham, Ma.

Date of Certificate,

Sept 13th

1889

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *Sept 23 1890*
2. Name, . . . *Margaret Miller*
(Maiden Name),* . . . *" Campbell*
(Name of Husband),* *Dames*
3. Sex, and whether single, *Female*
- ~~Married~~ or Widowed, *White*
4. Color, †
5. Age, *86* Years, *10* Months, *12* Days.
- (Disease or Cause of Death,
- (By whom certified, *Ocean Spray Methodist*
7. Residence, *Ocean Spray, N. H.*
8. Occupation, *House Spray, N. H.*
9. Place of Death, *Sanctuary of S.*
10. Place of Birth, *Sanctuary of S.*
11. Name of Father, *Unkown*
12. Name of Mother, *"*
13. Birthplace of Father, *Sanctuary of S.*
14. Birthplace of Mother, *Sanctuary of S.*
15. Place of Interment, *Woodlawn Cem*

Signature of Undertaker)
~~without making~~ the Return,)

DATED at *Winthrop*, on *Sept 24* 18*90*

* If a Married Woman or Widow.
 † If other than White. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 7, 1888.*]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Marjoret Miller

Age, 86, 10, mo

Date and Place of Death, -

died at Sturbridge Sept 23

18 90

Disease or Cause of Death, -

of Rheumatism

Duration of Sicknes

over

1 week. Immediate Cause, & Death Heart failure

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. C. C. C.

W. C. C.

Date of Certificate,

Sept-23 18 90

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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Charles de Terry

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Sept 30th 1881
 2. Name, . . . George A. Luedrich
 (Maiden Name),* . . .
 (Name of Husband),* . . .
 3. Sex, and whether ~~single~~, M.
 Married -
 4. Color, † . . . W
 5. Age, . . . 34 Years, (Months, (Days,
 (Disease or Cause of Death,
 6. Duration of Sickness, .
 (By whom certified, .
 7. Residence, . . . Chelsea Mass.
 8. Occupation, . . . Laborer.
 9. *Place of Death, . . . Winthrop
 10. Place of Birth, . . . Chester, Mass.
 11. Name of Father, . . . Elias Luedrich
 12. Name of Mother, . . . Elizabeth Luedrich
 13. Birthplace of Father, . . . Winthrop Mass.
 14. Birthplace of Mother, . . . Chesterfield Mass.
 15. Place of Interment, . . . Chelsea.

Signature of Undertaker)
~~not necessary when making~~)
 the Return, . . .

G. H. Farnell

DATED at Winthrop

, on 30th of Sept 1881

* If a Married Woman or Widow.
 † If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

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Winthrop Sept 30 1890
Boston,

This Certifies, That *Geo. A Goodrich*
died on the *30th* day of *Sept.* 1890, aged 34 years,
months, days.

CAUSE OF } Primary,
DEATH. } Secondary,

Heart Disease

Duration

Duration *10 Minutes**

Horace W. W. M. D. Physician.

* Taken very suddenly.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death. . . .

2. Name,

(Maiden Name),* . .

(Name of Husband),* .

3. Sex, and whether single,

Married, or Widowed,

4. Color,†

5. Age,

(Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

7. Residence,

8. Occupation,

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . .

12. Name of Mother, . .

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker

~~not to be written~~ making

the Return,

DATED at

Winthrop

, on

Sept 30th 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

[ACTS OF 1888, CHAP. 300]

AN ACT

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith counterseal and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 7, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Charles L. Gardiner

Age, 29 years

Date and Place of Death, -

died at

Winthrop Sept 30 "

Disease or Cause of Death, -

of Phthisis Pulmonalis

Duration of Sickness

Six Months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winthrop Mass

Date of Certificate, Oct 1

1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *October 6th 1890*
 2. Name, *John Cox*

(Maiden Name), * . .

(Name of Husband), * . .

3. Sex, and whether single,

Married, or Widowed,

4. Color, †

5. Age,

65 Years, 7 Months, ^{Days.}

Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified,

7. Residence,

8. Occupation,

9. Place of Death,

10. Place of Birth,

11. Name of Father,

12. Name of Mother,

13. Birthplace of Father, . .

14. Birthplace of Mother, . .

15. Place of Interment, . . .

Signature of Undertaker
~~other person making~~
 the Return,

DATED at *Winthrop*, on *October 7th* 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

5-9-18 Corset - No 25
Box - Hearse
Funeral Tuesday 9 ¹/₂ 11 a.m.
Interment. Sedalia 3 P.m.

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease: If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 26 th 1893		
2. Name, . . .	George E. Belcher		
(Maiden Name).*	—		
(Name of Husband).*	—		
3. Sex, and whether single, Married, or Widowed,	Male Married		
4. Color, † . . .	White		
5. Age, . . .	71	Years, 1	Months, 2
(Disease or Cause of Death, Duration of Sickness, .			
(By whom certified, .			
7. Residence, . . .	Winthrop		
8. Occupation, . . .	Police Officer		
9. Place of Death, . . .	Care of Spittum, H. B. & Co.		
10. Place of Birth, . . .	Chelsea		
11. Name of Father, . . .	Loring		
12. Name of Mother, . . .	Mary		
13. Birthplace of Father, .	Maine		
14. Birthplace of Mother, .	Spittum, Care of		
15. Place of Interment, .	Summer Street		
Signature of Undertaker or other person making the Return, . . .			
Dated at <u>Winthrop</u> , on <u>November 27</u> 1893			

* If a Married Woman or Widow.

† If other than White. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

George S. Belcher

Age, 71 years

Date and Place of Death, -

died at

Lincoln St. New York

Feb 16 1888

Disease or Cause of Death, -

of

General Debility

Duration of Sickness

Four months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

E. P. King M.D. #31 North American St. New York

Date of Certificate,

Mar. 28, 1888

1888

*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . December 21st 1890
 2. Name, . . . Mary C. Wright
 (Maiden Name), *
 (Name of Husband), *

3. Sex, and whether single,

Female

Married, or Widowed,

Single

4. Color, † . . .

White

5. Age, . . .

48

Years, (Months, (Days,

Disease or Cause of Death,

6. Duration of Sickness, .

(By whom certified, .

Winthrop

7. Residence, . . .

8. Occupation, . . .

Buchanan Street

9. Place of Death, . . .

Boston

10. Place of Birth, . . .

John
Elizabeth L.

11. Name of Father, . . .

12. Name of Mother, . . .

Boston

13. Birthplace of Father, .

Boston

14. Birthplace of Mother, .

Mount Hope Cemetery

15. Place of Interment, .

Sunner Floyd

Signature of Undertaker

the Return^{making}

Dated at Winthrop

on

December 21st 1890

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Date and Place of Death, -

Disease or Cause of Death, -

Mrs Mary Wright Age, *48 yrs*
died at *Winniford* Dec 2nd 1890
of *Huntford* Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Chas F Eastman

Date of Certificate, *Dec 31* 1890

*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Date of Death

Winthrop Mass Dec 15 1890

Name and Sex of deceased

Walter F Wells.

Place of Death

~~No.~~ Centre

Street

Disease
or
Cause
of
Death.

First or Primary

Pneumonia

Duration of * 5 days.

Secondary

Exhaustion

Duration of

I certify that the above is a true Return, to the best of my recollection and belief.

Name and Professional Title

J. Manning Perkins M.D.

Residence No.

14. South Common

Street

Lynn

Dated at Lynn, this

Fifteenth

day of

December 1890

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF

DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

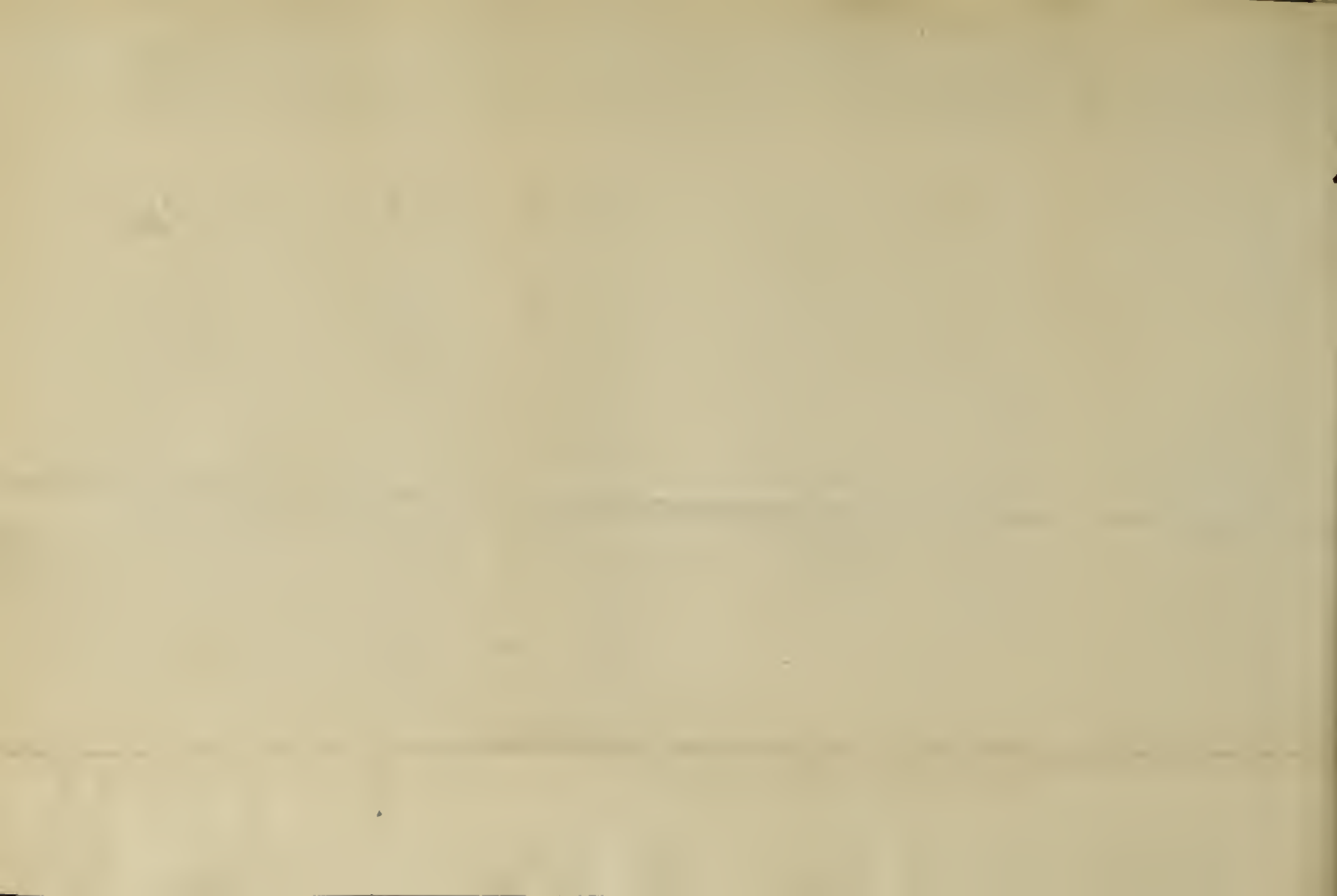
SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such satisfactory statement and certificate are delivered to the board of health or to the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to the agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration or other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

Blank Certificates can be obtained at the Office of the Board of Health.

UNDERTAKER'S RETURN

Town Clerk Winthrop Mass
To the ~~Board of Health of the City of Lynn.~~

Date of Death *Dec 15* 189*0* Name *Walter F Wells*
Maiden Name _____ Sex *Male*
Color *White* Married, Single or Widow of *Married* Wife of _____
Age *36* Years *4* Months *25* Days
Name of the Physician _____
Residence of Deceased, ~~No.~~ *Centre Street Winthrop* ~~Street~~
Occupation *Clerk* Place of Birth *Lisbon N. H.*
Place of Death, ~~No.~~ *Centre Street Winthrop* ~~Street~~
Father's Name *Benjamin F. Wells*
Father's Birthplace *Lisbon N. H.*
Mother's Maiden Name *Harriet T. Parker*
Mother's Birthplace *Lisbon N. H.*
Place of Interment *Oak Grove* Cemetery, *Lisbon N. H.*
Signature of Undertaker or Informer *W. B. F. Wells*
Dated at ~~Lynn~~ *Winthrop* this *Seventeenth* day of *December* 189*0*



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . December 3d 1890
 2. Name, Lizzie C. Folsom
 (Maiden Name),* . . . Richardson
 (Name of Husband),* . . . John A. Folsom
 3. Sex, and whether single, . . . Female -
 Married, or Widowed, . . . Widowed
 4. Color,† White
 5. Age, 43 Years, 7 Months, 8 Days.
 (Disease or Cause of Death, . . . Bright Disease
 (Duration of Sickness, . . . Dr. Bauman
 (By whom certified, . . . Winthrop
 7. Residence, North Avenue
 8. Occupation, Charlestown
 9. Place of Death, . . . Joshua D. Richards
 10. Place of Birth, . . . Mary
 11. Name of Father, . . . New Hampshire
 12. Name of Mother, . . . New Hampshire
 13. Birthplace of Father, . . . Cambridge Cemetery
 14. Birthplace of Mother, . . .
 15. Place of Interment, . . .

Signature of Undertaker)
 (after payment making)
 the Return, Sumner Floyd

DATED at Winthrop on Dec 21 1890

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Age of Deceased,*

Place of Death, -

se or Cause of Death, -

Lizzie ^{to} Watson Age, 43 yrs 7 mos
Wimthrop Dec 30 1890
Brights disease Duration of Sickness Few months

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

Chas A Eastman

Date of Certificate, Dec 31 1890

[May, 1888.]

*Or Sex of Infant (not named).

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name)*, . . .
(Name of Husband)*, . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
(Primary and Secondary), †
6. Duration of Sickness, . . .
(By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

*Signature of Undertaker
or other person making
the Return,*

DATED at

, On

18

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 5 1892
2. Name, (Maiden Name), * (Name of Husband), *	Emma Jane Smith — Emma — — Helen
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	2 Years, 10 Months, 16 Days.
(Disease or Cause of Death, (Primary and Secondary), †	—
6. Duration of Sickness, (By whom certified,	In London
7. Residence,	London, Eng
8. Occupation,	—
9. Place of Death,	London
10. Place of Birth,	London
11. Name of Father,	Carl J. Smith
12. Name of Mother, (Maiden Name),	Maria Smith
13. Birthplace of Father,	Sweden
14. Birthplace of Mother,	Sweden
15. Place of Internment,	—
Signature of Undertaker or other person making the Return,	Edwin F. L.

DATED at London, on Jan 5th 1892.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

20 June 1888
2 June 1888
1 June 1888

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Husband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
(Primary and Secondary), †
6. Duration of Sickness, . . .
(By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~or other person making~~
the Return,

DATED at Winthrop, on Jan 9 " 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (L.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, Chap. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter, furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 14, 1892
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	David H. Lapin
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	W
5. Age,	31
(Disease or Cause of Death, (Primary and Secondary), †	Stroke
6. Duration of Sickness, . . . (By whom certified, . . .	Wife
7. Residence,	—
8. Occupation,	Manager
9. Place of Death,	Home
10. Place of Birth,	Massachusetts
11. Name of Father,	—
12. Name of Mother, (Maiden Name),	—
13. Birthplace of Father,	Massachusetts
14. Birthplace of Mother,	Massachusetts
15. Place of Interment,	Windsor cemetery
Signature of Undertaker or other person making the Return,	W. Lloyd

DATED at Windsor, on Jan 15, 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 26th 1892	2. Name, . . .	William Reyes
(Maiden Name)*, . . .		(Name of Husband)*, . . .	
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	Married		
5. Age, . . .	75	Years, Months, Days.	
(Disease or Cause of Death, (Primary and Secondary), †	Forty years		
6. Duration of Sickness, . . .	A 18th January 1892		
(By whom certified, . . .	Main St		
7. Residence, . . .	San Antonio by San Antonio		
8. Occupation, . . .	Ward of Scotland		
9. Place of Death, . . .	Thames		
10. Place of Birth, . . .	Thames		
11. Name of Father, . . .	Thames		
12. Name of Mother, . . .	Thames		
(Maiden Name), . . .	Thames		
13. Birthplace of Father, . . .	Thames		
14. Birthplace of Mother, . . .	Thames		
15. Place of Interment, . . .	Thames		
Signature of Undertaker -of other person making the Return, . . .	Thames		

DATED at San Antonio, on Jan 26 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 18 th 1842
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Francis J. Sherwin (Sherwin)
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age,	Years, 2 Months, 16 Days.
(Disease or Cause of Death, (Primary and Secondary),†	Ta Mc Michael
6. Duration of Sickness, . . . (By whom certified, . . .	Chas J. Sherwin
7. Residence,	Craig
8. Occupation,	Pathologist
9. Place of Death,	Lucien Street
10. Place of Birth,	England
11. Name of Father,	Richard
12. Name of Mother, (Maiden Name),	Mary / Rogers
13. Birthplace of Father,	S. France
14. Birthplace of Mother,	
15. Place of Internment,	
Signature of Undertaker or other person making the Return,	
DATED at <u>Michigan</u> , on <u>Feb 18</u> 18 .	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 18 th 1892
2. Name, (Maiden Name), * (Name of Husband), *	Shirley Shirley F. M.
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	18 Years, 6 Months, 17 Days.
Disease or Cause of Death, (Primary and Secondary), †	For Fever
6. Duration of Sickness, . (By whom certified, .	Weeks
7. Residence,	Shirley, N. H.
8. Occupation,	Teacher
9. Place of Death, . . .	Local Street
10. Place of Birth, . . .	Shirley, N. H.
11. Name of Father, . . .	Shirley, N. H.
12. Name of Mother, . . . (Maiden Name),	Shirley, N. H.
13. Birthplace of Father, .	Shirley, N. H.
14. Birthplace of Mother, .	Shirley, N. H.
15. Place of Interment, .	Shirley, N. H.
Signature of Undertaker or other person making the Return,	

DATED at Shirley, N. H., on Feb 18th 1892, 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (N.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]
 Plate. Ed. Nov. 1890—5,000.

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name)*,
(Name of Husband),†,
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age,
6. Disease or Cause of Death,
(Primary and Secondary),†
Duration of Sickness, .
(By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at

Winthrop, on March 22nd 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1887
M 6400
Denver 4, Sunday
[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

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112711
6-5
Clerk
f

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mch 25 th 1892		
2. Name, (Maiden Name) *, (Name of Husband) *,	Elizabeth Elizabeth James Doreal B. Female Widow White		
3. Sex, and whether single, Married, or Widowed,			
4. Color, †			
5. Age,	84 Years, 4 Months, 15 Days.		
(Disease or Cause of Death, (Primary and Secondary), ‡	Paralysis		
6. Duration of Sickness, . (By whom certified,	Thirthrop Mass		
7. Residence,			
8. Occupation,			
9. Place of Death,	Shirley Street		
10. Place of Birth,	Rensselaer Co N Y		
11. Name of Father,	Unknown		
12. Name of Mother, (Maiden Name),	Unknown		
13. Birthplace of Father,	Unknown		
14. Birthplace of Mother,	Unknown		
15. Place of Interment,	Amesbury Mass		
Signature of Undertaker or other person making the Return,	Summer Floyd		
DATED at	Maidbury, on Mch 26 th 1892		

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN. — ~~Boston.~~ *Winthrop*

Date of death, *March 30* 189*2* Name, *Frank MacCounell*

Maiden name, * _____ Sex, *Male*

~~Married~~, single, or ~~widow~~ of _____ ~~wife~~ of _____

Color, *W* Age, *23* years, *1* mos., *16* days. Residence, *Crest & Sea Foam Ave*

Place of death (^{street and number}), *Crest & Sea Foam Ave* ward _____

Place of birth, *Ireland* Occupation, _____

Name of father, *John* Maiden name of mother, *Sarah H Davis*

Birthplace of father, *Ireland* Birthplace of mother, *Ireland*

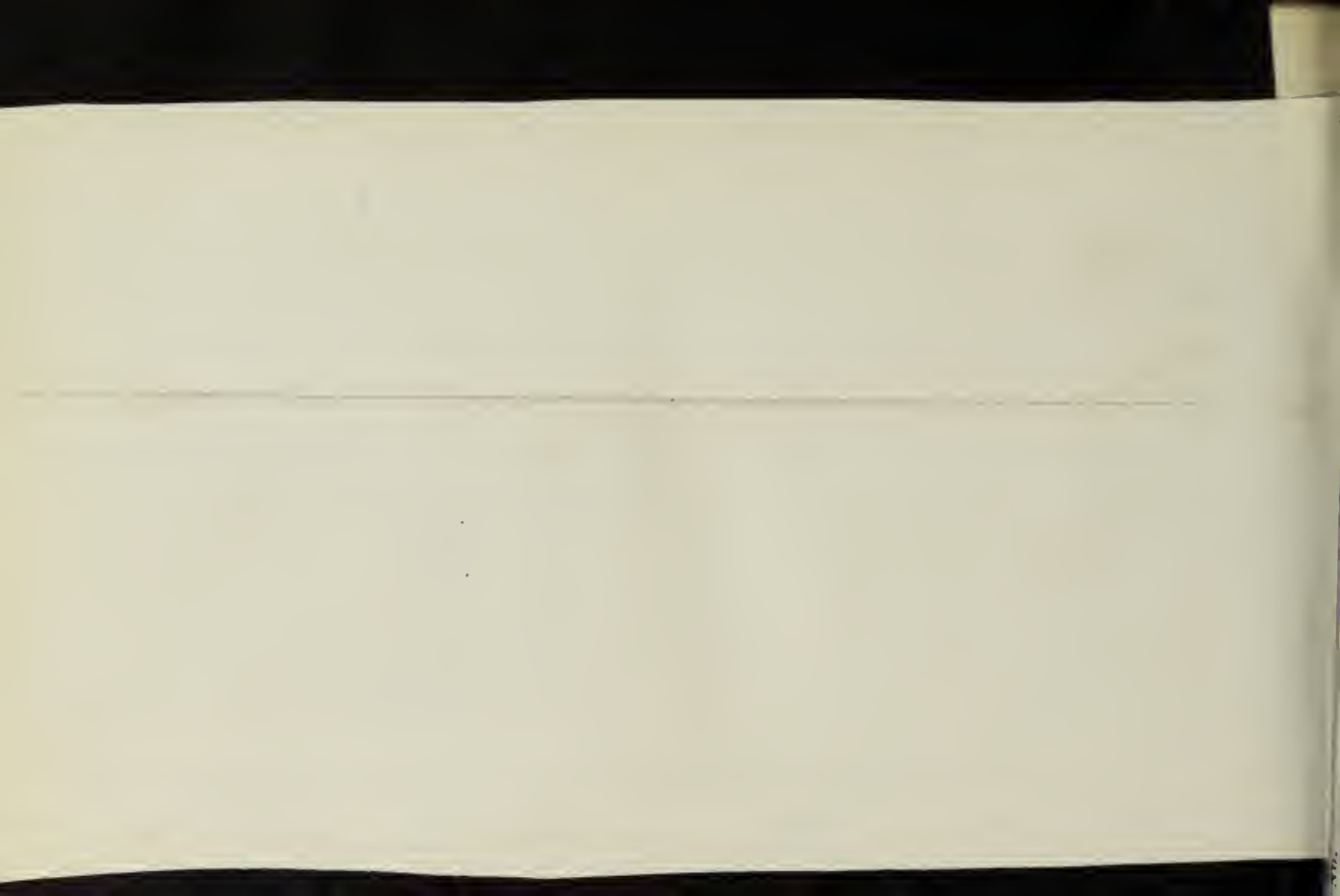
Place of interment, † *Mount Auburn*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker :

J S Walerman & Sons



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 17 th 1892
2. Name, (Maiden Name) *, . . . (Name of Husband) *, . . .	Sarah Ellen Tye
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	6 Years, 7 Months, 15 Days.
(Disease or Cause of Death, (Primary and Secondary), †	In Tumor
6. Duration of Sickness, . . . (By whom certified, . . .	Dr. Arthur D. Evans
7. Residence,	100 North Street, Evans
8. Occupation,	Domestic
9. Place of Death,	George St.
10. Place of Birth,	Belmont, N. H.
11. Name of Father,	George D. Evans
12. Name of Mother, (Maiden Name),	Ann D. Evans
13. Birthplace of Father,	Belmont, N. H.
14. Birthplace of Mother,	Belmont, N. H.
15. Place of Interment,	St. Paul's Cemetery
Signature of Undertaker or other person making the Return,	Samuel Boyd

DATED at Montpelier, on April 18th, 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 1, 1892
2. Name, (Maiden Name)*, (Name of Husband)†,	Adeline D. Small
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	61 Years, 6 Months, Days.
(Disease or Cause of Death, (Primary and Secondary), †	Grippe
6. Duration of Sicknes, . (By whom certified, .	Physician
7. Residence,	Winthrop, Me.
8. Occupation,	Farmer
9. Place of Death, . . .	Winthrop, Me.
10. Place of Birth, . . .	Winthrop, Me.
11. Name of Father, . . .	Elizabth Broadbury
12. Name of Mother, . . . (Maiden Name), . . .	Coppe Elizabeth Mc
13. Birthplace of Father, .	Winthrop, Me.
14. Birthplace of Mother, .	Winthrop, Me.
15. Place of Internment, .	Winthrop, Me.
Signature of Undertaker with person making the Return,	Charles J. Taylor

Dated at Winthrop, Me., on Sept 4, 1892* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

reported in year

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth, . . .	May 7 98
2. Full Name of Child,	Edith Bern
3. Color, *	White
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth, . . .	Quincy
6. Name of Father, . .	Henry G. Rich
7. Residence,	W. Quincy
8. Occupation,	Fish dealer
9. Birthplace,	Quincy Mass
10. Name of Mother, . .	Ella G. Leach
(Maiden Name,) . . .	Quincy
11. Residence,	Quincy Mass
12. Birthplace,	Quincy Mass

Dated at June 20 18 98

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Ed. June, 1889. 5-M.

L. A. Bauman

UNDERTAKER'S RETURN.—Boston.

Date of death, *May 17th* 1892, Name, *Mary R. Wight*
Maiden name, * Sex, *F.*
Married, single, or ~~widow~~ of wife of
Color, *W.* Age, *58* years, *5* mos., *23* days. Residence, *Winthrop*
Place of death (street and number), *Sunny-side Ave.* ward
Place of birth, *Gilead Me.* Occupation, *Housework*
Name of father, *Daniel O.* Maiden name of mother, *Julia A. Prabody*
Birthplace of father, *Gilead Me.* Birthplace of mother, *Gilead Me.*
Place of interment, † *Winthrop Cemt.*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

E. G. Brown



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 19, 1892	Years, 2	Months, . . .	Days, . . .
2. Name,	William F. D. 1892			
(Maiden Name), *	—			
(Name of Husband), *	—			
3. Sex, and whether single, Married, or Widowed,	Male			
4. Color, †	White			
5. Age,	Wellborn			
Disease or Cause of Death, (Primary and Secondary), ‡	Dr H P Louie			
6. Duration of Sickness,	Herman Street			
(By whom certified,)	Herman Street			
7. Residence,	Herman Street			
8. Occupation,	Herman Street			
9. Place of Death,	Herman Street			
10. Place of Birth,	William F. Ames			
11. Name of Father,	Ab Alice Ames (Mornings)			
12. Name of Mother, (Maiden Name),	Dezisee A. H.			
13. Birthplace of Father,	St John A. B.			
14. Birthplace of Mother,	Wentworth Cemetery			
15. Place of Interment,	Summer Floyd			
Signature of Undertaker making the Return,	Summer Floyd			

Dated at Wentworth, on May 20, 1892

* If a Married Woman or Widow. † If other than White. (M.) Mladto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mar 20 1892
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Joseph B. Smith
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age,	6 Months, 10 Days.
Disease or Cause of Death, (Primary and Secondary),†	Scarlet Fever
6. Duration of Sickness, . . . (By whom certified, . . .	Sanctuary, Mass.
7. Residence,	Sanctuary, Mass.
8. Occupation,	Sanctuary, Mass.
9. Place of Death,	Sanctuary, Mass.
10. Place of Birth,	Sanctuary, Mass.
11. Name of Father,	Sanctuary, Mass.
12. Name of Mother, (Maiden Name),	Sanctuary, Mass.
13. Birthplace of Father,	Sanctuary, Mass.
14. Birthplace of Mother,	Sanctuary, Mass.
15. Place of Interment,	Sanctuary, Mass.
Signature of Undertaker or other person making the Return,	Sanctuary, Mass.

DATED at Sanctuary, on May 21 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 2 nd 1892
2. Name,	James Kent-
(Maiden Name), * . .	" " Richards-
(Name of Husband), * .	John Kent-
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color, †	White
5. Age,	70 Years, Months, Days,
(Disease or Cause of Death, (Primary and Secondary), †	Dr. Allen
6. Duration of Sickmess, .	Horton Av. Willoughby
(By whom certified, .	
7. Residence,	
8. Occupation,	Harbor Ace
9. Place of Death, . . .	Chagleyville
10. Place of Birth, . . .	Richmond
11. Name of Father, . . .	Col " Kent
12. Name of Mother, . .	
(Maiden Name), . . .	
13. Birthplace of Father, .	Charleston
14. Birthplace of Mother, .	
15. Place of Internment, .	
Signature of Undertaker or other person making the Return,	E. H. Marsh

DATED at Wilmington, on May 2nd 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Husband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age,
- (Disease or Cause of Death,
(Primary and Secondary),‡
6. Duration of Sickmess, . . .
(By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Internment,

Signature of Undertaker
~~the~~ making
the Return,

DATED at

1892, on

18

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (1.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1879, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name),* . . .
(Name of Husband),* . . .
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
(Disease or Cause of Death,
(Primary and Secondary), †
6. Duration of Sicknes, . . .
(By whom certified, . . .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

DATED at

Wenthuip, on

June 20 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White, (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

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Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 28 "1892
2. Name, (Maiden Name) *, . . . (Name of Husband), *	Albert W. Davis
3. Sex, and whether single, Married, or Widowed,	Male — Single
4. Color, †	White
5. Age,	39 Years, 5 Months, 23 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Winthrop Mass.
6. Duration of Sickness, . . . (By whom certified, . . .	Coachman
7. Residence,	Winthrop Mass.
8. Occupation,	Sugar Hill N.Y.
9. Place of Death,	Ezekiel P. Davis
10. Place of Birth,	Claraissa C. Christend
11. Name of Father,	Sugar Hill N.Y.
12. Name of Mother, (Maiden Name),	Winthrop Connecticut
13. Birthplace of Father,	Sugar Hill N.Y.
14. Birthplace of Mother,	Winthrop Connecticut
15. Place of Internment,	Summer Field
Signature of Undertaker or other person making the Return,	Summer Field
DATED at	Winthrop, on June 28 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 3, 1898
2. Name, (Maiden Name), * . . . (Name of Husband), * . . .	Sarah A Rice " " Saunders Charles A Female Married W
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age,	52 Years, 6 Months, 19 Days.
(Disease or Cause of Death, Duration of Sickness, . . . (By whom certified, . . .	Heart Failure
7. Residence,	213 Tanager Grace Ave Winthrop
8. Occupation,	Housewife
9. Place of Death,	Grace Ave Winthrop
10. Place of Birth,	Boston Mass
11. Name of Father,	John C Saunders
12. Name of Mother,	Sarah B. Lovell Longfellow San
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Internment,	Warrington Mass
Signature of Undertaker or other person making the Return,	Benj F Smith Boston
DATED at	Winthrop
	, on July 21, 1898

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

[*Acts of 1887, Chap. 202, Sect. 5.*]

Section one of chapter thirty-two of the Public Statutes is hereby amended by inserting after the word "burial" in the twentieth line of said section the words: — if the deceased was a married woman the name of her husband.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name,
(Maiden Name)*,
(Name of Husband),†,
3. Sex, and whether single,
Married, or Widowed,
4. Color,†
5. Age,
- (Disease or Cause of Death,
(Primary and Secondary),†
6. Duration of Sickness, .
(By whom certified, .
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name).
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Internment,

Signature of Undertaker
~~or other person making~~
the Return,

DATED at Trinidad, on July 1, 1892.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows :— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows :— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician ; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

UNDERTAKER'S RETURN.—Boston.

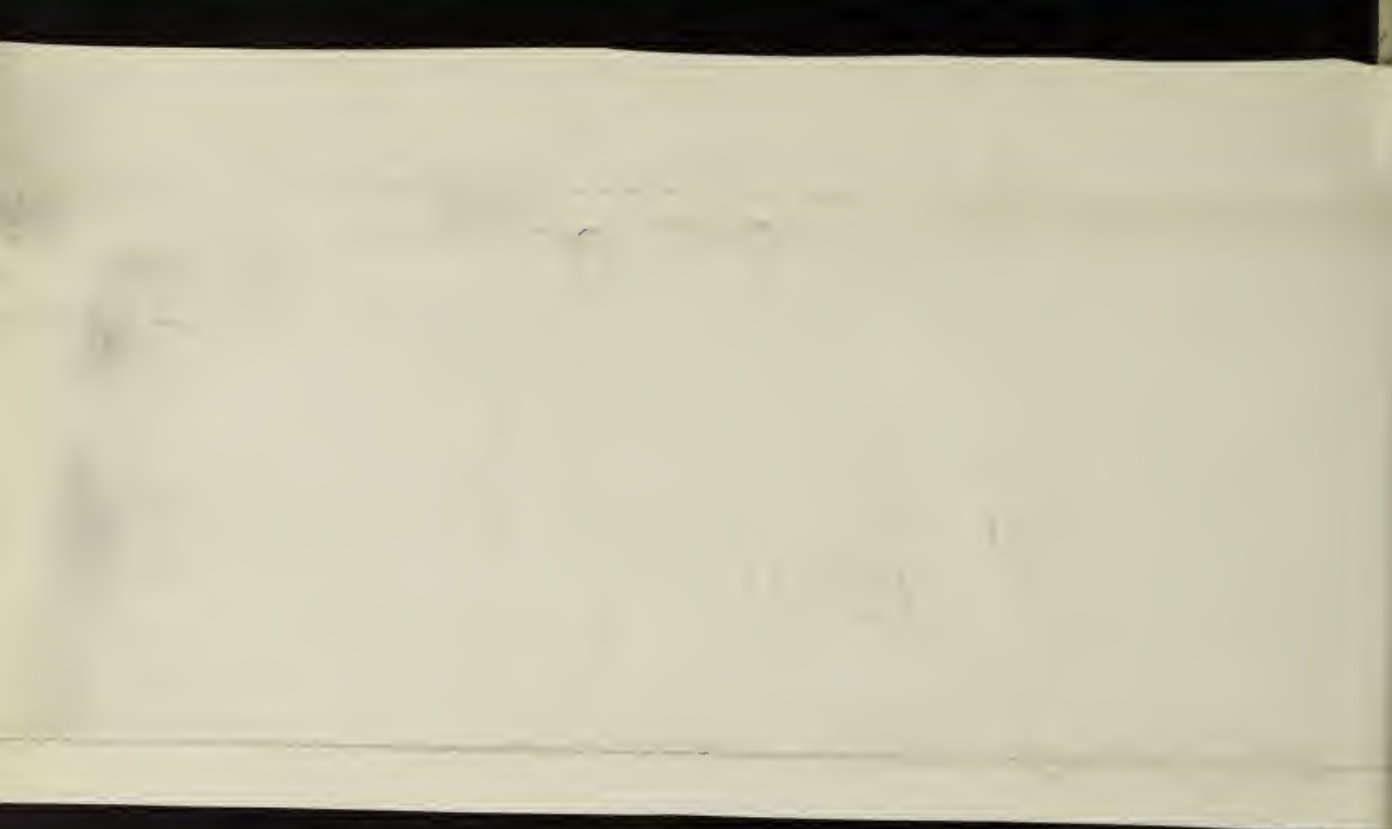
Date of death, July 25 1892 Name, Grace E. Wells
 Maiden name, * _____ Sex, Female
 Married, single, or widow of _____ wife of _____
 Color, White Age, 15 years, 1 mos., 26 days. Residence, Center St. Winthrop Mass
 Place of death (street and number), Center St. Winthrop Mass ward _____
 Place of birth, Lynn Mass Occupation, _____
 Name of father, Wallace Wells Maiden name of mother, Eliza E. Gove
 Birthplace of father, Shrewsbury N. H. Birthplace of mother, Boston Mass.
 Place of interment, † Lisbon Town at Lisbon N. H.

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

G. E. Pennison



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 31 st 1892
2. Name, (Maiden Name) *, . . . (Name of Husband) *, . . .	Twining line W. Slater
3. Sex, and whether single, Married, or Widowed,	Male, Married
4. Color, †	White
5. Age,	43 Years, — Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, . . . (By whom certified, . . .	Accidental Drowning
7. Residence,	Dr Francis A. Jarvis Great Falls H. H.
8. Occupation,	Stable Keeper
9. Place of Death,	Winthrop Mass
10. Place of Birth,	Washington Me
11. Name of Father,	John E. Slater
12. Name of Mother, (Maiden Name),	Mary Achorn
13. Birthplace of Father,	Washington Me
14. Birthplace of Mother,	Washington Me
15. Place of Interment,	Washington Me
Signature of Undertaker other person making the Return,	Summer Floyd

DATED at Winthrop, on August 1st 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,
2. Name,
(Maiden Name)*,
(Name of Husband)*,
3. Sex, and whether single,
Married, or Widowed,
4. Color, †
5. Age,
- (Disease or Cause of Death,
(Primary and Secondary), ‡
6. Duration of Sickness,
(By whom certified,
7. Residence,
8. Occupation,
9. Place of Death,
10. Place of Birth,
11. Name of Father,
12. Name of Mother,
(Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~other person~~ making
the Return,

DATED at

, on

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* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mnlatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

While [ACTS OF 1888, CHAP. 306.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 15 th 1892		
2. Name, (Maiden Name)*, . . . (Name of Husband), *	Charles A. Lee		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	White		
5. Age,	Years,	Months,	Days,
(Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, . . . (By whom certified, . . .	Heart Disease		
7. Residence,	Park Street		
8. Occupation,	Jail Clerk		
9. Place of Death,	Park Street		
10. Place of Birth,	Maine		
11. Name of Father,	Mary McLean		
12. Name of Mother, (Maiden Name),	Mary McLean		
13. Birthplace of Father,	Maine		
14. Birthplace of Mother,	Maine		
15. Place of Internment,	Burial Ground		
Signature of Undertaker or other person making the Return,			

DATED at Portland, on August 15, 1892

* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.
† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 21 st 1892
2. Name, (Maiden Name)*, . . . (Name of Husband)†,	Charles Myers
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	White
5. Age,	31 Years, 6 Months, 3 Days.
Disease or Cause of Death, (Primary and Secondary),†	Ruby Fever
6. Duration of Sickness, . . . (By whom certified, . . .	D. J. H. Myers
7. Residence,	Myers
8. Occupation,	Myers
9. Place of Death,	Myers
10. Place of Birth,	Myers
11. Name of Father,	Charles Myers
12. Name of Mother, (Maiden Name),	Brown
13. Birthplace of Father,	Myers
14. Birthplace of Mother,	Myers
15. Place of Interment,	Myers
Signature of Undertaker other person making the Return, if	Sumner Hays
DATED at	Myers, on Aug 22 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 22nd* 189*2* Name, *Fredrick M. Guinn*
Maiden name, * *f* Sex, *M.*
Married, single, or widow of *Single* wife of
Color, *W* Age, *6* years, *1* mo., *7* days. Residence, *Winthrop, Mass.*
Place of death (street and number), *Hard St.* ward
Place of birth, *Winthrop, Mass.* Occupation, *Super hanger*
Name of father, *James H.* Maiden name of mother, *Mary E. De Bognen*
Birthplace of father, *E. Boston* Birthplace of mother, *E. Boston*
Place of interment, † *Holy cross, Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Frank S. Malsbury

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 27 th 1892.
2. Name,	Robert Phillips
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, 2 Months, Days.
(Disease or Cause of Death, (Primary and Secondary), †	Diphtheria
6. Duration of Sickness, . (By whom certified,	Obenion Street
7. Residence,	Hemmon Street
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	Amie S.
12. Name of Mother, (Maiden Name),	Winthrop Emery
13. Birthplace of Father,	
14. Birthplace of Mother,	Summer Floyd
15. Place of Interment,	
Signature of Undertaker other person making the Return,	

DATED at Winthrop, on Aug 28th 1892

* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

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Be it enacted, etc., as follows :

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN.—Boston.

Date of death, *August 31* 189 *2* Name, *Mary A. Murphy*
Maiden name,* *Mary A. M. Canley* Sex, *F*
Married, single, or widow of *wife of James Murphy*
Color, *Wh.* Age, *46* years, *6* mos., *3* days. Residence, *Shirley St. Winthrop Mass*
Place of death (street and number), *Shirley St. Winthrop Mass* ward. *—*
Place of birth, *Grand Troncade N. Ireland* Occupation, *Housewife*
Name of father, *Donald M. Canley* Maiden name of mother, *Anne Morrison*
Birthplace of father, *Scotland* Birthplace of mother, *Scotland*
Place of interment,† *Holy Cross Cemetery Malden Mass*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

John W. Moore
Undertaker
165 Linden St
East Boston

UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 31* 189 *2* Name, *Louis Leara*
~~Maiden name,*~~ Sex, *M*

Married, ~~single, or widow of~~ wife of

Color, *W* Age, *64* years, *2* mos., *10* days. Residence, *Winthrop Centre*

Place of death (street and number), *Cor Fremont & Jefferson Avenue*

Place of birth, *Canada* Occupation, *Flag Man*

Name of father, *Luoisint* Maiden name of mother, *Victor Leroy*

Birthplace of father, *Canada* Birthplace of mother, *Canada*

Place of interment,† *Holy Cross Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker

W. J. Kelly



UNDERTAKER'S RETURN.—Boston.

Date of death,

Sept 4th 1892

Name,

Christina M. Flaherty

Maiden name,*

Sex, F M

~~Married~~ single, or ~~widow~~ of

~~wife of~~

Color, W Age, X years, 1 mos., X days.

Residence,

Winthrop Mass.

Place of death (street and number),

Winthrop Mass main ward

Place of birth,

Boston

Occupation, Laborer

Name of father,

John

Maiden name of mother,

Bridget O'Donnell

Birthplace of father,

Ireland

Birthplace of mother,

Ireland

Place of interment,†

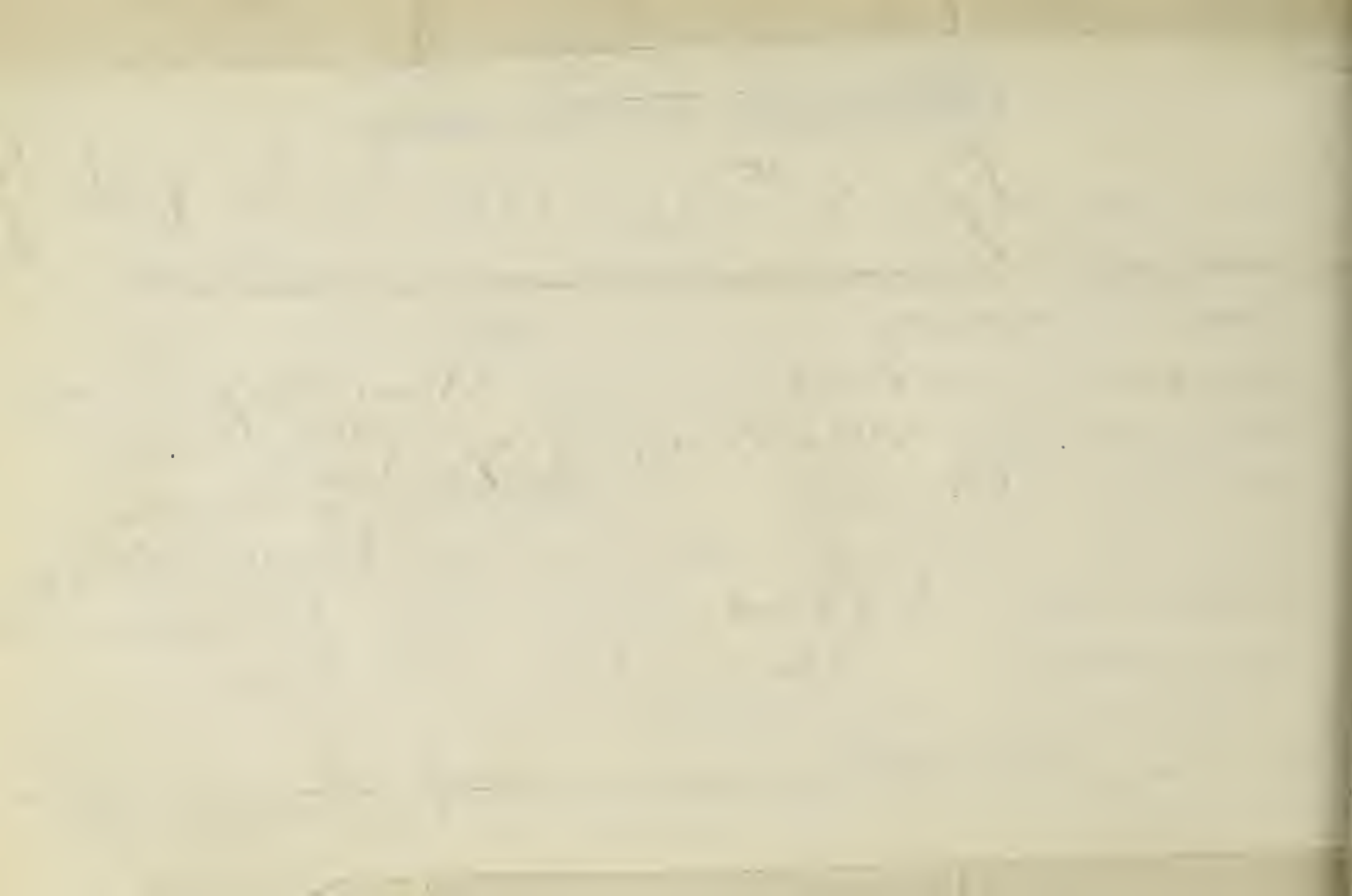
Malden etc

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

J. W. Leary



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 8 th 1892
2. Name, (Maiden Name)* . . . (Name of Husband)* . .	Harriet B. B. B.
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	Years, Months, Days, 4
(Disease or Cause of Death, (Primary and Secondary), †	T. & C. B.
6. Duration of Sickness, . . . (By whom certified, . . .	Heath
7. Residence,	Heath
8. Occupation,	Common
9. Place of Death,	Common
10. Place of Birth,	Common
11. Name of Father,	Common
12. Name of Mother, (Maiden Name),	Common
13. Birthplace of Father,	Common
14. Birthplace of Mother,	Common
15. Place of Interment,	Common
Signature of Undertaker or other person making the Return,	Common
DATED at Heath,, on	Sept 9 th 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

UNDERTAKER'S RETURN. — ~~Boston~~ *Winthrop*

Date of death, *Sept 24*^{19~~th~~} 189*2* Name, *Elizabeth Doherty*
Maiden name.* _____ Sex, *F*

Married, single, or widow of _____ wife of _____

Color, *W.* Age, *2* years, *1* mos., *19*^(19~~th~~ days) days. Residence, *Winthrop*

Place of death (street and number), *no number Fremont St.* ward _____

Place of birth, *Winthrop* Occupation, *night watchman*

Name of father, *John Doherty* Maiden name of mother, *Mary E. Lockwood*

Birthplace of father, *E. Boston* Birthplace of mother, *Ireland*

Place of interment.† *Holy Cross Malden.*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

M J Kelly
Meridian Street E Boston



UNDERTAKER'S RETURN.—Boston.

Date of death, Sept 22nd 1892 Name, James Louis Hooker.
 Maiden name,* _____ Sex, male
 Married, single, or widow of _____ wife of _____
 Color, W Age, 72 years, 7 mos., 7 days. Residence, Park Park, Ill.
 Place of death (street and number), Sackett Harbor ward Worth High Land.
 Place of birth, Sackett Harbor Occupation, gentleman
 Name of father, L. J. Hooker Maiden name of mother, Ether Long
 Birthplace of father, Windsor Ct. Birthplace of mother, Northampton Mass
 Place of interment,† Sackett Harbor New York

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

LEWIS JONES & SON,
 UNDERTAKERS
 80 LA GRANGE ST.

Lewis Jones & Son.
M. B.

5,0 P. H. H. H.
577 P. H. H.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Sept 21st 1892* Name, *Grace E Hadley*

Maiden name,* *_____* Sex, *F*

~~Married~~, single, or ~~widow~~ of _____ wife of _____

Color, *White* Age, *1* years, *7* mos., *2* days. Residence, *153 Putnam St East Bklyn*

Place of death (street and number), *Atlantic St. Winthrop Mass* ward _____

Place of birth, *Winthrop Mass* Occupation, *father's work modeler*

Name of father, *Charles Hadley* Maiden name of mother, *Annie M. Dill*

Birthplace of father, *Boston* Birthplace of mother, *East Bklyn*

Place of interment,† *Holy Comm Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker :

Wm. W. W.
163 Linden St
East Bklyn



RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 28 th 1892		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Helen E. Carter		
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color,†	White		
5. Age,	28	Years,	Months, Days,
(Disease or Cause of Death, (Primary and Secondary), ‡	Dysentery - Abdominal		
6. Duration of Sickness, . . . (By whom certified, . . .	Dr. E. J. . . .		
7. Residence,	525		
8. Occupation,	Tailor		
9. Place of Death,	at home		
10. Place of Birth,	at home		
11. Name of Father,	John		
12. Name of Mother, (Maiden Name),	Mary		
13. Birthplace of Father,	at home		
14. Birthplace of Mother,	at home		
15. Place of Interment,	at home		
Signature of Undertaker or other person making the Return,			

DATED at *New York*, on *Sept 29* 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

Be it enacted, etc., as follows:

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SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 2 ^d 1892
2. Name, (Maiden Name),* (Name of Husband),*	William C. Boyer
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color,†	White
5. Age, (Disease or Cause of Death, (Primary and Secondary),† (By whom certified, . . .	33 Years, 7 Months, 12 Days. Feb 20
6. Duration of Sickness,	12 Days
7. Residence,	Northampton
8. Occupation,	Foreman Miller
9. Place of Death,	Washington Avenue
10. Place of Birth,	Bedford Square
11. Name of Father,	James Charles Boyer
12. Name of Mother, (Maiden Name),	Caroline Ayer
13. Birthplace of Father,	London Vt.
14. Birthplace of Mother,	Rayham
15. Place of Interment,	Smith/Burial
Signature of Undertaker or other person making the Return,	James C. Boyer

DATED at Northampton, on October 2^d 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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UNDERTAKER'S RETURN.—Boston.

Date of death, *2 Oct. 31* 189*2* Name, *William M. Storchan*

~~Maiden name,~~ Sex, *Male*.

Married, ~~single, or widow of~~ wife of

Color, *H* Age, *62* years, *9* mos., *—* days. Residence, *Crover St. Winthrop Mass*

Place of death (street and number), *Winthrop Highlands Mass* ward

Place of birth, *Scotland* Occupation, *Liquor Dealer —*

Name of father, *James H.* Maiden name of mother, *Ann Mortimer*

Birthplace of father, *Scotland* Birthplace of mother, *Ireland*

Place of interment,† ~~*Malden Mass*~~ *Calvary Cemetery*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

W. E. Sullivan

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 11 1892
2. Name, (Maiden Name)	James (J.)
(Name of Husbar , *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	48 Years, 4 Months, 0 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	La Gula
6. Duration of Sickness, . (By whom certified, .	Belcher St
7. Residence,	Cambridge
8. Occupation,	Blacksmith
9. Place of Death,	Home
10. Place of Birth,	Massachusetts
11. Name of Father,	James
12. Name of Mother, (Maiden Name),	Elizabeth
13. Birthplace of Father,	Massachusetts
14. Birthplace of Mother,	Massachusetts
15. Place of Internment,	Malden Burial
Signature of Undertaker or other person making the Return,	James J. D.

DATED at Cambridge, on Jan 11, 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

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RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 23 rd 1892
2. Name, (Maiden Name)*. . . (Name of Husband), *	Maria C. Hines Anna C. Hines Geo D. Hines
3. Sex, and whether single, Married, or Widowed,	Female Widowed
4. Color, †	White
5. Age, (Disease or Cause of Death, Primary and Secondary), †	93 Years, 2 Months, Days.
6. Duration of Sicknes, . (By whom certified, .	Old Age
7. Residence,	Winthrop Highlands
8. Occupation,	Grocers' Avenue
9. Place of Death,	Park Road N.S.
10. Place of Birth,	James W. Wright
11. Name of Father,	Margaret Gray Wright
12. Name of Mother, (Maiden Name),	Pholol Edg.
13. Birthplace of Father,	"
14. Birthplace of Mother,	"
15. Place of Interment,	Harmony Grove Cemetery Salem Place
Signature of Undertaker the person making the Return,	Summer Floyd

DATED at Winthrop, on Dec 23 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.
 [Be very particular to fill all Blanks.]
 Plate. Ed. September, 1892. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mar 2, 1892
2. Name, (Maiden Name)*, (Name of Husband),*	Mar. Alice Rose " " Shickel
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	80 Years, — Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), †	Ind. Cancer
6. Duration of Sickness, . (By whom certified, .	Red L. H. H. H.
7. Residence,	—
8. Occupation,	—
9. Place of Death,	—
10. Place of Birth,	—
11. Name of Father,	—
12. Name of Mother, (Maiden Name),	—
13. Birthplace of Father,	—
14. Birthplace of Mother,	—
15. Place of Interment,	—
Signature of Undertaker or other person making the Return,	—
DATED at <i>Northbury</i> , on <i>Dec 23</i> , 1892	18

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

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