

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

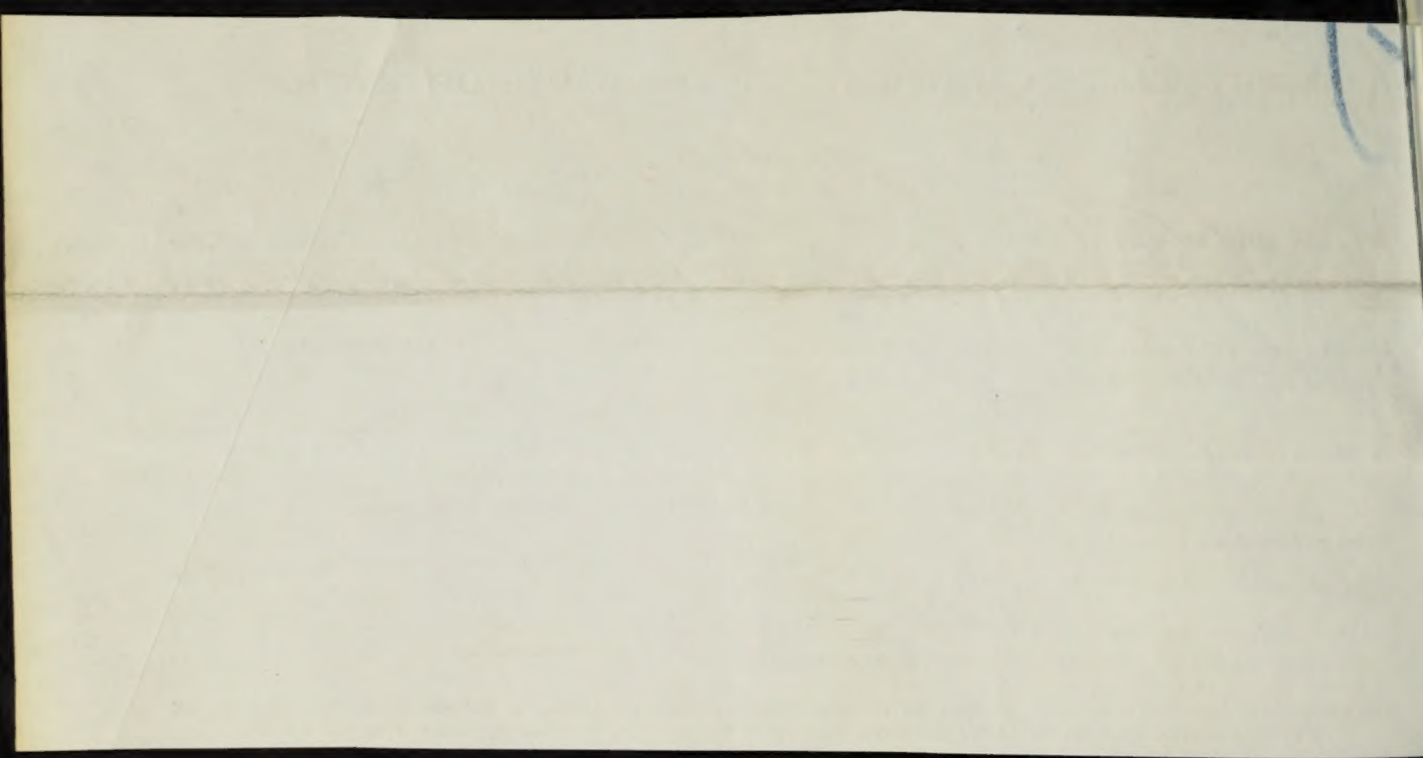
Name and age of deceased: *John M. Robbins* ^{*Whittier Jan. 5'*} _{*1897*} ^{*8.3*} yrs. ^{*0*} mos. ^{*0*} dys.
 Date and place of death: *Jan. 5 '97 - Almont St. Whittier*
 Disease or cause of death: *Exhaustion from Pulmonary Edema and Mitral Disease, Paralysis and Age.*
 Duration of disease: *Has been ill for most of the past year.*

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

Name and residence } *Frank A. Lillard* M. D.
 of physician. } *15 Princeton St.*

*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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN. — ~~Boston.~~ Wintrop

Date of death, *Jan. 5'* 189*7*. Name, *John M. Robbins*
 Maiden name,* _____ Sex, *M.*

Married, ~~single~~, or widow of _____ wife of _____
 Color, *W.* Age, *83* years, *3* mos., _____ days. Residence, *Almont St.*

Place of death (street and number), *Almont St.* ward _____

Place of birth, *Lancaster Mass.* Occupation, *Real Estate*

Name of father, *Joshua* Maiden name of mother, *Patty Manning*

Birthplace of father, *Utah Mass.* Birthplace of mother, *Lancaster Mass.*

Place of interment,† *Forest Hill Cmt.*

*If a married woman or a widow.

†Give the name of the burial ground.

Signature of Undertaker:

L. G. Brown.

12

No.

RETURN OF A DEATH.

To the Clerk of the City or 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, Days,
6. Duration of Sickmess, . . .
(Disease or Cause of Death,
(Primary and Secondary). †)
(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 Wintrop, on January 9 1897

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Ernest Nelson Floyd

Age, 1-7-27

Date and Place of Death,†

died at Winthrop, (Summit Ave) Jan 7 " 1897.

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Diphtheria

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

J. E. Johnson, M.D.

Date of Certificate,

Jan 9 1897.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . .	Jan 10 th 1897
2. Name, (Maiden Name)* . . . (Name of Husband), †	Susan M. Dimock Susan M. Merrill Andrew Dimock Female M Married White
3. Sex, and whether single, Married, or Widowed,	
4. Color, †	
5. Age,	60 Years, 3 Months, 25 Days.
Disease or Cause of Death, (Primary and Secondary), †	D.O.C. Johnson
6. Duration of Sickmess, . (By whom certified, . . .)	
7. Residence,	44 Quincy Ave. Westboro
8. Occupation,	Westboro
9. Place of Death, . . .	Holderness N.H.
10. Place of Birth, . . .	William Merrill
11. Name of Father, . . .	Samuel B. Patched for
12. Name of Mother, . . . (Maiden Name), . . .	Esther Mayo
13. Birthplace of Father, .	Northwood N.H.
14. Birthplace of Mother, .	New York City
15. Place of Interment, .	Sumner St
Signature of Undertaker and person making the Return,	Sumner St
DATED at <u>Westboro</u> , on <u>Jan 10</u> " 1897	

* 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; Acts of 1893, Chapter 263.]

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Handwritten notes:
The above is a copy of the original record of the Board of Health of the City of Boston, and is not to be used for any other purpose.
J. W. Smith
City Clerk
1893

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Susan W Dimock* Age, *60-3-25*
 Date and Place of Death,† - died at *Winthrop (Quincy Ave) Jan 10th 1897.*
 Disease or Cause of Death, - of *Heart Disease (Anasarca)*
(Primary and Secondary.)‡
 Duration of Sickness, *Two months*

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

Signature and Residence of Certifying Physician, *J. E. Johnson. M.D.*

Date of Certificate: *Jan 11 1897.*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
 Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	Jan 10 "1897
2. Name, . . . (Maiden Name), * . .	Edw. B. Boller
3. Sex, and whether single, Married, or Widowed, . .	Female
4. Color, † . . .	White
5. Age, . . .	4 Years, 0 Months, 0 Days
6. Disease or Cause of Death, (Primary and Secondary), †	Scarlatina
Duration of Sickness, . .	Months
By whom certified, . .	Physician
7. Residence, . . .	477 North 4th Street
8. Occupation, . . .	Student
9. Place of Death, . .	Edw. B. Boller
10. Place of Birth, . .	Edw. Boller
11. Name of Father, . .	Wm. Boller
12. Name of Mother, . . (Maiden Name), . .	Wm. Boller
13. Birthplace of Father, . .	Edw. Boller
14. Birthplace of Mother, . .	Edw. Boller
15. Place of Interment, . .	Edw. Boller
Signature of Undertaker or other person making the Return, . . .	
DATED at <u>Lehigh</u> , on <u>Jan 11</u> , 18 <u>97</u>	

* 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. Dec., 1895, —5,000.

[*Public Statutes. Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Eileen B. Battis

Age,

1 1/2 years
1897

Date and Place of Death,† - died at

Waltham Jan 10 "

Disease or Cause of Death, - of

Pneumonia

(Primary and Secondary.)

Duration of Sickness, -

Three days

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

Signature and Residence of Certifying Physician,

Albert B. Dorman M.D.

Date of Certificate,

Jan. 12th

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895.—5,000.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Jan 21 1897

Name and age of deceased: Annella Clark Age 49 yrs. 0 mos. 0 dys.

Date and place of death: Jan 19 Under the care of

Disease or cause of death: Cancer of the stomach

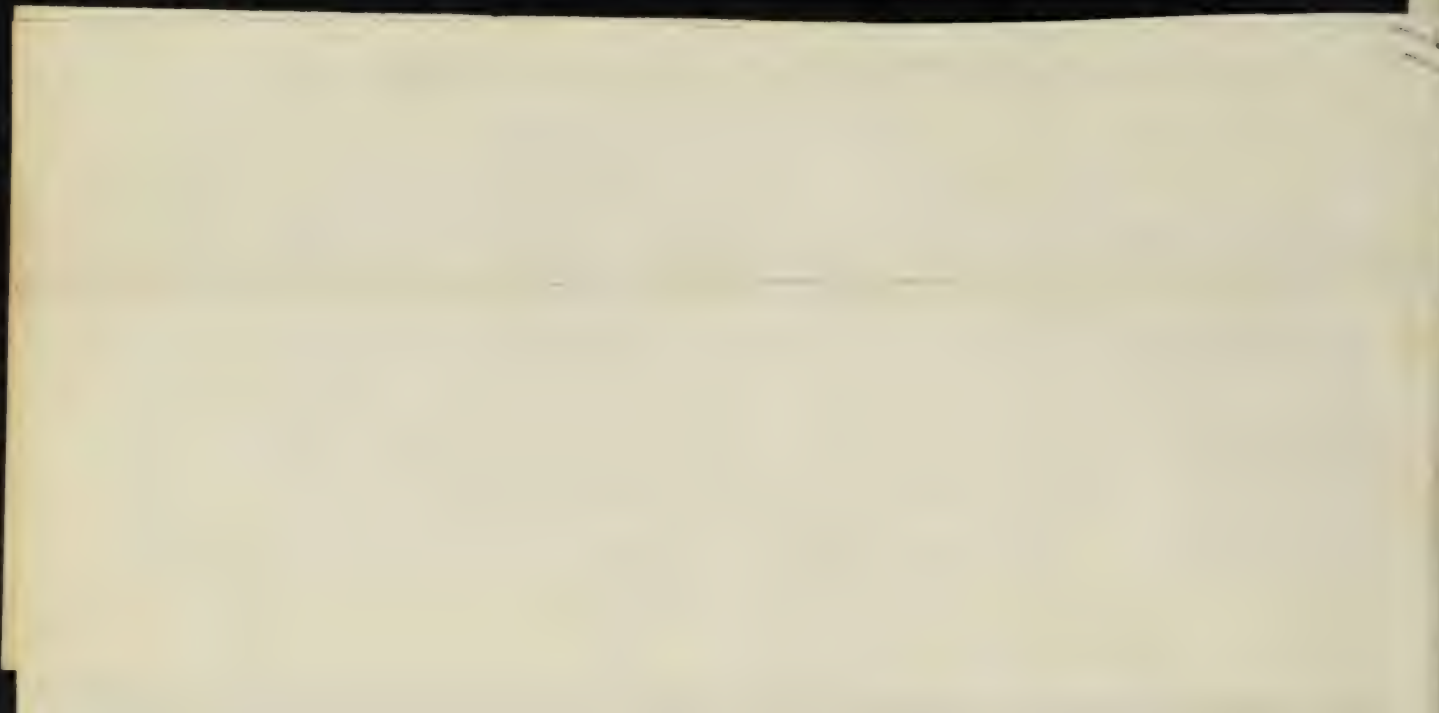
Duration of disease: * about one and one half years

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

Name and residence
of physician. } Edward T. Gage M. D.

*It is very desirable to be informed of the duration of the disease.

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UNDERTAKER'S RETURN.—~~Boston.~~

Date of death, Jan 19 1897 Name, Marcella Stora
Maiden name,* Marcella Stora Sex, Female
Married, single, or widow of Jack Stora wife of Jack Stora
Color, H Age, 49 years, — mos., — days. Residence, Wendover St. Boston
Place of death (street and number), Wendover St. No. 10 ward Saney College
Place of birth, Sweden Occupation, Housewife
Name of father, Edvard Stora Maiden name of mother, Anna Stora
Birthplace of father, Sweden Birthplace of mother, Sweden
Place of interment,† Wendover Cemetery, Boston

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Yecome J. Stora

2000

No.

RETURN OF A DEATH.

To the Clerk of the City or 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

Hartford,

, on

Jan 23

1897

* 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. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Whitney

Age, 1 hour

Date and Place of Death,† -

died at

Winthrop Jan. 22^d/₁₁

1897,

Disease or Cause of Death, -
(Primary and Secondary.)‡

of

Premature

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

Jan. 22^d/₁₁ 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	February 4 th 1897
2. Name, (Maiden Name),* (Name of Husband), [†]	Emma B. Brown Spencer Eyes & Back - Fishes Mumford White
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, ‡	White
5. Age,	39 Years, 5 Months, ~ Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Stomach
Duration of Sickness,	Stomach
(By whom certified,	Widow, Spencer
7. Residence,	Widow, Spencer
8. Occupation,	Widow, Spencer
9. Place of Death,	England
10. Place of Birth,	England
11. Name of Father,	James V. Brown
12. Name of Mother, (Maiden Name),	Anna V. Brown
13. Birthplace of Father,	England
14. Birthplace of Mother,	England
15. Place of Interment,	Widow, Spencer
Signature of Undertaker or other person making the Return,	Widow, Spencer

DATED at Shelton, on February 4 1897

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (AL.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895. —5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Emma Bullock Age, 39 years

Date and Place of Death,† - died at Winthrop, Maine 1897,

Disease or Cause of Death, - of Dysentery

(Primary and Secondary.)‡

Duration of Sickness, - Three

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

Signature and Residence of Certifying Physician,

Emma Bullock, M.D.

Date of Certificate, Feb 6th

1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred,

1. Date of Death, . . .	February 7 th 1897
2. Name, (Maiden Name)*, . . . (Name of Husband), *	Catharine Floyd Doyle Doyle Female
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, †	White
5. Age,	79 Years, ☒ Months, ☐ Days.
(Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, . . (By whom certified, . . .	Dr. Johnson
7. Residence,	Winthrop Mass
8. Occupation,	Cora Street
9. Place of Death,	Ireland
10. Place of Birth,	Ireland
11. Name of Father,	Ireland
12. Name of Mother, (Maiden Name),	Ireland
13. Birthplace of Father,	Holy Cross Cemetery
14. Birthplace of Mother,	
15. Place of Internment,	
Signature of Undertaker not present making the Return,	
DATED at	Winthrop, on February 8 th 1897

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Catharine Floyd* Age, *74 yrs.*

Date and Place of Death,† - died at *Winthrop (Cora M. Feb 7"* *1897,*

Disease or Cause of Death, - | of *Senile (Old age)*

(Primary and Secondary.)‡

Duration of Sickness, - *1 month and 10 days*

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

Signature and Residence of Certifying Physician, *E. E. Egan*

Date of Certificate, *Feb 7* *1897.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased, *C. Augusta Berg* Medford, *Thurston Nov. 4/8* 1897
 Age, *53* Yrs., *5* Mos., *3* Days.
 Place and Date of Death: Died at *715 Shirley St. Medford,* *Feb 7* 1897
 Disease or cause of Death: { Primary, *Hemiplegia (apoplexy)*
 (If a soldier who served in the War of the Rebellion, both the primary and secondary causes of death must be given) { Secondary, _____
 Duration of Disease,† *Eight weeks*

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

Signature of Physician, *J. E. Plummer* M.D.
 Residence, *75* *Thurston* *Mass.*
 (No.) (Street.) (Town or City.)

*Acts of 1889, Chap. 224.

† It is very desirable to be informed of the duration of the disease.

UNDERTAKER'S RETURN.

Winthrop
MEDFORD, MASS.

Date of Death, } *Feb 7* 189*7* Name, *C. Augusta Berg*
Maiden Name, *Krueger* Name of Husband, *George E. L.*
Sex, *Female* Color, *White* Single, Married, or Widowed, *Was Widow*
Age, *55* Yrs., *5* Mos., *3* Days. Residence, *Winthrop Mass*
Place of Death, (Street and Number.) *Winthrop 75 Shirley* Medford. Ward
Occupation, _____ Place of Birth, *Boston Mass*
Name of Father, } *Am A Krueger* Maiden Name of Mother, *Andrews*
Birthplace of Father, *Boston Mass* Birthplace of Mother, *Camden Maine*
Place of interment, *Cath Grove*, *Medford Mass*
(Cemetery.) (Town or City and State.)

* If a married woman or a widow.

† If other than white. (A) African, (M) Mulatto, (I) Indian: if of other races, specify what.

Signature of Undertaker, *E. H. Matthews*

Residence, *26 Hug St Medford*

(No.)

(Street)

(Town or City.)

1875

No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	February 14 th 1897.		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Atte An Floyd L.		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	57 Years, 8 Months, 4 Days.		
6. Duration of Sickmess, . . . (Disease or Cause of Death, (Primary and Secondary), † By whom certified, . . .	Typhoid Fever		
7. Residence,	No. 1111		
8. Occupation,	Widowed		
9. Place of Death,	at home		
10. Place of Birth,	Gainesburg, Ind.		
11. Name of Father,	William L. Floyd		
12. Name of Mother, (Maiden Name),	Elizabeth M. Floyd		
13. Birthplace of Father,	Indiana		
14. Birthplace of Mother,	Indiana		
15. Place of Interment,	Burial Ground		
Signature of Undertaker or other person making the Return,			

DATED at Indianapolis, on Feb 15 1897.

* 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. Dec., 1895. — 5,000.

17
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mr. [illegible]

Age,

1897,

Date and Place of Death,†

died at

[illegible]

Disease or Cause of Death, -

of

[illegible]

(Primary and Secondary)‡

Duration of Sickness, - -

[illegible]

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

Signature and Residence of Certifying Physician,

Date of Certificate,

1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	Feb 25 1897
2. Name, (Maiden Name), *	Charles Hanson Runk
(Name of Husband), †	Male
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, ‡	White
5. Age,	34 Years, 6 Months, 22 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Heartdisease
6. Duration of Sickness, . (By whom certified,	Dr. J. H. Runk
7. Residence,	St. Louis, Mo.
8. Occupation,	Bookkeeper
9. Place of Death,	St. Louis, Mo.
10. Place of Birth,	St. Louis, Mo.
11. Name of Father,	William Runk
12. Name of Mother, (Maiden Name),	Emily Runk
13. Birthplace of Father,	St. Louis, Mo.
14. Birthplace of Mother,	St. Louis, Mo.
15. Place of Interment,	Winthrop Cemetery
Signature of Undertaker and others present making the Return,	J. H. Runk
DATED at <u>St. Louis, Mo.</u> , on <u>Feb 26</u> , 18 <u>97</u> .	

* 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. Dec., 1895. — 5,000.

Christian B...
H...

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Charles H. Brown* Age, *54 yrs*
 Date and Place of Death, † - died at *Wintrop, February 25* 189*7*,
 Disease or Cause of Death, - of *Chronic Catarrhal, Laryngeal Intercitis.*
 (Primary and Secondary.) ‡ *Secondary to*
 Duration of Sickness, *Pulmonary Tuberculosis, Unknown.*
 I certify that the above is true, to the best of my knowledge and belief.
 Signature and Residence of Certifying Physician, *Frank A. Titus, M.D.* *13 Princeton St.,*
East Boston, Mass.
 Date of Certificate, *Feb. 27* 189*7*.

* Or sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

To the Clerk of the City or 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 Winthrop, on March 3 1897.* 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. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 an 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Sidney Isaac Thompson* Age, *11 mos*
 Date and Place of Death,† - died at *Winthrop, March 2^d* 1897,
 of *Primary* *Capillary Bronchitis, Apnoea (secondary)*
 (Primary and Secondary.)‡
 Duration of Sickness, - *7 days*

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

Signature and Residence of Certifying Physician, *Frank H. Allen M.D.*

Date of Certificate, *March 3rd* 1897.

* Or Sex of Infant (not named). If still born so state.

† If child died immediately after birth so state.
 Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Bertram, M. Shaw* ^{Boston,} *March 5* 189*7*
 Age *41* yrs. *0* mos. *0* dys.
 Date and place of death: *March 5-1897* *Gerald st. Wintthrop*
 Disease or cause of death: *Memoria*

Duration of disease: *one week*

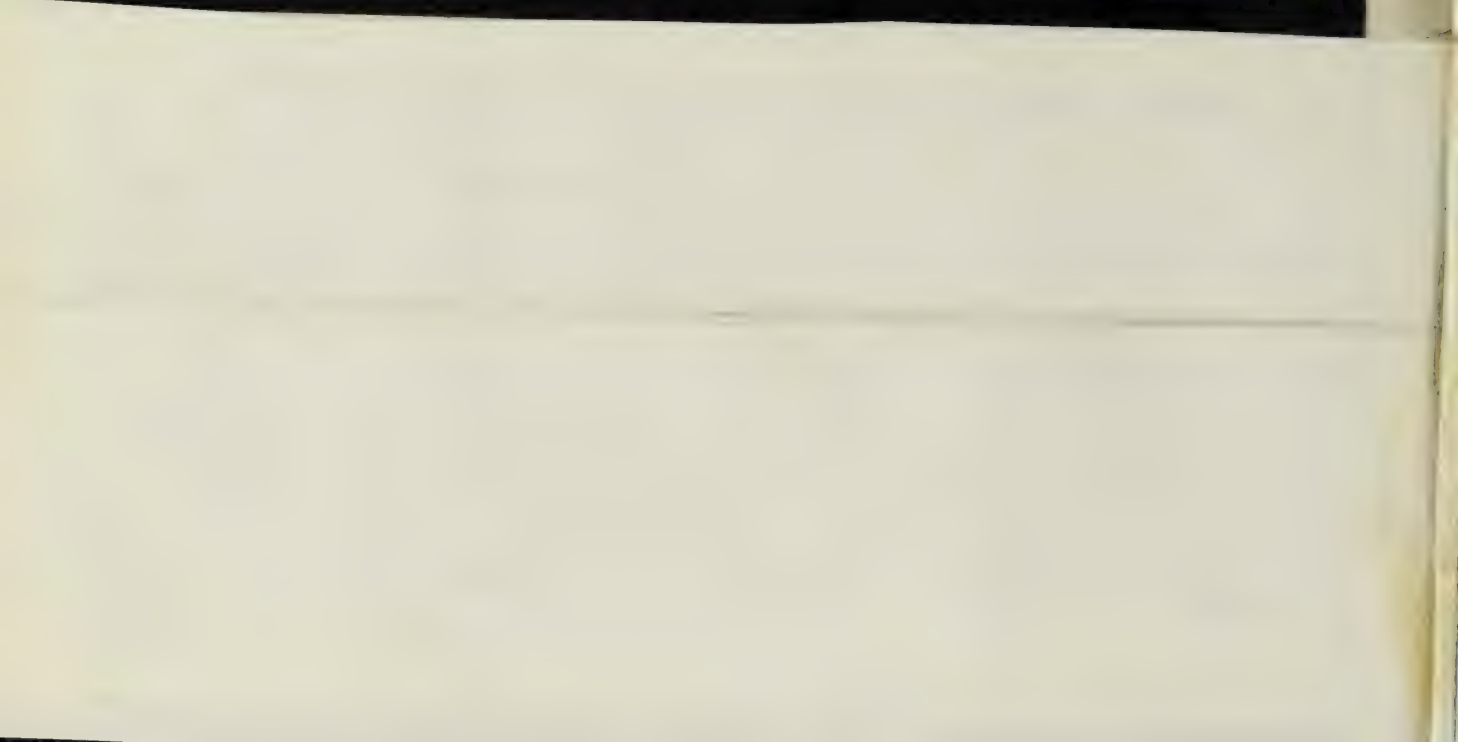
I certify that the above is true, to the best of my knowledge and belief.

Name and residence
 of physician.

W. T. Bell & Michael
57 Boston M. D.

*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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

Date of death, *March 5* 189*7* Name, *Barnard M. Shaw*

Maiden name, * *—* Sex, *M*

Married, single, or widow of *—* wife of *—*

Color, *W* Age, *41* years, *—* mos., *—* days. Residence, *Gerald St*

Place of death (street and number), *Gerald St. Winter* ward

Place of birth, *Ireland* Occupation, *Labour*

Name of father, *Barnard* Maiden name of mother, *Ann M. Bride*

Birthplace of father, *Ireland* 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:

Wm. J. Shaw

1912.5

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred,

1. Date of Death, . . .	March 6 th 1897		
2. Name,	Summer Tracy Wittrop		
(Maiden Name), *			
(Name of Husband), *	(Male)		
3. Sex, and whether single.			
Married, or Widowed,			
4. Color, †	(White)		
5. Age,	Years, 4	Months, ~	Days, ~
Disease or Cause of Death. (Primary and Secondary), ‡	a.B.		
6. Duration of Sickness, .	On Roman		
(By whom certified, .	Wittrop Max		
7. Residence,			
8. Occupation,			
9. Place of Death,	Chippendale Avenue		
10. Place of Birth,	Wittrop		
11. Name of Father,	Sam. B. Wittrop		
12. Name of Mother, (Maiden Name).	Mary T. Wittrop		
13. Birthplace of Father,	Wittrop		
14. Birthplace of Mother,	Wittrop Cemetery		
15. Place of Interment,			
Signature of Undertaker another person making the Return,	Summer Floyd		
DATED at	Wittrop	, on	March 6 th 1897

* 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. Dec., 1895. — 5,000.

45

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	March 7 1917
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	William Edward Fitzgerald
3. Sex, and whether single, Married, or Widowed,	Male
4. Color; †	White
5. Age,	23 1/2 Years, 5 Months, - Days 14
(Disease or Cause of Death, (Primary and Secondary), †	Edwards's Virus
6. Duration of Sickness, . . . (By whom certified, . . .	Father, John W. Fitzgerald
7. Residence,	Dorchester, Mass.
8. Occupation,	Clerk City Engineer
9. Place of Death,	Edwards's Virus
10. Place of Birth,	Edwards's Virus
11. Name of Father,	Edwards's Virus
12. Name of Mother, (Maiden Name),	Edwards's Virus
13. Birthplace of Father,	Edwards's Virus
14. Birthplace of Mother,	Edwards's Virus
15. Place of Interment,	Edwards's Virus
Signature of Undertaker or other person making the Return,	Edwards's Virus

DATED at Dorchester, on March 7 1817.

* 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. Dec., 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

William Blacknell Age, 34 yrs

Date and Place of Death,† - died at

Wintthrop (Inskip St) Mar 7, 1897.

Disease or Cause of Death, - of
(Primary and Secondary.)‡

Suicide by taking Opium

Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

Mar. 8th 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. F.I. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

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RETURN OF A DEATH.

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

1. Date of Death, . . .	March 11 th 1897		
2. Name,	Joseph George		
(Maiden Name)*, . . .			
(Name of Husband)*, . . .			
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color,†	White		
5. Age,	17 Years,	11 Months,	17 Days.
Disease or Cause of Death, (Primary and Secondary),†	Spontaneous Death		
Duration of Sickmess, . . .	Five Weeks		
(By whom certified, . . .	Rear Street -		
6. Residence,	South Side		
7. Occupation,	Blacksmith		
8. Place of Death,	Rear Street -		
9. Place of Birth,	England (Hampshire)		
10. Name of Father,	George George		
11. Name of Mother,	Ann		
(Maiden Name),	Ann		
12. Birthplace of Father,	England		
13. Birthplace of Mother,	England		
14. Place of Interment,	St. Mary's Church, St. Mary's		
Signature of Undertaker or other person making the Return,	James A. Ayle		
DATED at	St. Mary's	, on	March 11 th 1897.

* 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.]

[Handwritten: 1888, 1889, 1893]
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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[Handwritten: 1888, 1889, 1893]
[Handwritten: 1888, 1889, 1893]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Joseph Lavoix

Age, 17 yrs = 11 mo = 17 d

Date and Place of Death,†

died at Wintthrop (Head St) Mar 11th 1897,

Disease or Cause of Death, - of
(Primary and Secondary.)‡

Cerebral Meningitis (Brain fever)

Duration of Sickness, - - -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

March 12 - 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the City or 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

, 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.]

Plate. Ed. Dec., 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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2-10-10
100

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Andrew O Hammond* Age, *50 yrs - 1 mo - 8 ds*
Date and Place of Death,† - died at *Winthrop Marsh - all 1st (Mar 13, 1897,*
Disease or Cause of Death, - of *Compound fracture Septic Fever*
(Primary and Secondary),‡
Duration of Sickness, - - | *Thirteen days*

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

Signature and Residence of Certifying Physician, *Horace J Soule M D*

Date of Certificate, *March 15 1897.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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 *Vintipah*

March 18th 1897

* 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. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Eliza A. Triske* Age, *78 yr. 23 days*
Date and Place of Death,† - died at *Wintthrop Mass* *March 18 1897,*
Disease or Cause of Death, - of *Cancer of Stomach*
(Primary and Secondary.)‡
Duration of Sickness, - - *six months*
I certify that the above is true, to the best of my knowledge and belief.
Signature and Residence of Certifying Physician, *J. E. Wintthrop M.D.*
Date of Certificate, *March 20 1897.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Gertie de Watters* *Boston*, *Mar. 22⁵*.....189*7*
Date and place of death: *Mar. 22⁵* *Cambridge - Mass*
Disease or cause of death: *suicide* *hanging*

Duration of disease: *.....

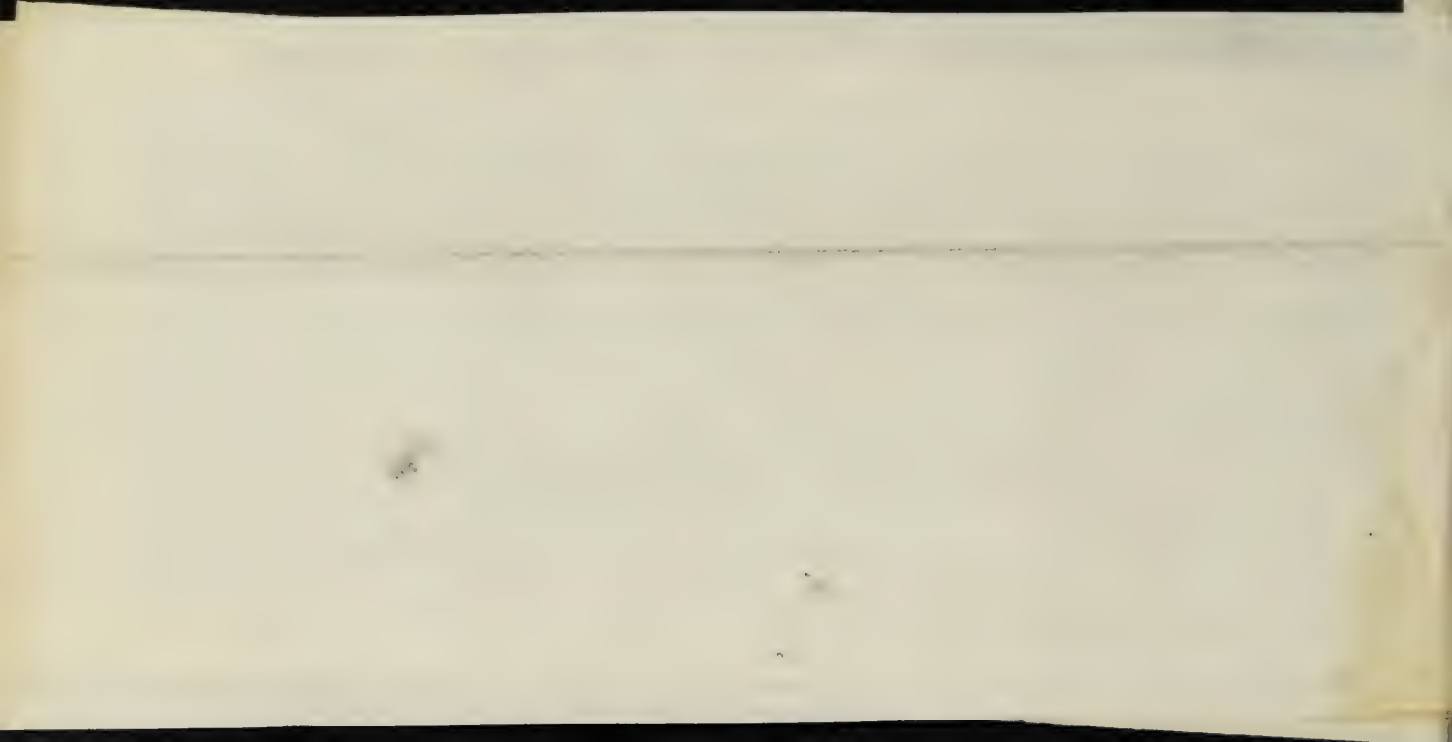
I certify that the above is true, to the best of my knowledge and belief.

Name and residence }
of physician. }

Thomas A. Hays.....M. D.

* 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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

Date of death, March 22 1897 Name, Gertrude M. Watkeys
 Maiden name,* Sex,
~~Married~~, single, or ~~widow~~ of Single ~~wife~~ of
 Color, W Age, 21 years, 5 mos., 13 days. Residence, Coral Avenue (O. Spray)
 Place of death (street and number), Coral Avenue Ocean Spray ward L
 Place of birth, Danvers Mass Occupation, Book-keeper
 Name of father, William Maiden name of mother, Elizabeth C. Jordan
 Birthplace of father, Nova Scotia Birthplace of mother, Nova Scotia
 Place of interment,† Woodlawn Cemetery

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Summer Floyd
Waltham, Mass

RETURN OF A DEATH.

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

1. Date of Death, . . .	March 31 st 1897
2. Name, (Maiden Name), * (Name of Husband), *	Charles B. Carpenter Female Married White
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	66 Years, 7 Months, 0 Days.
Disease or Cause of Death, (Primary and Secondary), †	Exhaustion
6. Duration of Sickness, . (By whom certified,)	5 days
7. Residence,	St. Louis, Mo.
8. Occupation,	Teacher
9. Place of Death,	St. Louis, Mo.
10. Place of Birth,	St. Louis, Mo.
11. Name of Father,	Charles B. Carpenter
12. Name of Mother, (Maiden Name),	Elizabeth Carpenter
13. Birthplace of Father,	St. Louis, Mo.
14. Birthplace of Mother,	St. Louis, Mo.
15. Place of Interment,	St. Louis, Mo.
Signature of Undertaker whether making the Return,	Charles B. Carpenter
DATED at <i>St. Louis</i> ,, on <i>March 31</i> 18 <i>97</i> .	

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Claricea B. Ingraham* Age, *66 yrs 7 mos*
Date and Place of Death,† - *died at Winthrop (Marshall Is) March 31 " 1897,*
Disease or Cause of Death, - *Cerebral Meningitis.*
(Primary and Secondary.)‡
Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

E. Johnson M.D.

Date of Certificate,

April 1

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	March 31 st 97
2. Name, (Maiden Name), * . . . (Name of Husband), † . . .	Edward C. Hathaway
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	22 Years, X Months, 2 Days.
Disease or Cause of Death, (Primary and Secondary), †	Consumption 3 years
6. Duration of Sickmess, . . . (By whom certified,)	Geo. W. Foster
7. Residence,	South Waverham Mass
8. Occupation,	Mariner
9. Place of Death,	Windsor Mass
10. Place of Birth,	South Waverham
11. Name of Father,	Daniel Hathaway
12. Name of Mother, (Maiden Name),	Emily "
13. Birthplace of Father,	South Waverham
14. Birthplace of Mother,	Quincy, Mass
15. Place of Interment,	Waverham Mass
Signature of Undertaker or other person making the Return,	(Signature)

DATED at Windsor, ON March 31 1897.

* 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. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Edward C. Coats

Age,

Date and Place of Death,†

died at

Southampton, Mass. Nov. 10, 1891

Disease or Cause of Death, -

of Tuberculosis of the Lungs

(Primary and Secondary.)‡

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,

Wm. H. Keenan, M.D.

Date of Certificate,

April 1st

1891

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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Boston, April 14, 1897

Name and age of deceased: Lillie K. Chase Age 20 yrs. 9 mos. 7 days

Date and place of death: April 14, 1897 Cottage Park Road Winthrop

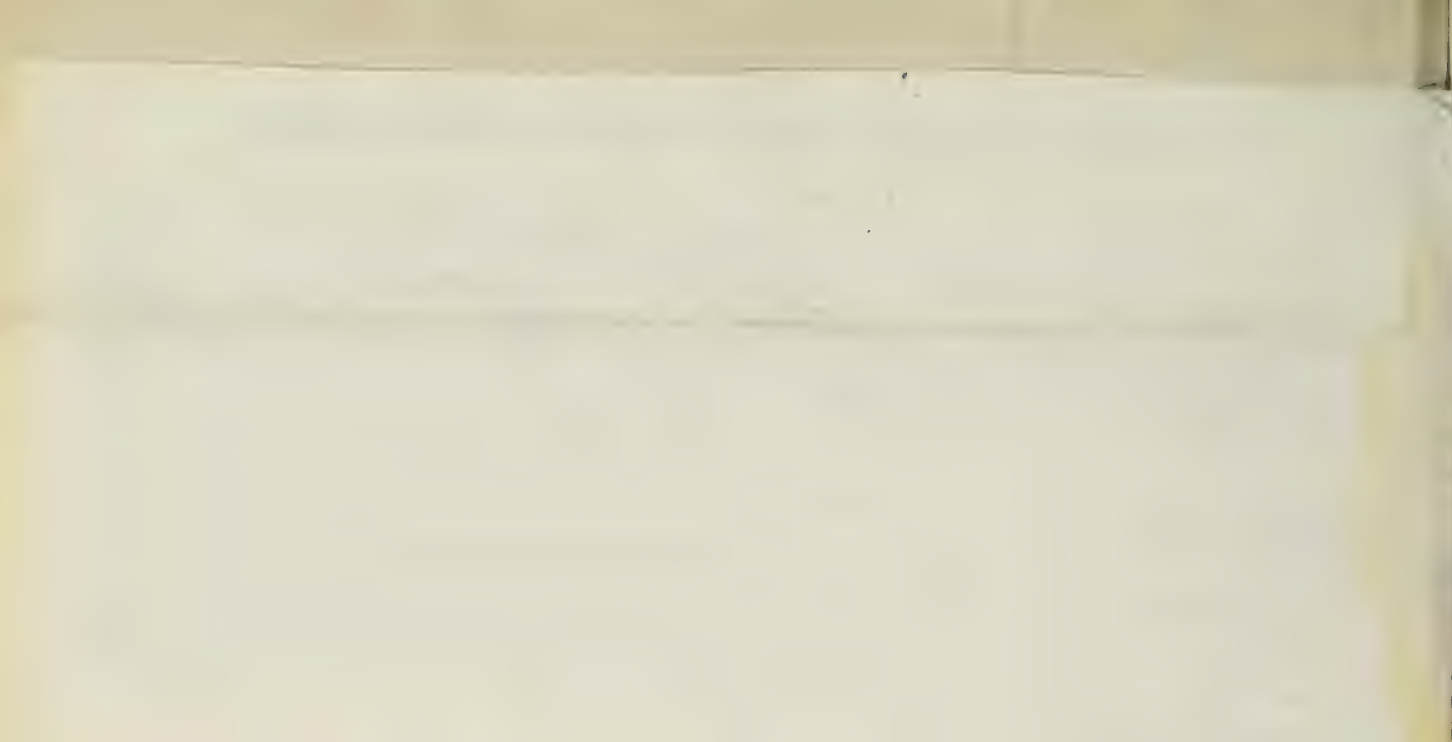
Disease or cause of death: Diabetes

Duration of disease:*. Four years

Name and residence
of physician.

Wm. T. M. H. & Son. M. D.

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 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



J. T. Tilton

UNDERTAKER'S RETURN. ~~Boston.~~

Date of death, April 14 1897 Name, Lillie B. Chase

~~Maiden name~~*, Sex, W

~~Married~~, single, or ~~widow~~ of wife of

Color, W Age, 20 years, 9 mos., 7 days. Residence, Cottage Park Road

Place of death (street and number), Cottage Park Road Winthrop ward

Place of birth, Co. Boston Occupation, At Home

Name of father, Osgood Maiden name of mother, Lillie Bruce

Birthplace of father, Boston Birthplace of mother, Cambridge

Place of interment,† Woodlawn Cent.

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

E. G. Brown

No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	April 15 1897		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Hannah Pink		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	Negro		
5. Age,	73 Years,	2 Months,	13 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Omitting this		
6. Duration of Sickness,	1 Week		
(By whom certified, . . .	J. H. H. H.		
7. Residence,	J. H. H. H.		
8. Occupation,	J. H. H. H.		
9. Place of Death, . . .	J. H. H. H.		
10. Place of Birth, . . .	J. H. H. H.		
11. Name of Father, . . .	J. H. H. H.		
12. Name of Mother, . . . (Maiden Name), . . .	J. H. H. H.		
13. Birthplace of Father, . .	J. H. H. H.		
14. Birthplace of Mother, . .	J. H. H. H.		
15. Place of Interment, . . .	J. H. H. H.		
Signature of Undertaker and making the Return,	J. H. H. H.		

DATED at *Washington*, on *April 15*, 18*97*.

* 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. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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 and 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 exceed-

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Wm. E. Frost

Age, 73-3-13

Date and Place of Death,† - died at

Winthrop (Bergen) N. J. April 15 1897.

Disease or Cause of Death, - of

1 (Primary and Secondary.)
2
3
4
5
6
7
8
9
10

neurionia

Duration of Sickness, -

10 days

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

Signature and Residence of Certifying Physician,

O. E. Johnson, M.D. Trenton, N.J.

Date of Certificate,

April 18 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	May 9 " 1897
2. Name, (Maiden Name), * (Name of Husband), *	Ella E. Payne Payne Payne Female Married
3. Sex, and whether single, Married, or Widowed,	White
4. Color, †	44 Years, 6 Months, 7 Days.
5. Age,	Dr Percy B. Boon
(Disease or Cause of Death, (Primary and Secondary), †	Vinthrop Mass
6. Duration of Sickness, . (By whom certified, .	5 Thorton Park
7. Residence,	Boston Mass
8. Occupation,	Henry A. Fay
9. Place of Death, . . .	Martha Fay
10. Place of Birth, . . .	Burling Mass
1. Name of Father, . . .	Maynard A. S.
2. Name of Mother, . . . (Maiden Name),	Vinthrop Cemetery
3. Birthplace of Father, .	Vinthrop
4. Birthplace of Mother, .	Summer Floyd
5. Place of Internment, .	
Signature of Undertaker or other person making the Return,	

DATED at Vinthrop, on May 9 " 1897

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If of other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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100-106 / 100-106

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Ella S. Payne* Age, *44* yrs *6* mos

Date and Place of Death,† - died at *Waltham (Longfellow Park) May 9th 1897,*

Disease or Cause of Death, of *Carcinoma of right breast, and secondary chronic*
(Primary and Secondary.)

Duration of Sickness, *Several months*

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

Signature and Residence of Certifying Physician, *E. S. Payne M.D.*

Date of Certificate, *May 10* 189*7*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
 Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred:

1. Date of Death, . . .	May 9 " 1897
2. Name, (Maiden Name) *, (Name of Husband), *	Flourence Nourse
3. Sex, and whether single, Married, or Widowed,	Female (Single)
4. Color, †	White
5. Age,	20 Years, (Months, (Days,
(Disease or Cause of Death, (Primary and Secondary), ‡	
6. Duration of Sickmess, . (By whom certified,	Dr E. F. Page
7. Residence,	188 Longwood (New Boston)
8. Occupation,	At home
9. Place of Death,	Parkine Street - G. W. Head
10. Place of Birth,	Boston
1. Name of Father,	Jacob E. Nourse
2. Name of Mother, (Maiden Name),	Eusie Farrell
3. Birthplace of Father,	Boston Mass
4. Birthplace of Mother,	Montreal Canada
5. Place of Internment,	Holyhood Cemetery, Boston
Signature of Undertaker or other person making the Return,	Summer Floyd

DATED at New Boston, on May 18 " 1897

* 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.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 10 1897

Name and age of deceased: Florence ... Age 20 yrs. ... mos. ... dys.

Date and place of death: ...

Disease or cause of death: ...

acute indigestion

Duration of disease: ...

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

Name and residence of physician: Edward H. Gage M. D.

#131 ...

*It is very desirable to be informed of the duration of the disease.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . . May 15 1897
2. Name, . . . William D. C. C.
- (Maiden Name), . . .
- (Name of Husband), . . .
3. Sex, and whether single,
Married, or Widowed,
Single
4. Color, † . . . W. C.
5. Age, . . . 59 Years, 9 Months, 2 Days

Disease or Cause of Death,
(Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . . 40 1/2 Ave

8. Occupation, . . . 2000 Ave

9. Place of Death, . . . 2000 Ave

10. Place of Birth, . . . 2000 Ave

11. Name of Father, . . . 2000 Ave

12. Name of Mother, . . . 2000 Ave

(Maiden Name), . . . 2000 Ave

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

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

DATED at

, on

May 17 1897

* 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; Acts of 1893, Chapter 21

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Mrs. Mary Helen Lord* Age, *59-9-2*
 Date and Place of Death, † - died at *22 Main St. Michig May 16th 1897.*
 Disease or Cause of Death, - of *Carcinoma of Bladder with Exhaustion*
(Primary and Secondary) ‡
 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, *J. Hilson Parks, M.D. 31 Princeton St. E.B.*
 Date of Certificate, *May 17th 1897.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
 Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	May 22 nd 1897
2. Name, (Maiden Name)*, (Name of Husband),	Mary A. Smith Louise Mabel Smith Frank John Alice
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	57 Years, 1 Month, 18 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Empyema
6. Duration of Sickness, . (By whom certified, .	Joseph Smith
7. Residence,	Joseph Smith
8. Occupation,	Joseph Smith
9. Place of Death,	Chief District
10. Place of Birth,	West
11. Name of Father, . . .	William
12. Name of Mother, . . . (Maiden Name),	William
13. Birthplace of Father, .	William
14. Birthplace of Mother, .	William
15. Place of Interment, .	William
Signature of Undertaker or other person making the Return,	William

DATED at Smith, on May 22nd 1897.

* 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; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mary A. East

Age, 59^{yr}

Date and Place of Death,†

- died at

Winthrop, (Dorchester) May 22nd 1897.

Disease or Cause of Death, - of

(Primary and Secondary).‡

Leucæmia

Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

May 25th 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No. 40.

Comments with - of 28 March 1897.

RETURN OF A DEATH.

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

1. Date of Death, . . .	May 23 rd 1897
2. Name, (Maiden Name), * (Name of Husband), †	Edith Shaw
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, ‡	Caucasian
5. Age,	1 Year, 2 Months, 15 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Scarlet
6. Duration of Sickness, . (By whom certified,	Dr. George
7. Residence,	Wichita
8. Occupation,	Royal Park
9. Place of Death,	Wichita
10. Place of Birth,	Wichita, Kan.
11. Name of Father,	John D. Shaw
12. Name of Mother, (Maiden Name),	Martha D. Shaw
13. Birthplace of Father,	Wichita, Mo.
14. Birthplace of Mother,	Wichita, Mo.
15. Place of Interment,	Wichita, Mo.
Signature of Undertaker or other person making the Return,	James H. Hight

DATED at Wichita, on May 24, 1897.

* 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. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Edith Smith

Age,

10 years

Date and Place of Death,†

died at

East End Victoria May 23

1891,

Disease or Cause of Death, - of

acute Bronchitis

(Primary and Secondary)‡

Duration of Sickness,

1 week

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

Signature and Residence of Certifying Physician,

E. J. Egan M.D.

Date of Certificate, May 25

1891.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *May 28* 189*7*
Boston
 Name and age of deceased: *John Francis Moore* Age *—* yrs. *—* mos. *—* dys.
 Date and place of death: *Wintthrop Mass May 27 1897*
 Disease or cause of death: *Marasmus*

Duration of disease:*

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

Name and residence }
 of physician. }

R. B. Garrison M. D.
Wintthrop - June 2

* 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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

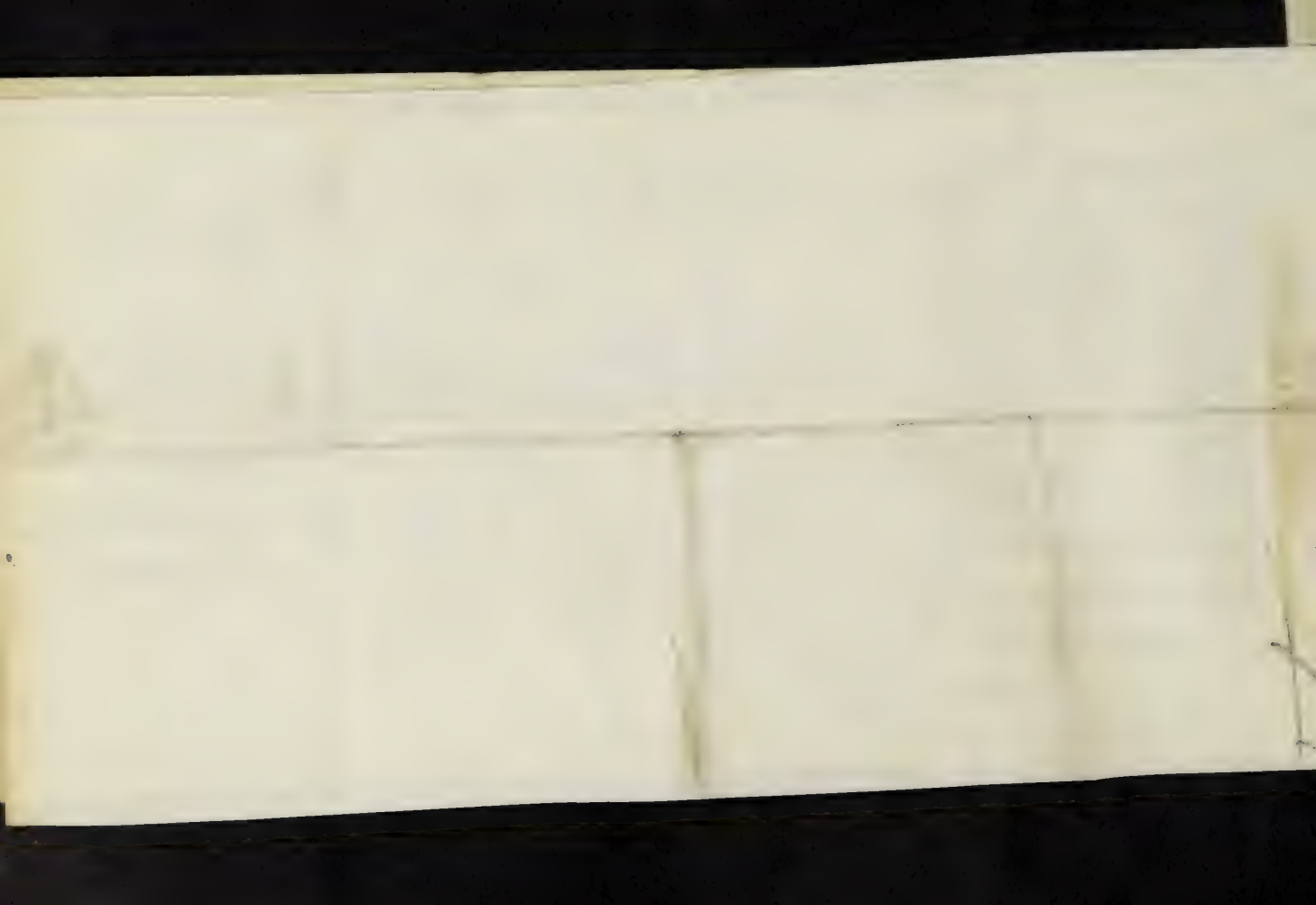
Date of death, *May 27* 189*7* Name, *Ann F. Mooney*
Maiden name,* _____ Sex, *M*
Married, single, or widow of _____ wife of _____
Color, *M* Age, _____ years, _____ mos., *11* days. Residence, *155 Winthrop St*
Place of death (street and number), *155 Winthrop St. Winthrop Mass*
Place of birth, *Winthrop Mass* Occupation, *Saleswoman*
Name of father, *George F.* Maiden name of mother, *Josephine Messenger*
Birthplace of father, *Blairtown Iowa* Birthplace of mother, *East Boston*
Place of interment,† *"Holy Cross" Malden*

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Wm. J. Lane.



No.

RETURN OF A DEATH.

To the Clerk of the City or 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), †
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 Winterville, on May 29 1897

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 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 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.

26
26
26

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Grace Hook

Age, 66 yrs 10 mo 10 ds

Date and Place of Death,† -

died at Winter, N. H. (Cliffside) May 28th 1897.

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Apoplexy

Duration of Sickness, - - |

Six months

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

Signature and Residence of Certifying Physician,

J. J. Johnson M.D.

Date of Certificate,

June 27

1897.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the City or 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

, ON

189.

* 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. Dec., 1895. — 5,000.

R. H. F. Nichols
20 Suffolk St.
C. H. Nichols
C. H. Nichols

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

20 Suffolk St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Quack Criffin* Age, *80 yrs - 7 mos*

Date and Place of Death,† died at *Winstrop (Wash Me.) June 1 " 1897,*

Disease or Cause of Death, of *Tubercle*
(Primary and Secondary.)‡

Duration of Sickness, - *But sickness about 6 mos;*

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

Signature and Residence of Certifying Physician, *J. C. Johnson M.D.*

Date of Certificate, *June 4 1897.*

* Or Sex of Infant (not named). If still born so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 8" 1897
 Full Name of Deceased, Otto Winthrop, Becker
 { If a married or divorced woman or a widow give also } Maiden Name, _____
 Sex, Male Color, White Single, Married, Widowed or Divorced, _____
 Age, 3 Years, 4 Months, 27 Days. Occupation, _____
 * Residence { If out of town, } Winthrop, Mass
 { also state fully, } _____
 Place of Death, 1. Fremont Street
 Place of Birth, 1 Fremont Street Winthrop Mass
 Name and Birthplace of Father, August Becker - East Boston
 Maiden Name and Birthplace of Mother, _____
 Place of Burial (Give name of Cemetery) Woodlawn Cemetery Everett
 Dated at Winthrop Signature and place of business { Summer Street
 on June 9" 1897 { 18 Summer Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Otto Winthrop Becker Age, 3 Y. 4 M. 27 D.
 Place and Date of Death, died at Winthrop June 8" 1897
 Disease or Cause { Primary, Malignant Dysentery Duration, _____
 of Death, † { Immediate, _____ Duration, _____

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

Signature and Residence { W B. McMichael M. D.
 of { East Boston
 Certifying Physician.

Date of Certificate, June 8" 1897

RETURN OF THE DEATH

OF

Otto Winthrop Becker

at ... 1 Fremont Street

Date, June 8th 1897

Filed, June 8th 1897

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, . . . June 13th 1897
 2. Name, . . . Charles Mitchell Davis
 (Maiden Name),*
 (Name of Husband),*
 3. Sex, and whether single,
 Married, or Widowed, Married
 4. Color, † . . . White
 5. Age, . . . 23 Years, 6 Months, 2 Days.
 (Disease or Cause of Death,
 (Primary and Secondary), ‡
 6. Duration of Sickness, . . .
 (By whom certified, . . . Dr. J. C. Davis
 7. Residence, . . . Lowell
 8. Occupation, . . . Laborer
 9. Place of Death, . . . Lowell
 10. Place of Birth, . . . Lowell
 11. Name of Father, . . . John C. Davis
 12. Name of Mother, . . . Mary C. Davis
 (Maiden Name),
 13. Birthplace of Father, . . . Lowell
 14. Birthplace of Mother, . . . Lowell
 15. Place of Internment, . . . Lowell

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

DATED at Lowell, on June 13th 1897.

* If a Married Woman or Widower. † 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. Dec., 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Charlotte M Collins Age, 32-6-21
Date and Place of Death,† - died at Wanthrop (Somerset Ave) June 13 " 1897,
Disease or Cause of Death, - of Tuberculosis
(Primary and Secondary),‡
Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

189 .

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, . . .	June 16 1897
2. Name, . . . (Maiden Name), . . . (Name of Husband), *	George L. Thompson
3. Sex, and whether single, Married, or Widowed.	Male
4. Color, †	White
5. Age,	25 Years, 1 Month, 2 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Heartdisease
6. Duration of Sickness, . . . (By whom certified, . . .	Shirley West
7. Residence,	Waltham
8. Occupation,	William W. Francis
9. Place of Death,	Waltham, Mass.
10. Place of Birth,	Waltham, Mass.
11. Name of Father,	Waltham, Mass.
12. Name of Mother, (Maiden Name),	Waltham, Mass.
13. Birthplace of Father,	Waltham, Mass.
14. Birthplace of Mother,	Waltham, Mass.
15. Place of Interment,	Waltham, Mass.
Signature of Undertaker or other person making the Return,	Summer Floyd

DATED at Waltham, on June 16 1897

* 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. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Louie E Daniels

Age, 1 mo

Date and Place of Death,†

died at Winthrop (Barley St) June 16 1897.

Disease or Cause of Death, -

(Primary and Secondary.)‡

Malnutrition

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,

W. B. Dorman M.D.

Date of Certificate,

June 23^d 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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 Interment, .

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

DATED at

Philadelphia

, on

June 20 1897

* 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. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Stillborn Infant (Barker (Male) Age.

Date and Place of Death,†

died at Wintrop (Buchanan St) June 19, 1897.

Disease or Cause of Death, - of

(Primary and Secondary)‡

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

June 21, 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . . June 19, 1887
2. Name, . . . Mary C. Bunker
(Maiden Name), *
(Name of Husband), * William C. Bunker
3. Sex, and whether single,
Married, or Widowed, Married
4. Color, † White
5. Age, . . . 37 Years, ~ Months, 21 Days.
6. Duration of Sickness, . . .

(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,
~~the Return~~ *the Return* makingDated at *Provincetown*, on *June 20*

1887

* 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; Acts of 1893, Chapter 263.*]

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2. 11. 18. 8

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Mary Ella Parker* Age, *37 yrs - 2 mos*
Date and Place of Death, † - died at *Winturp (Buchanan St)* *June 19* 1897.
Disease or Cause of Death, - of *Bright disease of kidneys*
(Primary and Secondary.) ‡
Duration of Sickness, - *1 year*

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

Signature and Residence of Certifying Physician, *Robert J. Jones M. D.*

Date of Certificate, *June 27* 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

June 2, 1897

Name and age of deceased: Theodore H. Turner Age 25 yrs. mos. dys.

Date and place of death: 1220 Street 3 - 21 within

Disease or cause of death: Apoplexy complicated by Bright's Disease

Duration of disease: * Final Shock 9 hours had previous one 2 yrs before

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

Name and residence

of physician.

Edward H. Gray

M. D

#131 Court Ave Waltham

*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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

UNDERTAKER'S RETURN.—Boston.

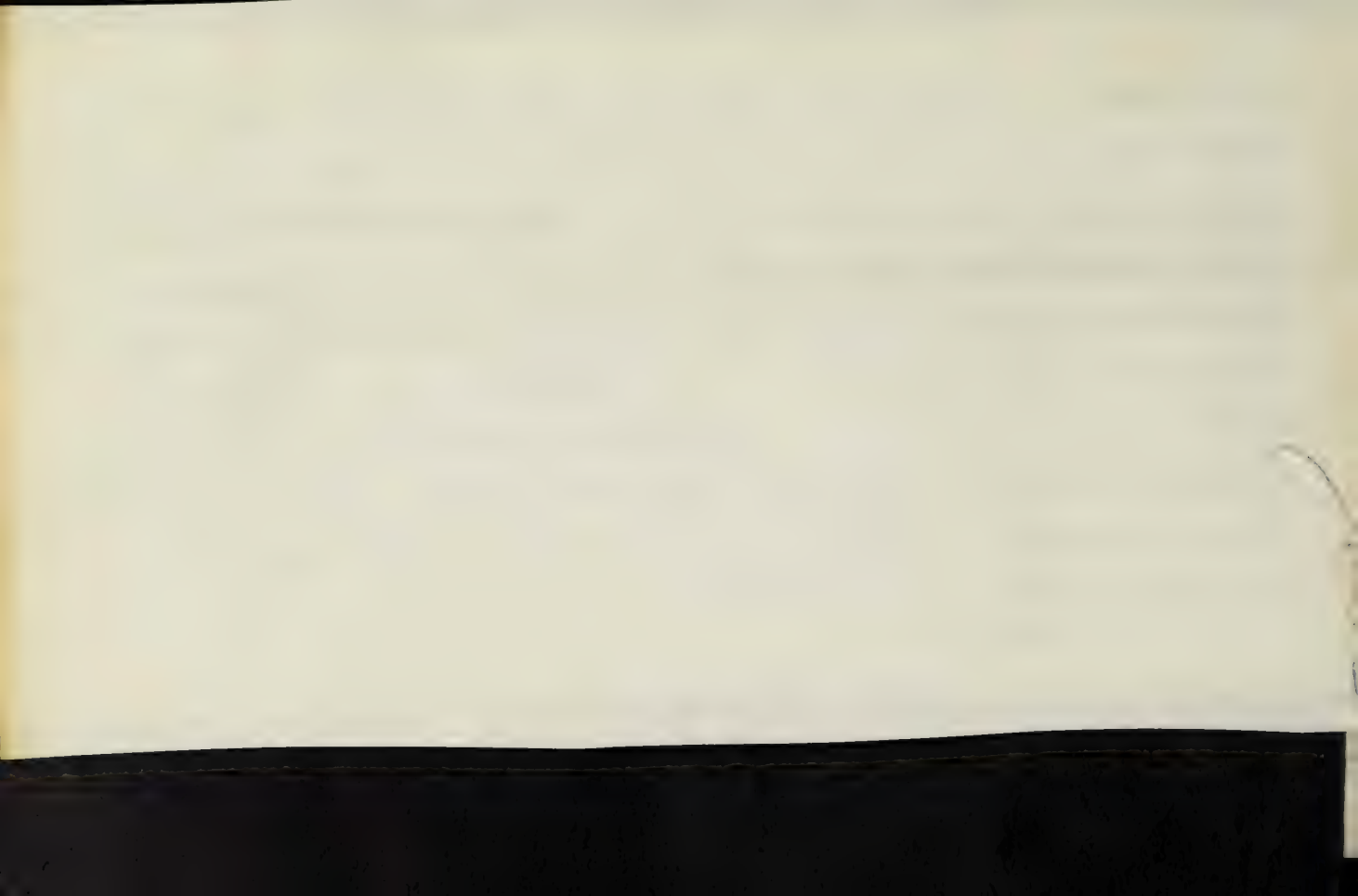
Date of death, June 21 1897 Name, Sadare C. Turner
 Maiden name,* Sadare C. Hand Sex, F
 Married, single, or widow of _____ wife of Charles S.
 Color, W Age, 38 years, _____ mos., _____ days. Residence, 20 Sturgis st
 Place of death (street and number), 20 Sturgis st Winthrop ^{Mass} ward _____
 Place of birth, Boston Occupation, _____
 Name of father, William Maiden name of mother, Mary Hickey
 Birthplace of father, England Birthplace of mother, Marcell Mass
 Place of interment,† East Brookline "Holyhood"

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Wm. J. Jones



RETURN OF A DEATH.

To the Clerk of the City or 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
~~not necessary~~ making
the Return.DATED at *Winthrop*,

, on

July 3 1897* 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.]

Excluded L.P.M.
H. B. P. H. B.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 221; Acts of 1893, Chapter 263.]

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George H. L.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Jane C. Robicheau Age, 7 5-25
Date and Place of Death,† - died at Wintthrop (Read R.) July 1st 1897.
Disease or Cause of Death, - | of Peritonitis
(Primary and Secondary.)
Duration of Sickness, - | - 2 weeks

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

Signature and Residence of Certifying Physician, Alexander L. McCormack M.D.

Date of Certificate, July - 2nd 1897.

Or Sex of Infant (not names.). It stillborn so state. ☐ If died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

☐ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 3rd 1897

Name and age of deceased: Elizabeth A. Hinson Age 81 yrs. 2 mos. 13 days

Date and place of death: July 3rd 1897 Wintthrop Mass

Disease or cause of death: Peritonitis following Typhoid

Interruption of bowels

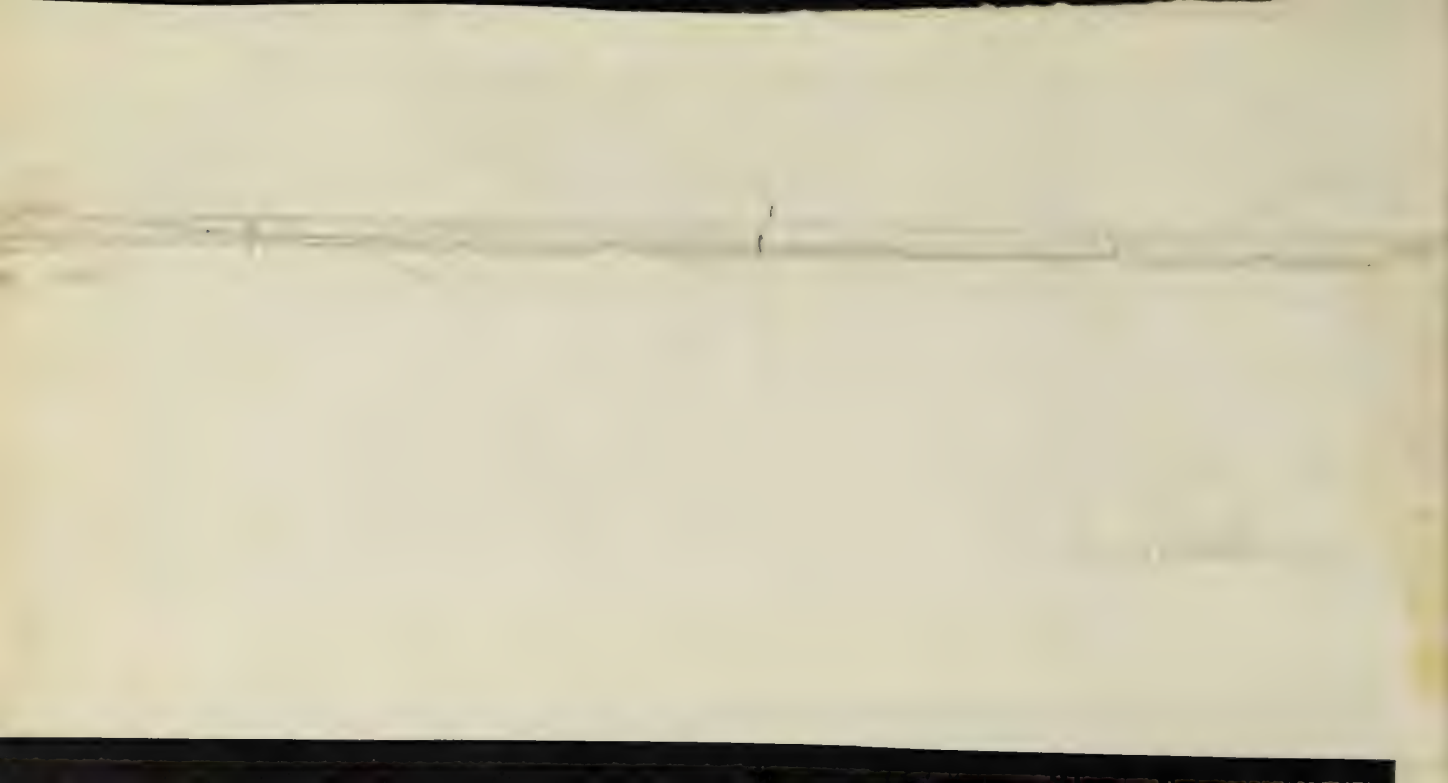
Duration of disease: * 7 or 8 days

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

Name and residence } Horace I. Soule M. D.
of physician. } 109 Wintthrop St. Wintthrop Mass.

* 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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



UNDERTAKER'S RETURN.—Boston.

Date of death, *July 3rd 1897* Name, *Elizabeth A. Hanson*
 Maiden name,* Sex, *F*
 Married, ~~single, or widow of~~ wife of *Fredrick C. Hanson*
 Color, *W* Age, *81* years, *2* mos., *13* days. Residence, *Chilmark Avenue*
 Place of death (street and number), *Chilmark Ave Winthrop* ward
 Place of birth, *Beverly Hills* Occupation,
 Name of father, *Daniel Falls* Maiden name of mother, *Annah Fuller*
 Birthplace of father, *Not known* Birthplace of mother, *Not known*
 Place of interment,† *Lynn Pine Grove Cem*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

J W Bryan

Handwritten signature or initials in the bottom right corner.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . . *July 9th 1894*
2. Name, *June Crose*
(Maiden Name), * . . .
- (Name of Husband), * . . . *Thomas A. Crose*
3. Sex, and whether single, . . . *Female.*
- Married, or Widowed, . . . *Married*
4. Color, † *White*
5. Age, *55* Years, *1* Months, *16* Days.
- (Disease or Cause of Death, (Primary and Secondary), † *Wentworth Mass.*
6. Duration of Sickness, *()*
- (By whom certified, *German Street*
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
~~making~~ making
the Return,

Wentworth Cemetery
Burrows Floyd

Dated at *Wentworth*, on *July 10th 1894*

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

June Loree

Age, 55 ye - 1 Mo - 16 da

Date and Place of Death,†

died at Wintthrop (Heron Street) July 9th 1897,

Disease or Cause of Death, -

of Secondary cancer of Left Breast +

(Primary and Secondary.)‡

Duration of Sickness, -

Twenty six months

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

Signature and Residence of Certifying Physician,

Rev. S. J. Stone, M.D. 25 Madison St. S. 13

Date of Certificate,

July 10th 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	July 19 th 1897		
2. Name, (Maiden Name), *	Margaret A. Thompson		
(Name of Husband), *	—		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	1 Year,	10 Months,	2 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Dr & G. Page		
6. Duration of Sickness, . (By whom certified, .	40 Terrace Ave		
7. Residence,	Boston		
8. Occupation,	Wig. Thayer		
9. Place of Death,	Boston		
10. Place of Birth,	John A. Thompson		
11. Name of Father,	Margaret Thompson		
12. Name of Mother, (Maiden Name),	{ New York		
13. Birthplace of Father,	Maine Auburn		
14. Birthplace of Mother,	{		
15. Place of Interment,	Dummer Floyd		
Signature of Undertaker other person making the Return,	Dummer Floyd		
DATED at Wintthrop, on	July 19 th 1897		

* 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. Dec, 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Marjorie A. Thompson* Age, *1-10-2*
 Date and Place of Death, † - died at *Winthrop (40 Terrace Ave) July 19th 1897,*
 Disease or Cause of Death, of *Bronchitis followed by Hemiplegia*
 (Primary and Secondary.) ‡
 Duration of Sickness, - *Two days*

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

Signature and Residence of Certifying Physician, *C. F. Gage M.D., 3, Centre Winthrop*

Date of Certificate, *Aug 21*

1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
 Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased :

Rachel Shea ~~Pastor.~~ *Hunters* *July 20* 189*7*
Age *59* yrs. - mos. - dys.

Date and place of death :

July 19. 1897 *"34 Beal St - Hunters*

Disease or cause of death :

Cancer of Stomach.

Duration of disease : *

Six months.

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

Name and residence }
of physician.

R. C. Johnson M. D.
"75 Hunters St.

* 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 A.M. till 12 M.;
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

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UNDERTAKER'S RETURN.—Boston.

Date of death, *July 19* 189 *7* Name, *Rachel Shea*
 Maiden name,* *Rachel Murphy* Sex, *F*
 Married, single, or widow of *Jeremiah Shea* ~~wife of~~
 Color, *White* Age, *59* years, — mos — days. Residence, *347 Beal St North*
 Place of death (street and number), *347 Beal St North* ward
 Place of birth, *Ireland* Occupation, *Annunfe*
 Name of father, *Michael Murphy* Maiden name of mother, *Mary Sullivan*
 Birthplace of father, *Ireland* Birthplace of mother, *Ireland*
 Place of interment,† *Culrany*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

John Morris

July 19

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased :

Boston, July 25 1897
Julia H. Sunderson Age *—* yrs. *7* mos. *24* dys.

Date and place of death :

July 25-1897. Hunter

Disease or cause of death :

Cholera Infantum

Duration of disease :*

4 days

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

Name and residence }
of physician. }

R. Johnson M. D.
Hunter

* 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 A.M. till 12 M.;
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

John
of
Hendricks
Barre

1897

UNDERTAKER'S RETURN.—Boston.

Date of death, *July 25th* 189*7* Name, *Julia H. Lunderson*

Maiden name,* Sex, *Female*

Married, single, or widow of wife of

Color, *Wh* Age, — years, *7* mos., *22* days. Residence, *187 Winthrop St*

Place of death (^{street and number}), *187 Winthrop St* ward

Place of birth, *East Boston* Occupation, *Night Watchman*

Name of father, *Alfred A.* Maiden name of mother, *Mary Beale*

Birthplace of father, *Norway* Birthplace of mother, *Marion Ct*

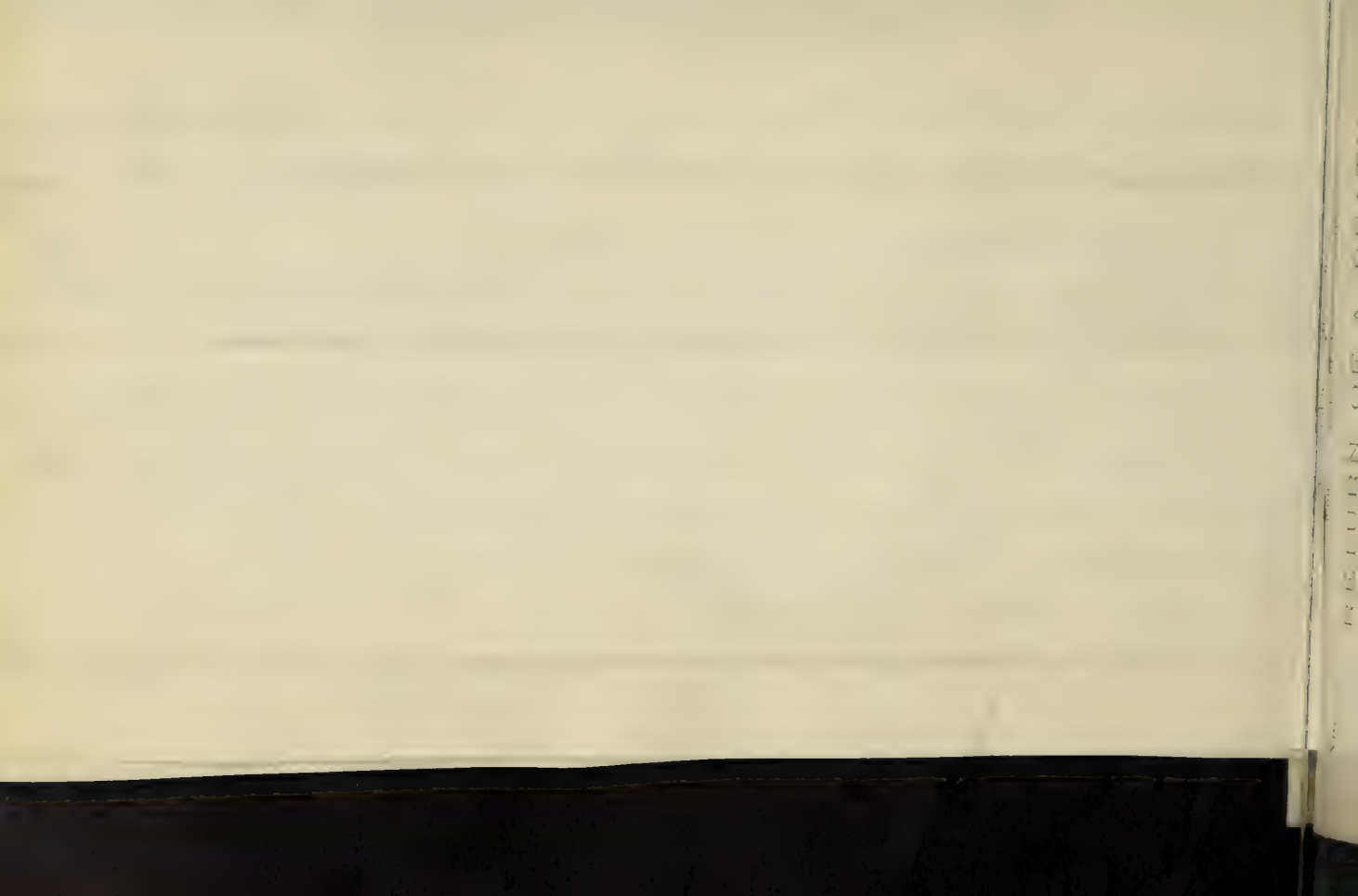
Place of interment,† *Holy Cross Malden*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

M. J. Kelly



No.

Con.

City of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the City or 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), †
(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
~~after~~ ~~from~~ making
 the Return,

DATED at

, on

1897

* 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. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Dorothy Collins

Age, 8 mo 7 ds

Date and Place of Death,† - died at

Winthrop, July 31 "

1897.

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Infantile Chorea

Duration of Sickness, - -

one day

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

Signature and Residence of Certifying Physician,

R. S. Mason, M.D.

Date of Certificate,

July 31 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, . . .	August 6 th 1897
2. Name, (Maiden Name)*, . . . (Name of Husband)*, . . .	Effie A. Cady Marshall Cady Cady
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	63 Years, 5 Months, ~ Days.
(Disease or Cause of Death, (Primary and Secondary), †	Med. Ind. (42) Malignant
6. Duration of Sickness, . . . (By whom certified, . . .	Dr. J. M. Whitcomb
7. Residence,	Richmond VT
8. Occupation,	Housewife
9. Place of Death,	Home
10. Place of Birth,	Richmond VT
11. Name of Father,	John Cady
12. Name of Mother, (Maiden Name),	Martha Cady
13. Birthplace of Father,	Richmond VT
14. Birthplace of Mother,	Richmond VT
15. Place of Interment,	Richmond VT
Signature of Undertaker or other person making the Return,	Sumner Day
DATED at	Richmond, on Aug 7 th 1897

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

-copy- 1893

*Duplicate
Certificate*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Sophia A. Cady

Age, *63 yrs - 5 mos*

Date and Place of Death,†

- died at *Winthrop (Shirley Rk)* August 6th 1897.

Disease or Cause of Death, - of
(Primary and Secondary)‡

Epilepsy

Duration of Sickness, -

Six days

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

Signature and Residence of Certifying Physician,

Edward F. Sage M.D.

Date of Certificate,

August 8th 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . . August 17, 1897
2. Name, . . . Charles E. Halliday
(Maiden Name), * George
3. Sex, and whether single, Married, or Widowed, M.
4. Color, † . . .
5. Age, . . . 53 Years, 1 Month, 2 Days.
- (Disease or Cause of Death, (Primary and Secondary);
Duration of Sickness, . . . Dr. & F. Luge
- (By whom certified, . . . Halliday & Luge
7. Residence, . . . Boston
8. Occupation, . . . Carpenter
9. Place of Death, . . . Boston
10. Place of Birth, . . . West H. Adams
11. Name of Father, . . . George J. Adams
12. Name of Mother, . . . Mary J. Adams
(Maiden Name),
13. Birthplace of Father, . . .
14. Birthplace of Mother, . . .
15. Place of Interment, . . . Mount Hope

Signature of Undertaker,
~~as attested by~~ making
the Return, . . .

Sumner Lloyd

DATED at Westboro, on Aug 19, 1897

* 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.]

55 MC

10-17-17 26

9-5

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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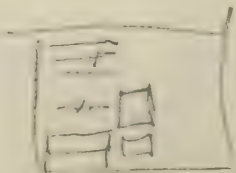
20-1-17-17

11-17-17

Wm. Mearns

11-17-17

Wm. Mearns



PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Harriette Almira Wadleigh* Age, *53-1-2*

Date and Place of Death, † - died at *Winthrop Neptune Ave* Aug *8th* 189*7*.

Disease or Cause of Death, - of *Heart Disease*
(Primary and Secondary.) ‡

Duration of Sickness, - - *Eight to ten days*

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

Signature and Residence of Certifying Physician,

Edw. H. Page
112 East Pine Street

Date of Certificate, *Aug 9* 189*7*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the City or 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,
Years, 5 Months, 14 Days
6. Duration of Sickness, . . .
(Primary and Secondary)
7. Residence,
By whom certified, Dr. D. M. M.
8. Occupation,
Working Man
9. Place of Death,
At Home
10. Place of Birth,
New York
11. Name of Father,
Mary Ann Campbell
12. Name of Mother,
(Maiden Name), E. D. M.
13. Birthplace of Father,
New York
14. Birthplace of Mother,
New York
15. Place of Interment,
Burial Ground

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

Dated at

on

August 10, 1897

1897

* 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.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Arthur T. Rowe

Age, 5 mo 2-14 ds

Date and Place of Death,†

died at Winthrop (Cora St) August 11th 1897.

Disease or Cause of Death, - of

Cholera Infantum

(Primary and Secondary.)‡

Duration of Sickness, - -

Three days

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

Signature and Residence of Certifying Physician, .

A. B. Dorman M.D.

Date of Certificate, _____

Aug. 11th 1897.

* Or Sex of Infant (not named). If still born so state.

† If child died immediately after birth so state.

; If a soldier or sailor who served in the War of the Rebellion-

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the City or 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
~~Do not leave present marking~~
 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.]

Plate. Ed. Dec., 1896. — 5,000.

277-11

Rule 1

Volume 2 - 1888-1893

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Lura Nelson Cag* Age, *30 yrs 9mo-3ds*
 Date and Place of Death,† - died at *Winthrop, (Lowell Avenue) Aug 16th 1897.*
 Disease or Cause of Death, - of *Septicæmia + acute valvula*
(Primary and Secondary)‡
 Duration of Sickness, - - *heart disease 3 wks*

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

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate,

Aug 18 1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
 Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Rosa McShane* ^{Boston,} *Aug-17th* 1897
 Age *10* yrs. *mos.* *dys.*
 Date and place of death: *Aug 17th Wintrop, Mass*
 Disease or cause of death: *Six days Diphtheria*

Duration of disease: * *Six days*

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

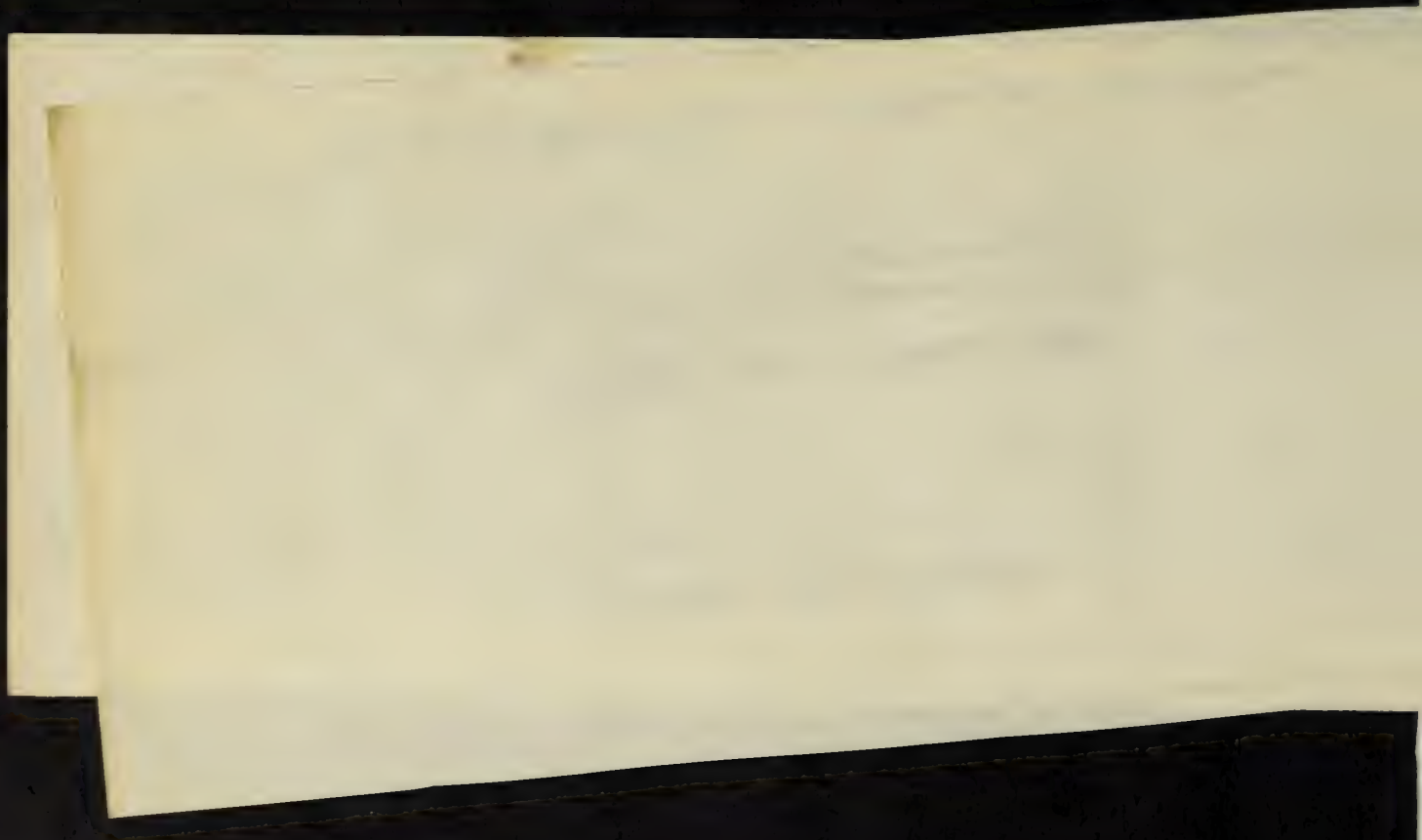
Name and residence }
of physician. }

Albert B. Dorman

M. D.

* 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 A.M. till 12 M.;
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug. 17* 189*7* Name, *Rose A. M. Shave*
Maiden name, * *—* Sex, *F*
Married, single, or ~~widow~~ of *—* wife of *—*
Color, *W* Age, *10* years, *—* mos., *—* days. Residence, *Gerald st*
Place of death (street and number), *Gerald st. Winthrop* ward
Place of birth, *Winthrop Mass* Occupation, *—*
Name of father, *Bernard* Maiden name of mother, *Ann Rogers*
Birthplace of father, *Ireland* 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:

Wm. J. Lane

RETURN OF A DEATH.

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

1. Date of Death, . . . Aug 29th 1897
 2. Name, . . . Edward Miller Burdick
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single, Male
 Married, or Widowed, Wife
 4. Color, † . . . White
 5. Age, . . . 1 Years, . . . Months, . . . Days
 (Disease or Cause of Death,
 (Primary and Secondary), ‡
 6. Duration of Sickness, . . . 10 days
 (By whom certified, . . . Dr. A B Norman
 7. Residence, . . . Winthrop
 8. Occupation, . . . Winthrop (Farmer)
 9. Place of Death, . . . Rochester
 10. Place of Birth, . . . Henry S Burdick
 11. Name of Father, . . . Leona Miller
 12. Name of Mother, . . . Wilcox
 (Maiden Name), . . . Mrs.
 13. Birthplace of Father, . . . West Ames
 14. Birthplace of Mother, . . . Winthrop Cemetery
 15. Place of Internment, . . . Burial Ground

Signature of Undertaker
~~the Return~~
 the Return, . . .

DATED at Winthrop, on August 29 1897

* 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.]

3 1/2

2 - X Caelor M 22

Bis Plush

+ Box

1/10/1892

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

2-10-1892

10/10/1892

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Edward M Burdick* Age, *1 year*
Date and Place of Death,† - died at *Montross (Fairbairn) Aug 27, 1897*
Disease or Cause of Death, - of *Inflammatory Diarrhoea*
(Primary and Secondary.)‡
Duration of Sickness, - *Ten days*

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

Signature and Residence of Certifying Physician, *A. B. Worman, M.D.*

Date of Certificate, *Aug. 25th* 189*7*

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	August 27 th 1897		
2. Name,	Jeremiah Towle		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single, . . .	Male		
Married, or <u>Widowed</u> ,			
4. Color, †	White		
5. Age,	65 Years, X	Months, X	Days, X
Disease or Cause of Death, . . . (Primary and Secondary)	Intestinal stricture		
6. Duration of Sickness, . . .	The acute attack 1 yr.		
(By whom certified,)	J. E. Sprague, M.D., H. H. Wood		
7. Residence,	Winthrop Mass.		
8. Occupation,	Carpenter		
9. Place of Death,	4 Read St. Winthrop, Mass.		
10. Place of Birth,	Cohasset Mass.		
11. Name of Father,	Jeremiah Towle		
12. Name of Mother, (Maiden Name),	Unknown		
13. Birthplace of Father,	Unknown		
14. Birthplace of Mother,	Unknown		
15. Place of Interment,	Woodlawn Cemetery		
Signature of Undertaker or other person making the Return,			
J. W. Sprague			
120 Meridian St. E. Boston			
DATED at Winthrop Mass, on 28 Aug. 1897			

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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Wm. J. Smith

(Fill out in Ink.)

No.

RETURN OF DEATH TO THE CITY CLERK.

CITY OF SALEM, MASS.

Date of Death,

Sept- 15- 1897

Name,

Lizzie B. Bladwin

Maiden Name,¹

" Butman

Sex, ~~Female~~;

~~Single~~ Married,

~~White~~ Color² (if other than white)

Aged

29

years,

months,

days

Cause of death,

Residence,³—No.

New York

Street.

Place of death,—No.

St. Anthony Center

Street.

Occupation,

W-~~house~~

Birthplace,

Salem Mass.

Name of Father,

F. L. Butman

Maiden Name of Mother,

Abby L. Church

Birthplace of Father,

New Orleans

Birthplace of Mother,

Salem

To whom Married,

Collis W. Bladwin

Attending Physician,

T. Burgess

Date of Interment or Removal,

Sept- 17- 1897

Place of
Interment

Ground, W. a. m. Grove Lot, Salem Mass.

Section,

Range,

Grave,

Undertaker (signature),

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Lizzie B. Gladwin

Age, 29 yrs.

Date and Place of Death,†

died at Minthorpe Centre

Sept 15 1897

Disease or Cause of Death, .
(Primary and Secondary.)‡

of Acute Meningitis

Duration of Sickness, . . .

Four days

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

Signature and Residence of Certifying Physician,

O. J. Rogers

339 Broadway

Date of Certificate,

Sept 18 1897

1897

* Or Sex of Infant (not named). If stillborn, so state.

† If child died immediately after birth, so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

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; and a physician who has attended at the birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a 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 a human body 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 City or Town in which the Death occurred,

1. Date of Death, . . .	Sept 18, 1897
2. Name, (Maiden Name), * . . (Name of Husband), † . .	Jeremiah Watson
3. Sex, and whether single, Married, or Widowed,	male widower
4. Color, ‡	
5. Age,	80 Years, 7 Months, 20 Days.
Disease or Cause of Death, (Primary and Secondary), †	Dr Percy E. Barr
6. Duration of Sickness, . . (By whom certified,	Wintthrop
7. Residence,	Wintthrop
8. Occupation,	Cornish, Me.
9. Place of Death,	Johnathan Watson
10. Place of Birth,	Joanna Largee - Lincoln, Maine
11. Name of Father,	Parsonsfield, Maine.
12. Name of Mother, (Maiden Name),	Woodlawn Cemetery
13. Birthplace of Father, . .	
14. Birthplace of Mother, . .	
15. Place of Interment, . .	
Signature of Undertaker the Return, making	Sumner Floyd
DATED at Wintthrop, on September 18 .	October 78

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Jeremiah Watson

Age, 80-7-20

Date and Place of Death,†

- died at

Winthrop (Jefferson Avenue) Sept 18, 1897.

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Euthanasia

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Wm. S. Brown M.D. 25 East 1st St.

Date of Certificate, _____

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1892, Chapter 263.*]

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No.

(Commonwealth of Massachusetts.)

RETURN OF A DEATH.

To the Clerk of the City or 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, . . .

70 Years, () Months, () Days.

6. Disease or Cause of Death,
(Primary and Secondary), ‡

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

~~the Return,~~ ~~the Return,~~ ~~the Return,~~ making

the Return, . . .

Summer Floyd

DATED at

Worcester

, on Sept 25 -

1897

* 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. Dec., 1896. — 5,000.

Comp. Laws of Mich. 1893, Chapter 263, Section 3
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Jane B Smith

Age, 70 yrs

Date and Place of Death,†

died at Winthrop (Locust Street) Sept 24th 1897.

Disease or Cause of Death, -

(Primary and Secondary)‡

of Heart Disease

Duration of Sickness, -

Final illness of short duration

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

Signature and Residence of Certifying Physician,

A. B. Worman, M.D.

Chairman Board of Health

Date of Certificate,

Sept 26th

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	Sept 26 "1895
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Charles A. Brown Charles A. Brown John A. Brown
3. Sex, and whether single, Married, or Widowed,	Female Single
4. Color,†	White
5. Age,	53 Years, 4 Months, 19 Days.
(Disease or Cause of Death, (Primary and Secondary),†	Black Mucous
6. Duration of Sickness, . . . (By whom certified, . . .	Doctor's Name
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	Samuel Brown
12. Name of Mother, (Maiden Name),	Mary Ann Brown
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	St. Paul's Church
Signature of Undertaker or other person making the Return,	Quinn Foley

DATED at

, on

1895.

* 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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[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Elizabeth C. Aborn

Age, ^{you are} 7-9

Date and Place of Death,† - died at

Northrop

Sept 26

1897

Disease or Cause of Death, - of

Cerebral Hemorrhage & Acute Diphtheria

(Primary and Secondary.)‡

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,

Edward J. [illegible]

Date of Certificate,

Sept 26

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	Aug 28 1897		
2. Name, (Maiden Name),* . . .	Lamie Hester		
(Name of Husband),* . . .	None		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	Years, Months, Days,	27 00 00	
(Disease or Cause of Death, (Primary and Secondary), †	Heart Disease		
6. Duration of Sickness, . . .	By whom certified, . . .		
(By whom certified, . . .	Residence,		
7. Residence,	Occupation,		
8. Occupation,	Place of Death,		
9. Place of Death,	Place of Birth,		
10. Place of Birth,	Name of Father,		
11. Name of Father,	Name of Mother, (Maiden Name),		
12. Name of Mother,	Birthplace of Father,		
13. Birthplace of Father,	Birthplace of Mother,		
14. Birthplace of Mother,	Place of Interment,		
15. Place of Interment,	Signature of Undertaker or other person making the Return,		
Dated at <u>Shawnee</u> , on <u>Sept 28</u> 1897			

* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mutilo. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Stillborn Mitchell Daniel* Age, *—*

Date and Place of Death,† - died at *Winthrop Sept 28* 189*7*,

Disease or Cause of Death, - of *Stillborn*

(Primary and Secondary)‡

Duration of Sickness, - - -

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

Signature and Residence of Certifying Physician, *Wm. Stokes Mitchell M.D.*

Date of Certificate, *Sept 28* 189*7*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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No.

RETURN OF A DEATH.

To the Clerk of the City or 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), †
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
~~making~~ making
the Return,DATED at Wintthrop, on Oct 11th 1897* 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. Dec., 1895. — 5,000.

October - 10th 1897
 Susan D. B. Webb
 Susan D. Burgess
 Moses H. Webb
 Female
 Married
 White
 72 Years, 1 Month, 13 Days.
 Mabel Simms - Heart Failure
 Six months
 W. H. Brand M. D.
 Wintthrop - Mass.
 Wintthrop
 Boston
 Wm G. Burgess
 Deborah White
 England
 Orambree - Mass
 Wintthrop County
 Sumner Floyd

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Susan D. B. Webber Age, 72
Date and Place of Death,† - died at Wrentham - Mass. Oct 10" 1897
Disease or Cause of Death, - of Mitral Stenosis - Heart Failure
(Primary and Secondary)‡
Duration of Sickness, Six months

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

Signature and Residence of Certifying Physician, W. H. Briard M. D.

Date of Certificate, Oct 10" 1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, . . .	Oct 21, 1897 - 10 P.M.
2. Name, (Maiden Name)* . . . (Name of Husband), †	Phyllis Evelyn Wilson
3. Sex, and whether single, Married, or Widowed,	female single.
4. Color, ‡	White
5. Age,	14 Years, 9 Months, 6 Days.
Disease or Cause of Death, (Primary and Secondary), †	Scarlet Fever
6. Duration of Sickness, . (By whom certified, .	20 George H. Road - Northrup
7. Residence,	Northrup
8. Occupation,	Scarlet Fever
9. Place of Death, . . .	Edward P. Moore
10. Place of Birth, . . .	Gelia I. Grier
11. Name of Father, . . .	William G. H.
12. Name of Mother, . . . (Maiden Name),	Rebecca A. B.
13. Birthplace of Father, .	Madison, Mass.
14. Birthplace of Mother, .	
15. Place of Interment, .	

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

Dummer Floyd

October 31

DATED at Northrup, on November 1 1897* 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. Dec., 1895. — 5,000.

Page 5-6-18.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Gladys Evelyn Morse* Age. *14-9-6*
Date and Place of Death, † - died at *Wintthrop. (Cor. Park Road), Oct 31, 1897.*
Disease or Cause of Death, - of *Pulmonary tuberculosis*
(Primary and Secondary.) ‡
Duration of Sickness, - - - *5 months.*
I certify that the above is true, to the best of my knowledge and belief.
Signature and Residence of Certifying Physician, *[Signature]*
Date of Certificate, *Nov. 2 1897.*

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	December 13, 1901		
2. Name, (Maiden Name), * (Name of Husband), †	Elizabeth Young Widow		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	33 Years,	Months,	Days.
(Disease or Cause of Death, (Primary and Secondary), †	Ac. Yaws		
6. Duration of Sickness, (By whom certified,	Dr. J. B. Jones		
7. Residence,	New York City		
8. Occupation,	Housewife		
9. Place of Death,	Home		
10. Place of Birth,	South Carolina		
11. Name of Father,	James B. Jones		
12. Name of Mother, (Maiden Name),	Elizabeth Young		
13. Birthplace of Father,	South Carolina		
14. Birthplace of Mother,	South Carolina		
15. Place of Interment,	Cypress Hill		
Signature of Undertaker or other person making the Return,	James B. Jones		

DATED at New York, on Dec 13, 1801* 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. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Elizabeth Jennings* Age, *33 years*
Date and Place of Death,† - died at *Winthrop (Shirley Street) Dec 13th 1897,*
Disease or Cause of Death, - of *lung disease*
(Primary and Secondary)† -
Duration of Sickness, - - *10 months*

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

Signature and Residence of Certifying Physician,

Date of Certificate,

Dec 1 1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

To the Clerk of the City or 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.]

Plate. Ed. Dec., 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Charles Wesley Hunt* Age, *48-3-22*
Date and Place of Death, *died at Winthrop (Fremont Street) Dec 15 1897*
Disease or Cause of Death, *of Aortic Regurgitation, Cardiac Dilatation*
(Primary and Secondary.)
Duration of Sickness, *Two years*

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

Signature and Residence of Certifying Physician, *Benjamin M. McCall*

Date of Certificate, *Dec 17/97* 189 .

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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No.

Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, . . .	November 21" / 1877
2. Name, (Maiden Name)*, (Name of Husband),	Mary H. Smith P. B. Smith
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color, †	White
5. Age,	59 Years, 5 Months, 18 Days.
6. Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, (By whom certified, . . .	In labor Died
7. Residence,	Worcester
8. Occupation,	Housewife
9. Place of Death,	Worcester
10. Place of Birth,	Worcester
11. Name of Father,	Henry Smith
12. Name of Mother, (Maiden Name),	Mary Smith
13. Birthplace of Father,	Worcester
14. Birthplace of Mother,	Worcester
15. Place of Interment,	Worcester
Signature of Undertaker or other person making the Return,	

DATED at

, on

22

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.]

Late. Ed. Dec., 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Henry L. - Age 58-8-6

Date and Place of Death,† - , died at

Truro, Mass. Dec. 21 1897

Disease or Cause of Death, - | of

(Primary and Secondary.)‡

Apoplexy
Hemiplegia

Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Samuel J. Hall

Date of Certificate,

Dec. 23 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . . *Sept 21st 1896*
2. Name, . . . *John C. Davis*
(Maiden Name),* . . . *—*
(Name of Husband), † . . . *—*
3. Sex, and whether single,
Married, or Widowed, . . . *Single*
4. Color, ‡
5. Age, *61* Years, ~ Months, ~ Days.
- (Disease or Cause of Death,
(Primary and Secondary), †
(Duration of Sickness, . . .
(By whom certified, . . .
7. Residence, *Providence, Rhode Island*
8. Occupation, *Teacher*
9. Place of Death, *Providence*
10. Place of Birth, *Providence*
11. Name of Father, *John C. Davis*
12. Name of Mother, *Anna Davis*
(Maiden Name), *Davis*
13. Birthplace of Father, *Providence*
14. Birthplace of Mother, *Providence*
15. Place of Interment, *Providence*

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

DATED at *Providence*

, 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.]

Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Stepheniah C. Spere

Age, 61 years

Date and Place of Death,†

died at Wintrop (Beach Road) Jan 11th 1898,

Disease or Cause of Death, - of
(Primary and Secondary.)‡

of General debility and Cardiac weakness

Duration of Sickness, -

longer than one month.

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

Signature and Residence of Certifying Physician, ..

Edmond F. Faye M.D.

Date of Certificate, ..

Jan 14 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

To the Clerk of the City or 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,
Years, — Months, 3 Days.
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)
~~of the~~ ~~interment~~ making)
 the Return,

DATED at

, on

November 13

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; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Thomas J. Miller* Age, *3 Days*
Date and Place of Death, † - died at *Winthrop (Pauline St)* Jan *13* 189*8*,
Disease or Cause of Death, - of *Intestinal obstruction*
(Primary and Secondary.) ‡
Duration of Sickness, - *Twelve hours*

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

Signature and Residence of Certifying Physician, *A. B. Dorrman*

Date of Certificate, *Jan. 14* 189*8*.

* Or Sex of Infant (not name). † Stillborn so state

‡ If child died immediately after birth so state.

† If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

[*Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

UNDERTAKER'S RETURN.—~~Boston.~~ *Winthrop*

Date of death, *Jan 25th* 189*8* Name, *George W Young*
Maiden name,* Sex *Male*
~~Married, single, or widow of~~ *Widower* wife of
Color, *W* Age, *75* years, *6* mos., days. Residence, *Winthrop Mass.*
Place of death (street and number), *74 Bowdoin St* *Winthrop* ward
Place of birth, *Thomaston Maine* Occupation, *Carpenter*
Name of father, *John Young* Maiden name of mother, *Mary Byers.*
Birthplace of father, *Unknown* Birthplace of mother, *Unknown*
Place of interment,†

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

J W Sprague



Commonwealth of Massachusetts

CERTIFICATE OF DEATH

FROM THE RECORDS OF DEATHS IN THE
TOWN OF WINTHROP, MASSACHUSETTS

Date of Death: January 25, 1898

Name: George W. Young

(Maiden Name):

Sex, Color and if Single: Male

Married or Widowed: Widowed

Color: White

Age: 75 years, 6 months

Disease or Cause of Death: Apoplexy

Residence: Winthrop, Massachusetts

Occupation: Carpenter

Place of Death: 74 Bowdoin Street, Winthrop, Massachusetts

Place of Birth: Thomaston, Maine

Name of Husband or Wife:

Name of Father: John Young

Maiden Name of Mother: Mary Byers

Birthplace of Father: Unknown

Birthplace of Mother: Unknown

Place of Interment:

Date of Record: June 26, 1898

Registration No.: 4

I, the undersigned, hereby certify that I am clerk of the Town of Winthrop; that as such I have custody of the records of births required by law to be kept in my office.

And I do hereby certify that the forgoing is a true copy from said records.

Witness my hand and seal of said Town of Winthrop on this 6th day of February 2013

Carla Vitale, Town Clerk



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Bombay~~, *Jan 26th* 1898
Name and age of deceased: *George W. Young* Age *76* yrs. *6* mos. dys.
Date and place of death *Jan 25th 1898. No 74 Bowdoin St. Winthrop Mass*

Disease or cause of death:

Duration of disease: *

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

Name and residence }
of physician. }

C. E. Johnson M. D.
Jan 26 1898

* 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 A.M. till 12 M.
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



RETURN OF A DEATH.

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

1. Date of Death, . . .	June 27 1871		
2. Name,	Charles O. Fanning		
(Maiden Name), * . .	None		
(Name of Husband), † . .	None		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, ‡	White		
5. Age,	22	Years, 7	Months, 2
Days.			
(Disease or Cause of Death, (Primary and Secondary), . .	Typhoid Fever		
6. Duration of Sickness, . .	10		
(By whom certified,	W. H. W. M. M.		
7. Residence,	Boston		
8. Occupation,	Book Binder		
9. Place of Death,	North Street		
10. Place of Birth,	Hartford, Conn.		
11. Name of Father,	Dr. Charles Fanning		
12. Name of Mother,	Mary A. Thompson		
(Maiden Name),	Thompson		
13. Birthplace of Father, . .	Hartford, Conn.		
14. Birthplace of Mother, . .	Hartford, Conn.		
15. Place of Interment, . . .	Hartford, Conn.		
Signature of Undertaker) as otherwise making the Return,)	Charles O. Fanning		

DATED at

on

June 28th

1871

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

George C. Stanley

Age, *42-9-7*

Date and Place of Death,† - died at

Winthrop (Almont St) Jan 27th 1898.

Disease or Cause of Death, - of

(Primary and Secondary.)[‡]

Tuberculosis of the Lungs

Duration of Sickness, - -

Ten months

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

Signature and Residence of Certifying Physician,

A. B. Dorman M.D.

Date of Certificate,

Jan. 30th 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *John Lightbody* ^{*Winthrop*} *Jan 29th* 189*8*
Age *78* yrs. mos. dys.
Date and place of death: *Jan 29th 1898. No 10 Center St Winthrop Mass.*
Disease or cause of death: *Levility*

Duration of disease: *

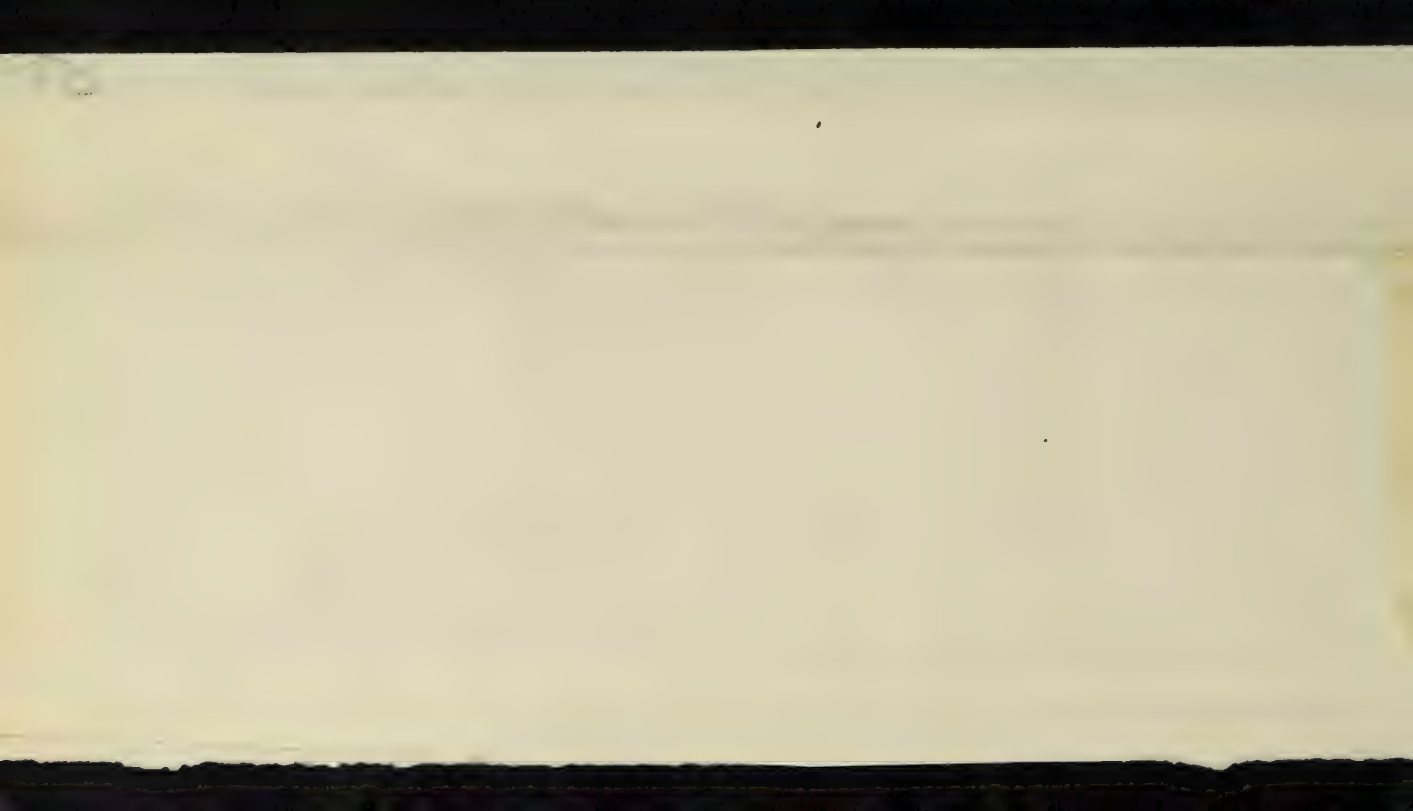
I certify that the above is true, to the best of my knowledge and belief.

Name and residence }
of physician. }

E. J. [Signature]
Jan 30, 1898
M. D

*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 A.M. till 12 M.
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



UNDERTAKER'S RETURN. ~~Boston.~~ *Wentthrop*

Date of death, *Jan 29th* 189*8*. Name, *John Lightbody*

Maiden name, * _____ Sex, *male*

Married, single, or widow of *Widower* wife of _____

Color, *W* Age, *78* years, mos. _____ days Residence, *Wentthrop Mass*

Place of death (street and number), *No 10 Center St. Wentthrop Mass.* ward _____

Place of birth, *New York N.Y.* Occupation, *Ship Carpenter*

Name of father, *James Lightbody* Maiden name of mother, *Mary McLean*

Birthplace of father, *Ireland* Birthplace of mother, *Londonderry*

Place of interment, † *East Boston Cemetery*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

W. H. Sprague

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Edward F. Rollins* ^{Boston,} *Feb 8th*189*8*
Age *69* yrs. *4* mos. *25* dys.
Date and place of death: *Feb 6 1898 Mermaid cove Winthrop Mass*
Disease or cause of death: *Bronchitis accompanied by pulmonary*
oedema and cardiac degeneration. (Alcoholic Habit)
Duration of disease: * *In severe form (five days) preceded by gradual*
decline for some four months.
I certify that the above is true, to the best of my knowledge and belief.
Name and residence } *Edward L. Gage* M. D.
of physician. } *#131 South cove Winthrop Mass*
* It is very desirable to be informed of the duration of the disease.

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UNDERTAKER'S RETURN.—Boston.

Date of death, *February 6th* 189 *8* Name, *Edward F. Rollins*

Maiden name,* _____ Sex, *Male*

Married, single, or widow of _____ wife of _____

Color, *White* Age, *69* years, *8* mos., *26* days. Residence, *Mermaid Ave Winthrop*

Place of death (street and number), *Mermaid Ave* ward _____

Place of birth, *Randolph Vt.* Occupation, *Hotel Proprietor*

Name of father, *Edward* Maiden name of mother, _____

Birthplace of father, _____ Birthplace of mother, _____

Place of interment,† *Ashburnham* (*Old Cemetery*)

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Arthur W. Fane

115

6712000

RETURN OF A DEATH.

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

1. Date of Death, . . .	January 10 th 1898.		
2. Name, (Maiden Name), * (Name of Husband), *	Jessie Thomas Perry		
3. Sex, and whether single, Married, or Widowed,	Single.		
4. Color, †	White.		
5. Age,	Years, 2	Months, 10	Days
Disease or Cause of Death, (Primary and Secondary), †			
6. Duration of Sickness,	By whom certified,		
7. Residence,	Wintrop, Miss.		
8. Occupation,	Pauline Sweet		
9. Place of Death,	Wintrop, Miss.		
10. Place of Birth,	Salah, England		
11. Name of Father,	East 13 th St.		
12. Name of Mother, (Maiden Name),	England		
13. Birthplace of Father,	Wintrop, Georgia		
14. Birthplace of Mother,	Summer Floyd		
15. Place of Interment,			
Signature of Undertaker the Return, making the Return,			
DATED at Wintrop,		on Feb 11	1898

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Jessie Thomas Perry* Age, *2 Mos 10 ds*
Date and Place of Death,† - died at *Wintthrop (Pauline Street) Feb 10th 1898,*
Disease or Cause of Death, - of *Heart Disease*
(Primary and Secondary.)‡
Duration of Sickness, - - -

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

Signature and Residence of Certifying Physician, *W. C. Perry*

Date of Certificate, *Feb 12* 1898.

* Or Sex of Infant (not named). † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

To the Clerk of the City or 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 persons making
the Return, . . .

DATED at

Waltham

, on

Feb'y 23'

1898

* 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.]

Friday 2 2.00
P. M.
15.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

William Shepard

Age, 77-2-8

Place and Place of Death,† - died at

Winstrop February 22 "

1898

Disease or Cause of Death, - of
(Primary and Secondary)‡

Interstitial Nephritis (Chronic Bright's Disease)

Duration of Sickness, -

Three weeks was the duration of final sickness.

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

Signature and Residence of Certifying Physician,

A. B. Norman

Date of Certificate,

Feb. 24th

1898

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . . *March 9 1891*
2. Name, . . . *Robert L. Taylor*
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single, *Male*
 Married, or Widowed, *Single*
4. Color, † . . . *White*
5. Age, . . . *44* Years, *6* Months, *4* Days.
- (Disease or Cause of Death,
 (Primary and Secondary). ;
 6. Duration of Sickness, . . .
 (By whom certified, . . . *Dr. J. L. Taylor*)
7. Residence, . . . *Woburn*
8. Occupation, . . . *Teacher*
9. Place of Death, . . . *at home*
10. Place of Birth, . . . *Woburn*
11. Name of Father, . . . *Dr. J. L. Taylor*
12. Name of Mother, . . . *Mrs. J. L. Taylor*
 (Maiden Name),
 13. Birthplace of Father, . . . *Woburn, Mass.*
14. Birthplace of Mother, . . . *Woburn, Mass.*
15. Place of Interment, . . . *Woburn*

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

DATED at *Woburn*

, on

March 11

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; Acts of 1893, Chapter .

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Age and Age of Deceased,*

Ruth Emma Wyman

Age, 4 1/2 - 6 m - 4 d

Date and Place of Death,†

died at Winstons, March 9th

1898,

Disease or Cause of Death, -

of Acute Lobes Pneumonia

(Primary and Secondary.)‡

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, ..

Bearham

Brainerd Andrews M.D.

Date of Certificate,

Mar. 11th

1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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No.

RETURN OF A DEATH.

To the Clerk of the City or 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), ‡
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)
as attested by persons making
the Return, . . .)

DATED at

, on

Mar 16

189

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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81 Court St. 2nd Fl.
Boston

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Carrie Care Betts

Age, 65-4-24

Date and Place of Death,†

died at Winthrop Beach Mar. 16th 1898,

Disease or Cause of Death, -

(Primary and Secondary.)‡

of Lobular pneumonia.

Duration of Sickness, -

7 days

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

Signature and Residence of Certifying Physician,

Wm J. Porter, M.D. Winthrop

Date of Certificate,

Mar. 16th 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	March 19 th 1898		
2. Name,	Lynette E. Brown		
(Maiden Name)*, . . .	()		
(Name of Husband),* . .	()		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	12	Years, 1	Months, 1
Disease or Cause of Death, (Primary and Secondary), ‡	R. O. E. Johnson		
6. Duration of Sickness, . .	()		
(By whom certified, . . .	Wintrop, Mass.		
7. Residence,	()		
8. Occupation,	66, Washington Avenue,		
9. Place of Death,	Dorchester Mass		
10. Place of Birth,	Salem N. H. Conn		
11. Name of Father,	Oliver C. Cook		
12. Name of Mother,	Melbetts Penn		
(Maiden Name),	Ann McKee - Mass		
13. Birthplace of Father, . .	Wintrop's Cemetery		
14. Birthplace of Mother, . .	()		
15. Place of Interment, . .	Summer Floyd		
Signature of Undertaker and making the Return,	Wintrop		
DATED at	on	March 19	1898

* 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.]

*Infant of John B. Smith
died 1 day
5 years & white disease*

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Lurette S. Bacon

Age, 12-1-1

Date and Place of Death,† - died at.

Winthrop, (Mass) Ore March 19 1898,

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Cerebral meningitis

Duration of Sickness, - -

2 days

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

Signature and Residence of Certifying Physician,.....

W. W. W. W.

Date of Certificate,

March 20 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	March 23 rd 1898		
2. Name,	John Lewis Burges		
(Maiden Name)*, . . .			
(Name of Husband)*, . .			
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	White		
5. Age,	67	Years, 6	Months, 5 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Bright's Disease		
6. Duration of Sickness, .	Centuries		
(By whom certified, . . .	Wm. H. H. H.		
7. Residence,	Wm. H. H.		
8. Occupation,	Wm. H. H.		
9. Place of Death, . . .	Wm. H. H.		
10. Place of Birth, . . .	Wm. H. H.		
11. Name of Father, . . .	Wm. H. H.		
12. Name of Mother, . . .	Wm. H. H.		
(Maiden Name), . . .	Wm. H. H.		
13. Birthplace of Father, .	Wm. H. H.		
14. Birthplace of Mother, .	Wm. H. H.		
15. Place of Internment, .	Wm. H. H.		
Signature of Undertaker) or other person making) the Return,	Wm. H. H.		
DATED at	Wm. H. H.	, on	March 24 th 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White, (M.) Mutilated. (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; Acts of 1893, Chapter 263.]

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330
G. R. F. #330

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *John Lincoln Sawyer* Age, *67-6-5*
Date and Place of Death,† - | died at *Winthrop (Pauline Street) Mar 23" 1898*,
Disease or Cause of Death, - | of *apoplexy*
(Primary and Secondary.)‡
Duration of Sickness, - - *2 days*

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

Signature and Residence of Certifying Physician,

B. S. Nutcalf M.D.

Date of Certificate, *Mar 25* 189*8*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . .	Mar. 19, 1896
2. Name, (Maiden Name)* . . . (Name of Husband), † . .	John S. McNamee
3. Sex, and whether single, Married, or Widowed, . .	Male
4. Color, ‡	White
5. Age,	27 Years, 9 Months, 17 Days.
6. Duration of Sickmess, . .	
(By whom certified, . . .	Dr. J. J. McNamee
7. Residence,	Brooklyn, N.Y.
8. Occupation,	Teacher
9. Place of Death,	Brooklyn, N.Y.
10. Place of Birth,	Brooklyn, N.Y.
11. Name of Father,	John S. McNamee
12. Name of Mother, (Maiden Name),	Elizabeth McNamee
13. Birthplace of Father, . .	Brooklyn, N.Y.
14. Birthplace of Mother, . .	Brooklyn, N.Y.
15. Place of Interment, . .	Brooklyn, N.Y.

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.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Julia E. Merrill

Age. *27-9-17*

Date and Place of Death,†

died at

Winthrop (Taylor Street) Mar. 3 1898.

Disease or Cause of Death, - | of

(Primary and Secondary)‡

Chronic Diarrhoea

Duration of Sickness, - -

Between four and five yrs. Last sickness five days.

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

Signature and Residence of Certifying Physician,

A. B. Loman, M.D.

Date of Certificate,

April 2nd 1898

1898

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or Town in which the Death occurred.

1. Date of Death, . . .	April 4 1898		
2. Name, (Maiden Name)* . . . (Name of Husband),* . .	Eva Patten Raymond		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, †	White		
5. Age,	53 Years, 3 Months, 26 Days.		
Disease or Cause of Death, (Primary and Secondary), ‡	Diphtheria		
6. Duration of Sickness, . (By whom certified, . . .	Wm. H. H. H. H.		
7. Residence,	Wm. H. H. H. H.		
8. Occupation,	18 Paddy Street		
9. Place of Death,	Wm. H. H. H. H.		
10. Place of Birth,	Wm. H. H. H. H.		
11. Name of Father,	Wm. H. H. H. H.		
12. Name of Mother, (Maiden Name),	Wm. H. H. H. H.		
13. Birthplace of Father, . .	Wm. H. H. H. H.		
14. Birthplace of Mother, . .	Wm. H. H. H. H.		
15. Place of Interment, . . .	Wm. H. H. H. H.		
Signature of Undertaker) the Return,) Lumma Boyd			
DATED at <u>Waltham</u> , on <u>April 11th</u> 18 <u>98</u>			

* 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.]

Raymond
13
703
9
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

For
No 64. 0. 1. 1
12 No. 1. 1. 1

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* - *Emos Patten Raymond* Age, *53-3-26*
 Date and Place of Death,† - | died at *Winthrop (18 Reddy Street,) April 11 1898.*
 Disease or Cause of Death, - | of *General Inflammation*
 (Primary and Secondary.)‡
 Duration of Sickness, - - | *About two weeks*

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

Signature and Residence of Certifying Physician,

Date of Certificate, *April 12* 189*8*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 366; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or 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.]

15X18
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 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 a human body 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, 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 the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as 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.

Stumped July 2, 1890
R. M. Plummer
Stumped July 1, 1890

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Annie Parker M^{rs}. Knight* Age, *44-8-4*
Place and Place of Death,† - died at *Wintrop, April 23* 189*8*,
Disease or Cause of Death, - of *Pneumonia*
(Primary and Secondary.)‡
Duration of Sickness, - - *3 days*

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

Signature and Residence of Certifying Physician, *Wm. C. J. Gould M. D.*

Date of Certificate, *April 25* 189*8*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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No.

RETURN OF A DEATH.

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

1. Date of Death, . . . *June 28th 1891*
2. Name, . . . *Ruth N. Bell*
(Maiden Name), *
3. Sex, and whether single, *Female*
Married, or Widowed, *Widowed*
4. (Name of Husband), *
5. Age, . . . *—* Years, *7* Months, *27* Days.
6. (Disease or Cause of Death,
(Primary and Secondary), †
Duration of Sickness, .
(By whom certified, .
7. Residence, . . . *Northrup, Mass*
8. Occupation, . . . *Deaf, Blind*
9. Place of Death, . . . *Northrup, Mass*
10. Place of Birth, . . . *Wilmington, N. H.*
11. Name of Father, . . . *Ida E. Bell*
12. Name of Mother, . . . *Wahingie D. C.*
(Maiden Name),
13. Birthplace of Father, . . . *Calcut, A. C.*
14. Birthplace of Mother, . . . *Northrup, Canada*
15. Place of Interment, . . . *Sumner, N. H.*

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

DATED at

Northrup, on*April 29* 18*91** 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Ruth W. Shorte Age, 7 mos - 27 ds
Date and Place of Death,† - died at Winthrop (Beach Road) April 28 1898,
Disease or Cause of Death, - of Meningitis
(Primary and Secondary)‡
Duration of Sickness, - -

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

Signature and Residence of Certifying Physician, E. H. Cape

Date of Certificate, Apr 29 1898

Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . . May 9th 1898
 2. Name, . . . Luther Webster Chase
 (Maiden Name), . . .

(Name of Husband), *

Male

3. Sex, and whether single,

Married

Married, or Widowed,

White,

4. Color, † . . .

5. Age, . . . 54 Years, 0 Months, 1 Days.

(Disease or Cause of Death,
(Primary and Secondary), ‡

6. Duration of Sickness, . . .

(By whom certified, . . . Dr. H. J. Lisle

7. Residence, . . . Winthrop, Mass

8. Occupation, . . . Carriage Painter

9. Place of Death, . . . Elm Tree Street (Off Pleasant)

10. Place of Birth, . . . West Newbury, Mass

11. Name of Father, . . . Luther R. Chase

12. Name of Mother, . . . Lucy D. Follinsbee

(Maiden Name),

13. Birthplace of Father, . . . Newburyport Mass

14. Birthplace of Mother, . . . West Newbury Mass

15. Place of Internment, . . . Winthrop (Mass)

Signature of Undertaker)
~~the Return~~)

Eunice Floyd

DATED at

Winthrop, on

May 10th 1898* 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.]

Chase 2176

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,

Luther Weston Chase

Age, 54 yrs 1 day

Date and Place of Death,†

died at Winthrop (Off Elm Tree St) May 9 " 1898,

Disease or Cause of Death, -

of Tuberculosis

(Primary and Secondary.)‡

Duration of Sickness, -

over a year

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

Signature and Residence of Certifying Physician,

Date of Certificate,

189

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . .	May 17 th 1898		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Mary A. Bickley John D. Bickley Female Married White		
3. Sex, and whether single, Married, or Widowed, . . .			
4. Color, †	White		
5. Age,	26	Years, 11	Months, 7
Days,			
Disease or Cause of Death, (Primary and Secondary), ‡ . . .	Erysipelas		
6. Duration of Sickness, . . . (By whom certified,)	Florence Street		
7. Residence,	Grand 1 Street		
8. Occupation,	Dressmaker		
9. Place of Death,	Home		
10. Place of Birth,	New York		
11. Name of Father,	George A. Bickley		
12. Name of Mother, (Maiden Name),	Elizabeth A. Bickley		
13. Birthplace of Father,	New York		
14. Birthplace of Mother,	New York		
15. Place of Interment,	Burying Ground		
Signature of Undertaker) the Return, making) the Return,)			
DATED at Indianapolis, on May 17 th 1898			

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mutilated. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

mit — *Phthisis Pulmonalis*
PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Mary A. Buckley.* Age, *27*
Date and Place of Death, † - died at *Wintrop May 17th* 189*8*,
Disease or Cause of Death, - of *Phthisis Pulmonalis*
(Primary and Secondary.) ‡
Duration of Sickness, - - *3 mos*

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

Signature and Residence of Certifying Physician, *Henry L. Sumner M.D.*
Date of Certificate, *May 17th* 189*8*.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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. Duration of Sickness,
(Disease or Cause of Death,
(Primary and Secondary), ‡
(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
~~with impression making~~
 the Return,

DATED at

Winthrop

on

May 27

1895

* 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. Dec., 1895. — 5,000.

May 26th 1895
 Charles Long Barrow

Male
 Married
 White

50 Years, 2 Months, 32 Days.

Dr Anderson

Winthrop Mass
 Spaulding

Long at Winthrop N.H.

Charles Long

Charles

Barrow London

Walter C Long

East Winthrop N.H.

Winthrop N.H.

110 m
1. 2
A
No 127
14
50 - 1 R
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Charles Loring Barron Age, 50 yrs 2 mos 22 ds
Date and Place of Death,† - died at Winthrop, (May 26 / 1898,
Disease or Cause of Death, - of Accident, fractured ribs penetrating lungs
(Primary and Secondary.)‡ Hemorrhage into lungs. 8 hours
Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Brainerd A. Andrews M.D.

Date of Certificate, May 29th 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a still born child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Clairdon F. Brown* *Boston,* *June 11'* *1898.*
Age — yrs. *4* mos. *15* dys.
Date and place of death: *June 11'98. — #90 Pleasant St. Winthrop*
Disease or cause of death: *Valvular Disease of Heart.*
4 Mos.
Duration of disease: *

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

Name and residence }
of physician. }

A. L. Sullivan M. D.
Boston.

*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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—~~Boston~~

Date of death, *June 11'* 189*8*. Name, *Claridon F. Brown.*

Maiden name,* Sex, *Mo.*

~~Married~~, single, or ~~widow~~ of wife of

Color, *W.* Age, — years, *4* mos., *15* days. Residence, *Winthrop*

Place of death (street and number), *90 Pleasant St.* ward

Place of birth, *Winthrop* (Occupation, *Factor*) *Janitor*

Name of father, *Frederick H.* Maiden name of mother, *Lathanie R. Whittington*

Birthplace of father, *E. Boston* Birthplace of mother, *Yarmouth N.S.*

Place of interment,† *E. Boston Cmt.*

* If a married woman or a widow.

† Give the name of the burial ground.

E. F. Brown, Undertaker.

RETURN OF A DEATH.

To the Clerk of the City or 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)
(~~not necessary~~ 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.) Mutilato. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Price. Ed. Decr., 1896. — 5,000.

William Anderson
June 24, 1888

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

William Anderson
June 24, 1888

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Willicent Louise Anderson* Age, *11 yrs 3 mo 18*
Date and Place of Death,† - died at *Winthrop (Winthrop St) June 11. 1898.*
Disease or Cause of Death, - of *Shock, from fracture of pelvis*
(Primary and Secondary.)‡
Duration of Sickness, - - *and internal injuries. (Accident)*

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

Signature and Residence of Certifying Physician, *J. E. Johnson, M.D.*

Date of Certificate, *June 12 1898.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,600.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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 City or 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,
30 Years, 6 Months, 13 Days.
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

Thirty

, on

June 25

18 98

* 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.]

46 - 11-1
- 22
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

James H. ...
The ...
...

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mamie Florence Wyman* Age, *30-5-17*
Date and Place of Death,† - died at. *Winthrop (Shirley Street) June 25th 1898.*
Disease or Cause of Death, - of *Tuberculosis.*
(Primary and Secondary.)‡
Duration of Sickness, - *10 months*

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

Signature and Residence of Certifying Physician,

Date of Certificate,

June 26th 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *June 30* 189*8*
Name and age of deceased: *Arthur W. Souther* Age *37* yrs. *0* mos. *0* dys.
Date and place of death: *June 29, 1898 # 31 1/2 Sherman St. Northrop*
Disease or cause of death: *Phthisis - Pulmonary*
Duration of disease: * *6 months*

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

Name and residence
of physician. }

John L. Souther M. D.
228 Cambridge St.

*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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

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UNDERTAKER'S RETURN. ~~Boston.~~

Date of death, Sept 24 189... Name, Catherine Pouchet
 Maiden name, * Catherine O'Neil Sex, Female
 Married, single, or widow of _____ wife of John Pouchet
 Color, Pr Age, 37 years, — mos., — days. Residence, 21 1/2 Spring St. South
 Place of death (street and number), Residence ward _____
 Place of birth, Mass N. H. Occupation, Housewife
 Name of father, James O'Neil Maiden name of mother, Catherine O'Neil
 Birthplace of father, Mass N. H. Birthplace of mother, Ireland
 Place of interment, † St. John's Mass Cemetery Malden

* If a married woman or a widow.

† Give the name of the burial ground.

Jerome D. Hennessey
 Undertaker.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred,

1. Date of Death, . . . July 20, 1898
 2. Name, . . . Harvey E. Thompson
 (Maiden Name), * Becker
 (Name of Husband), * Becker, M.
 3. Sex, and whether single, Male
 Married, or Widowed, Married
 4. Color, † . . . White
 5. Age, . . . 67 Years, 6 Months, 10 Days.

(Disease or Cause of Death,
 (Primary and Secondary), †
 6. Duration of Sickness, .

(By whom certified, . . . Medical News

7. Residence, . . .
 8. Occupation, . . . 316 1/2 Street East
 9. Place of Death, . . .
 10. Place of Birth, . . . Sweden
 11. Name of Father, . . . Stephen Becker
 12. Name of Mother, . . . Elizabeth Thompson
 (Maiden Name), Becker
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . . .
 15. Place of Interment, . . . Windsor, Conn.

Signature of Undertaker (Sumner Boyd)
~~making~~
 the Return, . . .

DATED at Windsor, on July 20 1898

* 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.

6
Thompson

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mrs Nancy Etherington* Age, *69-6-10*
Date and Place of Death,† - died at *31. Atlantic Street, Westbury July 9th 1898.*
Disease or Cause of Death, - of *Cancer of Prostateum*
(Primary and Secondary.)‡
Duration of Sickness, - *Three months*

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

Signature and Residence of Certifying Physician, *Stephen R. Davis*
#7 Atlantic St. Lynn, Mass.
Date of Certificate, *July 9* 1898.

* Or sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . . 13 July, 1898
 2. Name, . . . David Henry Clark
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single,
 Married, or Widowed, Male
 Married. 13
 4. Color, † . . . 64 8
 5. Age, . . . 65 Years, 2 Months, 19 Days
 Shopkeeper
 Disease or Cause of Death,
 (Primary and Secondary)
 6. Duration of Sickness, . . .

(By whom certified, . . .

7. Residence, . . . 14 Albion St., Roxbury Mass.
 8. Occupation, . . . Salesman
 9. Place of Death, . . . Winthrop
 10. Place of Birth, . . . Winthrop, N. S.
 11. Name of Father, . . . Frank Johnson Clark
 12. Name of Mother, . . . Julia Ann Baker
 (Maiden Name), . . . Winthrop, N. S.
 13. Birthplace of Father, . . . Winthrop, N. S.
 14. Birthplace of Mother, . . . Winthrop, N. S.
 15. Place of Internment, . . . Mt. Hope Cemetery
 Signature of Undertaker } Summer Floral
 the Return, . . .

DATED at Winthrop, on July 14th, 1898

* 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.

3. E. Ayer
1881
M. S. Ayer

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

James S. Ayer
57 Boston St.
1881

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *David Henry Clark* Age, *65 yrs*
Date and Place of Death,† - died at *Winthrop July 13* 189*8*,
Disease or Cause of Death, - of *Apoplexy*
(Primary and Secondary.)‡
Duration of Sickness, - - -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . . July 18 1861
 2. Name, Chas M. Egan
 (Maiden Name),*
 (Name of Husband),*
 3. Sex, and whether single,
 Married, or Widowed, Female
 Male
 4. Color, †
 5. Age, 11 Years, 2 Months, — Days.
 Disease or Cause of Death,
 (Prietary and Secondary), ‡
 6. Duration of Sickness, . . . 2 weeks
 By whom certified, . . . Wm. J. Egan
 7. Residence, Wm. J. Egan
 8. Occupation, Wm. J. Egan
 9. Place of Death, East 15 st.
 10. Place of Birth, Charles M. Dutton
 11. Name of Father, Young E. Egan
 12. Name of Mother, Franklin E. Egan
 (Maiden Name),
 13. Birthplace of Father, . . . Dublin Ireland
 14. Birthplace of Mother, . . . Dublin Ireland
 15. Place of Interment, . . .

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

Samuel Egan
 , on July 18 1861.

DATED at

Amthelp
Amthelp

* 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.]

Section 3
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

Handwritten notes:
1892 #230
1891-4-8

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Stella M. Dunham* Age, *11 yrs - 2 mos*
Date and Place of Death, † - died at *Wentworth July 18th 1898* 189*8*
Disease or Cause of Death, - of *Pulmonary Tuberculosis*
(Primary and Secondary), ‡
Duration of Sickness, - *about 7 months*
I certify that the above is true, to the best of my knowledge and belief.
Signature and Residence of Certifying Physician, *J. H. Muir, M.D.; Leachmont Mass.*
Date of Certificate, *July 18* 189*8*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or 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, 16 Years, 4 Months, 6 Days.
- (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)
~~with person making~~
 the Return, . . .)

DATED at

Smithfield,

on

July, 20

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.

Shute

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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, 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 the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate 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.

PHYSICIAN'S CERTIFICATE.

and Age of Deceased,*

Edward Lee Shortz

Age, *16-11-6*

and Place of Death,† - died at

Beech Road Winkthrop near 19 189

or Cause of Death, - of

Phthisis

(Primary and Secondary.)‡

Duration of Sickness, -

Six months

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

Ben Hulse Nettell

Date of Certificate,

July 19th

189

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

I.R.

I.R.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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.) Malatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Carroll

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Caroline R. Crocker* Age, *42* ^{yr} *m* *d* *12* *1* *12*

Date and Place of Death,† - died at *Waltham, July 21* 189*8*.

Disease or Cause of Death, - of *Palsy*
(Primary and Secondary)‡

Duration of Sickness, - - -

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

Signature and Residence of Certifying Physician, *Edward L. G. Cox*

Date of Certificate, *July 22* 189*8*.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

DOCTORS' TAKE

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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, July 29 1898 Name, Margaret Hedderington

Maiden name, * — Sex, F

Married, single, or widow of — wife of —

Color, M Age, 5 years, 7 mos., 7 days. Residence, 26 Beal St.
Northrop

Place of death (street and number), 26 Beal St. ward —

Place of birth, 166 Park St. B. Boston Occupation, —

Name of father, Mr. F. Hedderington Maiden name of mother, Julia Crowley

Birthplace of father, Covent Boston Birthplace of mother, East Boston

Place of interment, † Holy Cross Malden

* If a married woman or a widow.

† Give the name of the burial ground.

Thos. J. Lane. Undertaker.

RETURN OF A DEATH.

To the Clerk of the City or 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, Days
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
~~not person making~~
the Return,

DATED at Winthrop, on August 1st 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (L.) Indian. (M.) Mulatto. If of other Races, specify what.

Be very particular to fill all Blanks.

Alfred
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Betsy L. Alwood* Age, *62 yrs*
Date and Place of Death,† - died at *Hindrop Mass July 30 1898.*
Disease or Cause of Death, - of *Ovarian Cyst with Cancerous Degeneration*
(Primary and Secondary)‡
Duration of Sickness, - -

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

Signature and Residence of Certifying Physician, *J. Johnson, M.D.*

Date of Certificate, *1st Aug 1898*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	Aug 10 th 1898	11:30 p.m.
2. Name,	Beatrice Benson	
(Maiden Name), * . .	()	
(Name of Husband), * . .	()	
3. Sex, and whether single, Married, or Widowed,	Female	
4. Color, †	White	
5. Age,	Years, 5	Months, 5
	Days, 5	
(Disease or Cause of Death, (Primary and Secondary), †	Five days	
6. Duration of Sickness, . .	Dr Johnson	
(By whom certified, . . .	31 Temple Ave	
7. Residence,	Quincy Ave W. Highlands	
8. Occupation,	Mechanics. W. H.	
9. Place of Death,	Chas. Benson	
10. Place of Birth,	Litchfield, Conn.	
11. Name of Father,	William A. Benson	
12. Name of Mother,	Lillian A. Benson	
(Maiden Name),	Lillian A. Benson	
13. Birthplace of Father, . .	Litchfield, Conn.	
14. Birthplace of Mother, . .	Litchfield, Conn.	
15. Place of Interment, . . .	Summer Street	

Signature of Undertaker
~~not necessary~~ making
 the Return,

DATED at Wintrop, on August 11th 1898

* 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; Acts of 1893, Chapter 263.]

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13 June

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Beatrice Burke

Age, 5 Mo - 5 ds

Date and Place of Death,†

died at Winthrop (Quincy Ave) Aug 11 1898,

Disease or Cause of Death, -

of Acute Infantile

(Primary and Secondary.)‡

Duration of Sickness, -

5 days

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

Signature and Residence of Certifying Physician,

J. E. Kieft, M.D. Winthrop, Me.

Date of Certificate,

Aug. 11

1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

RETURN OF A DEATH.

To the Clerk of the City or 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, 16 Months, 4 Days.

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)
~~not to be written~~ making
the Return,)

DATED at

Winthrop

on

August 11th 1898* 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. Dec., 1896. — 5,000.

Dolan (M.H.)

207 Quincy
X 13
44 Concord
C. Smith

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Bridget E. Dolan

Age, 35 yrs 10 mo 4 d

Date and Place of Death,† - died at

Wintthrop (Cliff Ave)

Aug 11 " 1898.

Disease or Cause of Death, - of

P. tumor ()

(Primary and Secondary.)‡

Duration of Sickness, -

one year

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

Signature and Residence of Certifying Physician,

J. K. H. M.D. Wintthrop, Mass.

Date of Certificate,

Aug. 11, 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

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RETURN OF A DEATH.

To the Clerk of the City or 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)
~~not to be written in making~~
 the Return,

DATED at Imbush , on Aug 17 1898

* 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.]

Philo. Ed. Dec., 1896. — 5,000.

August 16 1898

Amel E. Snodgrass

White

52 Years, 10 Months, 19 Days.

Original

Polk County

Aug 16

Indians of North Carolina

Aug 16

Amel

Indiana

Indiana

Shepherd & Benton

Amel

Amel

Amel

Amel

Amel

Amel

Amel

Amel

Cash -
B.p. -

George A. B.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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with
1891
B.
George A. B.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Amiel C. Snodgrass* *Salt Lake name* *Sgt. U.S.*
John in Civil War. I m d Age, *52-10-19*

Date and Place of Death,† - died at *Winthrop August 16th* *1898*

Disease or Cause of Death, - *Primary Acute Arterial Rheumatism*
of art. Choro. Manubrii. Suppurative Arthritis
 (Primary and Secondary.)‡ *Secondary Acute Tuberculosis.*

Duration of Sickness, - *Unknown to me, but many months.*

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

Signature and Residence of Certifying Physician, *Frank H. Tilton*
15-Princeton St.
East Boston Mass.

Date of Certificate, *Aug 17.* *1898.*

* Or Sex of Infant (not named). † If child died immediately after birth so state. ‡ If child died immediately after birth so state.
 Plate. Ed. October, 1895.—5,000. *A* soldier *who served in the War of the Rebellion.*

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Aug 17th 1898

Name and age of deceased:

Gyrus Hicks

Age . . . yrs . . . mos . . . dys.

Date and place of death:

Aug. 17th Winthrop (Crest)

Disease or cause of death:

Accidental drowning

Duration of disease:*

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

Name and residence }
of physician. }

Francis A. Harris, M. D.
J. H. Harris

*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 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

1700

1700

15.00

4.00

10.00

7.00

41.00

UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 19* 189*7* Name, *Cyrus Hicks*

Maiden name,* *—* Sex, *—*

Married, single, or widow of *Single* wife of *—*

Color, *W* Age, *24* years, *—* mos., *—* days. Residence, *—*

Place of death (street and number), *Wittkop Mass*, *—* mile, ward *—*

Place of birth, *New Bedford* Occupation, *Operator*

Name of father, *Charles L* Maiden name of mother, *Michael Humphrey*

Birthplace of father, *New Bedford* Birthplace of mother, *New Bedford*

Place of interment,† *Haviland Corner*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Summer Floyd

Thurs. 17

Office -

Box -

Envelopes -

of 1/2
any 1/2

Removal

RETURN OF A DEATH.

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

August 22nd 1898
 Gabriel P. Gmeliner

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), *

(Name of Husband), *

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

Months,

Years,

Days.

(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
~~and other person~~ making
 the Return, . . .

DATED at

on

1898.

* 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.]

J. P. Johnson

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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H. C. Johnson
J. P. Johnson

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *James P. Johnstone* Age, *78 years*
Date and Place of Death,† - | died at. *Wintthrop (Somerset Coe) Aug 22 1898*,
Disease or Cause of Death, - | of *Old age*
(Primary and Secondary.)‡
Duration of Sickness, - -

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

Signature and Residence of Certifying Physician, *James L. Smith Wintthrop Me.*
Date of Certificate, *Aug 25 1898*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

To the Clerk of the City or 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
~~the Return~~ *person making*

DIED at

Winthrop,

on

Sept 5th

18

98

* If a Married Woman or Widow. † 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.]

Index

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,

William Nichols

Age, 69 yrs

Date and Place of Death,†

died at Wintrop Sept 5

1898

Disease or Cause of Death, -
(Primary and Secondary.)‡

Bright's disease (Interstitial Nephritis)

Duration of Sickness, -

Four or five years. Final sickness one week. (Uremic Convulsions)

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

Signature and Residence of Certifying Physician,

Seber B. Dorman, M.D.

Date of Certificate,

Sept 5

1898

* Or Sex of Infant (not named). If stillborn so state.

† If died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

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RETURN OF A DEATH.

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

1. Date of Death, . . .	September 5 th 1898		
2. Name, (Maiden Name), * (Name of Husband), *	James A. Brown		
3. Sex, and whether single, Married, or Widowed ,	Male		
4. Color, †	White		
5. Age,	50 Years,	Months,	Days
(Disease or Cause of Death, (Primary and Secondary), (Duration of Sickness, (By whom certified,	Dr. F. A. Harris "Med. Exam"		
7. Residence,	230 Pine St Everett		
8. Occupation,	Tailor		
9. Place of Death,	Ocean at Gray McIntosh		
10. Place of Birth,	Ireland		
11. Name of Father,	Unknown		
12. Name of Mother, (Maiden Name),	Unknown		
13. Birthplace of Father,	Ireland		
14. Birthplace of Mother,	Ireland		
15. Place of Interment,	Holy Cross Malden		

Signature of Undertaker
~~after making~~
the Return,

~~F. H. Garton~~
Simpson Flint

DATED at *Winthrop*

on 6th of Sept. 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
+ If other than White. (M.) Mulatto. If of other Races, specify what.

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80. 108

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *Sept. 5th* 189*8*
Name and age of deceased: *James A. Brown* Age *50* yrs. mos. dys.
Date and place of death: *Sept. 5th Ocean Springs Wintthrop*
Disease or cause of death: *Fract. of skull re R. R. Accident.*

Duration of disease: *

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

Name and residence }
of physician. }

Francis A. 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 A.M. till 12 M.
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased:

Date and place of death:

Disease or cause of death:

Duration of disease:*

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

Name and residence

of physician.

*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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, Sept 6 1898 Name, Loretta A. Kelly
Maiden name,* _____ Sex, f
Married, single, or widow of _____ wife of _____
Color, W. Age, — years, 2 mos., — days. Residence, 58 Lincoln St
Place of death (street and number), 58 Lincoln St ward Northrop
Place of birth, Boston Occupation, Milk Business
Name of father, John Maiden name of mother, Sadie Tenny
Birthplace of father, Welsh Birthplace of mother, Boston
Place of interment,† Holy Cross Malden

* If a married woman or a widow.

† Give the name of the burial ground.

Thos. J. Lane. Undertaker.

RETURN OF A DEATH.

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

1. Date of Death, . . . *September 17th 1898*
2. Name, *Mary S. Pearson*
(Maiden Name), *
- (Name of Husband), *
3. Sex, and whether single, *Singl*
- Married, or Widowed,
4. Color, † *White*
5. Age, *39* Years, *2* Months, *29* Days.
- (Disease or Cause of Death,
(Primary and Secondary), †
6. Duration of Sickness, *Dr O E Johnson*
- (By whom certified,
7. Residence, *Hotel Touraine Boston Mass*
8. Occupation, *Cashier*
9. Place of Death, *Winthrop Highlands Mass*
10. Place of Birth, *Charleston Mass*
11. Name of Father, *Francis W. Pearson*
12. Name of Mother, *Mary E. (Johnson)*
(Maiden Name)
13. Birthplace of Father, *Hampston N H*
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~the Return~~ *the Return, making*

Summer Floyd

DATED at *Winthrop*, on *Sept 19* "1898"

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White, (W.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896. — 5,000.

M. S. Pearson

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mary S. Pearson* Age, _____

Date and Place of Death,† - died at. *Wintthrop (Cliff Ave) Sept 17th 1898,*

Disease or Cause of Death, - of *Pericarditis Anemia with*
(Primary and Secondary.)‡

Duration of Sickness, - - *Valvular Heart Disease. (Pericarditis)*

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

Signature and Residence of Certifying Physician,.... *J. E. Johnson. M.D.*

Date of Certificate, *Sept 19 1898.*

Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death. Sept 18th 1898
 2. Name, Harold Ignatius Kennedy
 (Maiden Name), *
 (Name of Husband), †

3. Sex, and whether single,

Male

Married, or Widowed,

White

4. Color, ‡

5. Age, Years, 10 Months, 23 Days.6. Disease or Cause of Death,
(Primary and Secondary), ‡

(By whom certified,)

Winthrop Maes

7. Residence,

Cora Street

8. Occupation,

Winthrop Maes

9. Place of Death,

John J. Kennedy

10. Place of Birth,

Ellen Boyle

11. Name of Father,

Boston

12. Name of Mother,

Ireland

13. Birthplace of Father,

Wm Benedict Cusely

14. Birthplace of Mother,

Summer Floyd

15. Place of Interment,

Del 14Signature of Undertaker,
~~not to be written~~
the Return,Winthrop1898

DATED at

on

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,

Harold J. Kennedy

Age, 10 mo 2 - 23 ds

Date and Place of Death,† -

died at

Winthrop - Iowa Street - Sept 18th 1898.

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Cholera Infantum

Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

R. E. Johnson, M.D.

Date of Certificate, _____

Sept. 19. 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . .	September 19 th 1898		
2. Name, (Maiden Name), * . .	Franklin W. Barrett		
(Name of Husband), * . .	Male		
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color, †	White		
5. Age,	69 Years,	7 Months,	21 Days.
(Disease or Cause of Death, (Primary and Secondary). †)	C. Dimpetle		
(Duration of Sickness, . .	Winthrop Mass		
6. By whom certified, . .	None		
7. Residence,	Uxbridge Street		
8. Occupation,	Woodham VT		
9. Place of Death,	Hubbard Barrett		
10. Place of Birth,	Mary Glover		
11. Name of Father,	Wintham VT		
12. Name of Mother, (Maiden Name),	Wintham VT		
13. Birthplace of Father, . .	Woodham VT		
14. Birthplace of Mother, . .	Woodham VT		
15. Place of Internment, . .	Woodham VT		
Signature of Undertaker <i>Ernest Floyd</i> the Return <i>making</i> the Return,			

DATED at *Winthrop*, on *Sept 20th* 1898* 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

[Public Statutes, Chapter 82, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

[Handwritten signatures and notes follow the printed text.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Franklin W. Barrett

Age, 69-9-21

Date and Place of Death,† - | died at

Winthrop (6 Atlantic St) Sept 19th 1898,

Disease or Cause of Death, - | of

(Primary and Secondary)‡

Cholera Morbus with paralysis of the heart

Duration of Sickness, - -

Unknown

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

Signature and Residence of Certifying Physician,

R. H. Campbell C. Boston

Date of Certificate,

189

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. December, 1898. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 DEATH TO THE CITY CLERK.

CITY OF SALEM, MASS.

Date of Death,

Sept. 20

1895

Name,

Male child of John and Mary

Maiden Name,¹

Sex, male; Single, Married, Widow

Color² (if other than white)

Aged

years,

months,

days

Cause of death,

Premature Birth

Residence,³—No.

Ward 31 Ward

Street.

Place of death,—No.

"

"

Street.

Occupation,

Birthplace,

At birth, Boston

Name of Father,

John and Mary

Maiden Name of Mother,

Richard D. Bishop

Birthplace of Father,

Canada

Birthplace of Mother,

"

To whom Married,

"

Attending Physician,

Date of Interment or Removal, to

Sept. 21 1895

Place of

Interment

{ Ground, St. Mary's, Lot

{ Section, 3

Range, 21

Grave, 29

Undertaker (signature),

Dr. Bishop.

Witnesses, J. W. Bishop, J. W. Bishop.

¹The foregoing must be filled out and signed by the undertaker and returned to the city clerk, together with the physician's certificate of the cause of death duly approved by the board of health, before a burial permit can be issued.

RETURN OF A DEATH.

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

1. Date of Death, . . .	Sept 26 1898
2. Name,	Lydia A. E. Tange
(Maiden Name), *	
(Name of Husband), *	Female
3. Sex, and whether single, Married, or Widowed,	White
4. Color, †	2 Years, 4 Months, 25 Days.
5. Age,	20 E. Jones
(Disease or Cause of Death, (Primary and Secondary), ‡)	Wichitwp Mass
(By whom certified,)	Wichitwp Mass
7. Residence,	Wichitwp Mass
8. Occupation,	Wichitwp Mass
9. Place of Death,	Wichitwp Mass
10. Place of Birth,	Wichitwp Mass
11. Name of Father,	Wichitwp Mass
12. Name of Mother,	Wichitwp Mass
(Maiden Name),	Wichitwp Mass
13. Birthplace of Father,	Wichitwp Mass
14. Birthplace of Mother,	Wichitwp Mass
15. Place of Interment,	Wichitwp Mass
Signature of Undertaker and other persons making the Return,	Wichitwp Mass

DATED at

Wichitwp

, on

Sept 26 18 98

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Lucille Ann Le Vangie. Age, 4 mos 25 days

Date and Place of Death,† -

died at

Wintthrop, Mass. Sept. 26 1898.

Disease or Cause of Death, -

of

Cholera Infantum.

(Primary and Secondary.)

Duration of Sickness, - -

7 days.

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

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate,

Sept 26 1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or Town in which the Death occurred.

1. Date of Death, . . .	October 5 th 1898		
2. Name, . . .	Matthew A. Hamilton		
(Maiden Name), *	Belgian		
(Name of Husband), *	John Hamilton		
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color, † . . .	White		
5. Age, . . .	35	Years,	7 Months, 5 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	D. H. Disease		
6. Duration of Sickness, . . .	Twenty Days		
By whom certified, . . .			
7. Residence, . . .	Dorchester, Mass.		
8. Occupation, . . .	Dorchester, Mass.		
9. Place of Death, . . .	Dorchester, Mass.		
10. Place of Birth, . . .	Dorchester, Mass.		
11. Name of Father, . . .	Dorchester, Mass.		
12. Name of Mother, . . . (Maiden Name),	Dorchester, Mass.		
13. Birthplace of Father, . . .	Dorchester, Mass.		
14. Birthplace of Mother, . . .	Dorchester, Mass.		
15. Place of Interment, . . .	Dorchester, Mass.		
Signature of Undertaker) or other person making the Return, . . .)	Dorchester, Mass.		

DATED at *Dorchester*

, on *Oct 6*

18 *98*

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

Handwritten notes:
Chas. J. Brooks
Brookm
245-246
245-246
245-246

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Martha Ann Hamilton* Age, *35-7-5*

Date and Place of Death,† - died at *Winthrop (Beach Road) Oct 5 1898,*

Disease or Cause of Death, - | of *Purpura*
(Primary and Secondary)‡

Duration of Sickness, - - | *Seven days*

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

Signature and Residence of Certifying Physician, *Marion L. Scales M.D. Winthrop, Me.*

Date of Certificate, *Oct 7*

1898

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . . *October 6th 1926*
 2. Name, . . . *Everett Allan*
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single,
 Married, or Widowed,
 4. Color, †
 5. Age, *86* Years, *4* Months, *2* Days,
 (Disease or Cause of Death,
 (Prietary and Secondary); †
 6. Duration of Sickness, . . . *At once*
 (By whom certified, . . . *Physician*
 7. Residence, *5121 1/2*
 8. Occupation, *Widow*
 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, . . . *Winchester*
 Signature of Undertaker *Everett Allan*
 ~~not necessary~~ making the Return, . . .

Try to put

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* It a Married Woman or Widow. † It a Soldier who served in the War of the Rebellion.
 ‡ It a Mother than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec. 1891. — 5,000

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

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PHYSICIAN'S CERTIFICATE.

Time and Age of Deceased, * Susan Adame Allen Age, 26 - 44
Date and Place of Death, † died at Winthrop (Winthrop St) Oct 6th 1898.
Disease or Cause of Death, of Cystitis Carcinoma abdominalis, old age.
(Primary and Secondary.) ‡
Duration of Sickness, 6 yrs

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

Signature and Residence of Verifying Physician, B. H. Metcalf M.D. Winthrop St
Date of Certificate, Oct 7th 1898.

* Or sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Oct. 8th* 189*8*
 Name and age of deceased: *Fictor Malecchi* Age *26* yrs. *7* mos. dys.
 Date and place of death: *Oct. 8th* *Wintrop* *U.S. Hospital*
 Disease or cause of death: *Dysentery* — *Pneumonia*

*Duration of disease:**

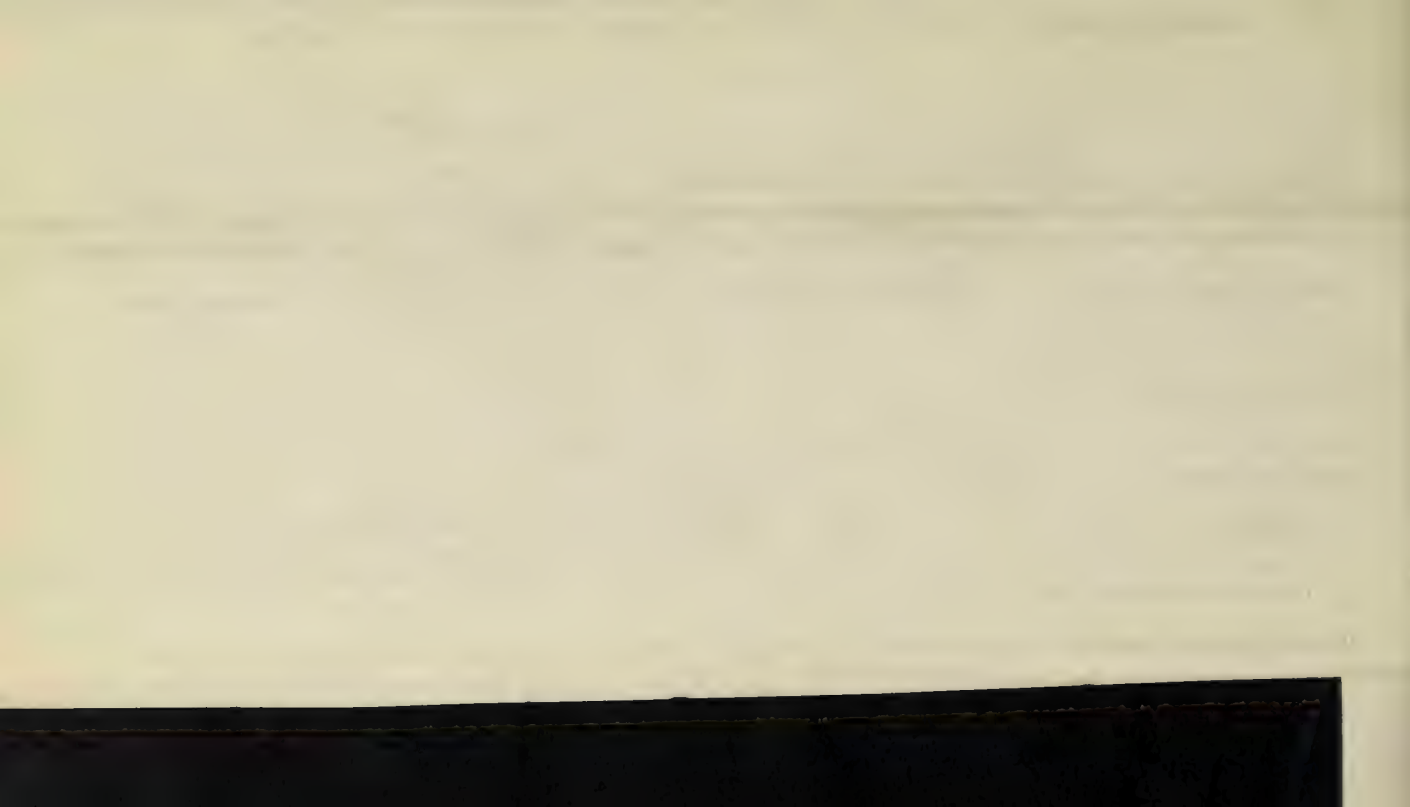
I certify that the above is true, to the best of my knowledge and belief.

Name and residence
of physician.

Francis A. Harris M. D.
Acty and Surgeon U.S.A.

* 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 A.M. till 12 M. Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



UNDERTAKER'S RETURN.—Boston.

Date of death, Oct 8 1898 Name, Victor Maleski

Maiden name,* Sex, Male

Married, ^{or} single, ~~or widow of~~ Unknown wife of X

Color, W Age, 26 years, 6 mos., days. Residence, 14 Highland

Place of death (street and number) 23 Summit Avenue ~~West~~

Place of birth, Russia Poland Occupation, Barber

Name of father, Unknown Maiden name of mother, Unknown

Birthplace of father, Unknown Birthplace of mother, Unknown

Place of interment,† Holy Cross Cemetery (Malden)

*If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Summer Floyd

Miss M. M. M.

Oct 5/1897

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

Winthrop Oct-15 1898
Cambridge,

Name of Deceased* *Augustus Trivola* Age *72* Years *6* Months *—* Days.
Place and Date of Death; Died at *Terrace Av* Street *Oct-15* 189*8*
Disease, or Cause of Death... *Bright's Disease complicated with Disease of Heart.*
Duration of Disease... *Six months probably longer*

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

Signature of Physician... *Edward F. Gage* M. D.

Residence *131 Court St. Winthrop*

*Or Sex of Infant (not named).

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A. M. till 2 P. M.; Sundays and Holidays, 12 M. till 1 P. M.; Other Days, from 8 A. M. till 4 P. M.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK

(OVER)

SECTION 5. Any person violating the provisions of either of the four preceding sections shall forfeit not exceeding fifty dollars.

SECTION 6. No railroad corporation or other common carrier or person shall convey or cause to be conveyed, through or from any city or town in this Commonwealth, the remains of any person who has died of small-pox, scarlet fever, diphtheria or typhus fever, until such body has been so encased and prepared as to preclude any danger of communicating the disease to others by its transportation; and no city or town clerk, or clerk or agent of the board of health, shall give a permit for the removal of such body until he has received from the board of health of the city or from the selectmen of the town where the death occurred a certificate stating the cause of death, and that said body has been prepared in the manner set forth in this section, which certificate shall be delivered to the agent or person who receives the body. Any person violating the provisions of this section shall forfeit not exceeding twenty-five dollars.

SECTION 7. The boards of health of cities and towns shall, on or before the first day of May in each year, license a suitable number of undertakers who can read and write the English language, to take charge of the funeral rites preliminary to the interment, removal or cremation of a human body. Such licenses shall be issued under such terms and upon such conditions as the board of health may prescribe, and may be revoked at any time by the board when such terms or conditions or any requirements of law relative thereto have been violated by the undertaker: *provided, however*, that an undertaker so licensed shall have the right to act thereunder in any city or town in the Commonwealth.

Acts of 1897, Chap. 444, Sect. 10.

A physician who has attended a person during his last illness shall forthwith, after the death of said person, furnish for registration at the request of a duly licensed undertaker or other authorized person, or any member of the family of such deceased person, a certificate, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the decease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at the birth of a child dying immediately thereafter, or a physician or midwife who has attended at the birth of a child born dead, shall forthwith furnish for registration a certificate stating that to the best of his or her knowledge and belief such child either died immediately after birth or was born dead.

A physician or midwife who neglects or refuses to make the certificate required by this section or who makes a false statement therein shall forfeit not exceeding fifty dollars.

UNDERTAKER'S RETURN OF A DEATH

Date of Death *Oct-15-1898*

Name of Deceased

Augustus Tribble
(Maiden Name)*

(Husband's Name)

Sex *Male*

Color† *White*

Condition, (Single, Married, or Widowed)

Age, *72* Years, *6* Months, — Days.

Occupation (if over 14 years old)

Book Keeper

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

Cambridge.

189*8*

Occupation (if under 1 year old) of Father

Residence *Winthrop Mass*

Place of Death *Terrace Ar Winthrop*

Place of Birth *Plymouth Mass*

Name of Father *Isaac Tribble*

Birthplace of Father *Kingston Mass*

MAIDEN Name of Mother *Lois Hubbard*

Birthplace of Mother *Plymouth Mass*

Place of Interment *Springfield Mass*

Horace D. Litchfield
401 Mass Ar

Cambridgeport
Mass

* If a Married Woman or a Widow.

† (W) White; (B) Black; (M) Mulatto.

facts required by law to be returned and recorded, which statement in every case of an original interment shall be accompanied by a satisfactory certificate of the attending physician, if any, as required by law, 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, or is insufficient, the chairman of the board of health, if a physician, or any physician employed by said board or by the selectmen for the purpose, shall upon application make such certificate as is required of the attending physician; and in case of death by violence the medical examiner only shall 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 of the city or town for registration. The person to whom the permit is so given, and the physician who certifies to the cause of death, shall thereafter furnish for registration any other necessary information that can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.

SECTION 2. No undertaker or other person shall bury in a city or town a human body or the ashes thereof brought into this Commonwealth from without its limits until he shall have received a permit so to do from the board of health, other than the selectmen, or its agent duly appointed to issue such permits, or if there is no such board, from the clerk of the city or town in which the body is to be buried or the funeral rites are to be held: *provided, however*, that if there is a person duly appointed to have the care of the cemetery or burial ground in which the interment is made, and there is a record kept of the names of all persons buried therein, or if there is a duly appointed superintendent of burials in such city or town who keeps a record of interments, said permit may be issued by such person having such care or by said superintendent of burials. Said permit may be granted upon delivery to said board, agent, clerk, superintendent or person having such care, as the case may be, of a certificate giving the name of the deceased person, his age as nearly as can be ascertained, the cause of death, the name of the city or town where he last resided or from which the body was brought, or, if the death occurred at sea, the name of the vessel upon which it occurred, and any other facts required for record which could be obtained with reasonable exertion. When such certificate is delivered to the board of health, or to its agent, or to the superintendent or person having such care, the board, agent, superintendent or person having such care shall forthwith countersign and transmit the same to the clerk of the city or town; and if the deceased person was at the time of his decease a resident of said city or town the clerk shall record the same in the books kept for recording deaths; but if the deceased was at the time of his death a resident of any other city or town within this Commonwealth said clerk shall forthwith forward to the clerk of such other city or town a certified copy of the certificate mentioned in this section.

SECTION 3. No person having the care of a cemetery or burial ground shall permit a human body to be buried therein or removed therefrom, or permit the ashes of a human body to be removed therefrom, until there has been delivered to him the permit for the burial or removal of said body or ashes, nor permit the ashes of a human body to be buried therein until there has been delivered to him a certificate that the burial permit and the certificate of the medical examiner prerequisite to the cremating of said body have been duly presented.

SECTION 4. No undertaker shall bury the ashes of a human body which has been cremated until he has received from the person having the charge of the crematory a certificate that the burial permit and the certificate of the medical examiner prerequisite to the cremating of said body have been duly presented.

No.

RETURN OF A DEATH.

To the Clerk of the City or 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, 1 Months, 24 Days.
- (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)
~~not necessary~~ making)
 the Return)

DATED at

on

1898

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 carry in a city or town or remove therefrom a human body 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.

2-10-1894
2-10-1894
2-10-1894

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Stark Hendrick

Age, 1⁷⁴ 3²⁰

Date and Place of Death,†

died at

Whitcomb Feb 20

1898.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Hydrocephalus;

Duration of Sickness, -

3 weeks

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

Signature and Residence of Certifying Physician,

J. J. Johnson M.D.

Date of Certificate,

Feb 20

1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

..

of Commonwealth of Massachusetts.

RETURN OF A DEATH.

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

1. Date of Death, *October 21st 1898*
 2. Name, *Yvonne A. Van Dyke*
 (Maiden Name)*, *Delphinia*
 (Name of Husband) †, *Edmund*
 3. Sex, and whether single, *Female*
 Married, or Widowed, *Widowed*
 4. Color, ‡ *White*
 5. Age, *82* Years, *8* Months, *4* Days.

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)

~~mother person making~~
the Return,)

DATED at

, on

1898

* 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. Dec., 1896. — 3,000.

Sum 130 Sum
Relief funds
Ch. 44000 1893

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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 an 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.

Newton - 1893

Per

6-5-2
2-2 1/2
1-10 1/2

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Jerusha A. Van Schaack* Age, *82-8-4*
 Date and Place of Death, † - died at *Winthrop (35 Washington Ave Oct 21 1898,*
 Cause or Cause of Death, - of *abdominal Carcinoma (Cancer)*
 (Primary and Secondary.) ‡
 Duration of Sickness, - - *3 yrs*

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

Signature and Residence of Certifying Physician,

B. H. Metcalf M.D.

Date of Certificate,

Oct 24th

1898

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
 Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop *Oct. 23'* 189*8*
Boston,
Name and age of deceased *William N. Hartman* Age *55* yrs. mos. dys.
Date and place of death: *Oct. 23'98 - Court Park Road.*
Disease or cause of death: *Tuberculosis of the Lungs* *Winthrop*
Duration of disease: * *A year or more*

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

Name and residence }
of Physician.

Albert B. Somman M. D.
56 Winthrop St., Winthrop, Mass.

* 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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—~~Boston~~.

Date of death, *Oct. 23'* 189*8*. Name, *William W. Martyn*
Maiden name,* Sex, *M.*
Married, single, or ~~widow~~ of wife of
Color, *W* Age, *55* years, mos., days. Residence, *Wintthrop*
Place of death (street and number), *Court ~~St~~ Road* ward
Place of birth, *England* Occupation,
Name of father, *William W.* Maiden name of mother, *Ann Ann*
Birthplace of father, *England* Birthplace of mother, *England*
Place of interment,† *Manchester N. H.*

* If a married woman or a widow.

† Give the name of the burial ground.

E. G. Brown, Undertaker.

Om 22/10/10

Commonwealth of Massachusetts.

CITY OF CHELSEA.

Samuel W. Wintthrop

RETURN OF A DEATH TO THE BOARD OF HEALTH.

[Fill out with Ink.]

Date of Death, Oct 25, 1898
Name, Lydia D. Colby
Maiden Name, { if a married woman or widow, { Lydia D.
If Married Woman, { Husband's Name, { Lorenzo D. Colby
Sex, and whether Single, Married or Widowed, {
Color, { Age, 82 Years, 8 Months, 22 Days.
Place of Death, (St. and No.), 7 Myrtle Ave. Wintthrop Mass
Occupation, ————
Birthplace, ————
Name of Father, ————
Maiden Name of Mother, ————
Birthplace of Father, ————
" " Mother, ————
Place of Interment, Woodlawn Cemetery
Signature of Undertaker or other person making the return, Herbert H. Barker

Chelsea, Mass., Oct. 27

Undertaker.

1898

Sept. 1. 1911

Oct 23/1911

PHYSICIAN'S CERTIFICATE.

Name of Deceased,

Lynna W. Colby

Date and Place of Death,

Oct 20 - 1898. Fairthrop, Mass.

Disease or Cause of Death,

Cirrhosis of Liver.

Duration of Sickness,

4 Months

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

Charles Leeds, M.D.

Physician.

Date of Certificate,

Oct. 27 1898 Chubee

Chas. F. Allen

Feb 27/1878

PHYSICIAN'S CERTIFICATE.

Name of Deceased,

Lynna W. Colby

Date and Place of Death,

Oct 20 - 1898. Warrthrop Mass.

Disease or Cause of Death,

Cirrhosis of Liver.

Duration of Sickness,

4 Months

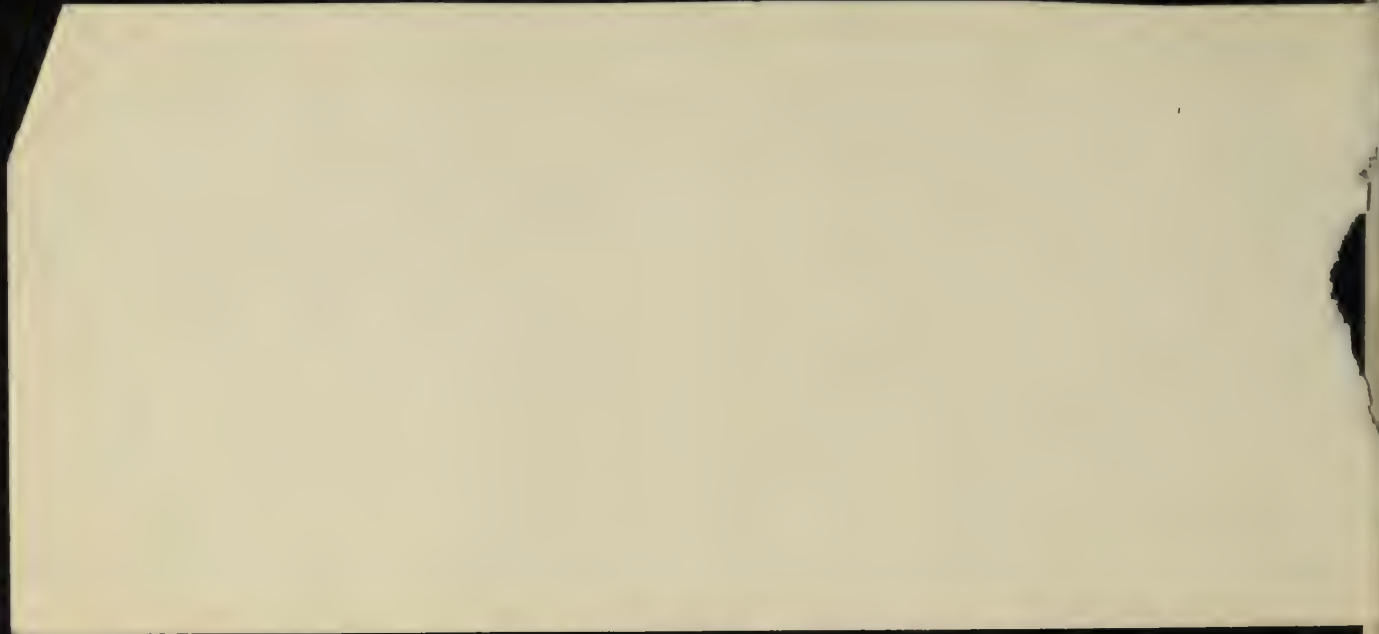
I certify that the above is true, to the best of my knowledge and belief.

Charles Leeds, M.D.

Physician.

Date of Certificate,

Oct. 27 1898 Chelsea



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Oct 26th* 189*8*,
Name and age of deceased: *Lillian Grace Murphy* Age *8* yrs. *8* mos. dys.
Date and place of death: *Oct-26th 1898, Neptune Ave.*
Disease or cause of death: *Acute Gastroenteritis and Typhoid*
Marasmus. *Mass.*
Duration of disease: * *10 hours*

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

Name and residence }
of physician. } *C. J. Murphy* M. D.

* 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 A.M. till 12 M.
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Oct 26th*, 189*8*, Name, *Lillian Grace Murphy*
Maiden name,* _____ Sex, *Female*
Married, single, or widow of *Single* wife of _____
Color, *W* Age, _____ years, *8* mos., _____ days. Residence, *Winthrop, Mass.*
Place of death (street and number), *Maple Ave* ward _____
Place of birth, *Jamaica Plain* Occupation, *Teacher*
Name of father, *J. Monroe* Maiden name of mother, *Eliza J. Dalton*
Birthplace of father, *Dedham, Mass.* Birthplace of mother, *Ireland*
Place of interment,† *St. Benedict's, Cam*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Frank S. Maloney,

Ms. A. 9. 2. 15. 2.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintrop
Boston,

Nov. 18th

189*8*

Name and age of deceased:

John McGrail

Age *22* yrs.

6

mos.

dys.

Date and place of death:

Nov. 15th U.S. Army Hospital, Wintrop

Disease or cause of death:

Pneumonia

Duration of disease:*

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

Name and residence
of physician. }

Francis M. Harris

M. D.

Act. Asst. Surgeon U.S. Army

*It is very desirable to be informed of the duration of the disease.

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UNDERTAKER'S RETURN.—~~Boston.~~ *Winthrop, Mass.*

Date of death, *November 15th* 189*8* Name, *John M. Grail*

Maiden name,* _____ Sex, *Male*

~~Married, single, or widow of~~ _____ ~~wife of~~ _____

Color, *White* Age, *22* years, *6* mos., _____ days. Residence, *Army*

Place of death (street and number), *Summit Ave Winthrop Mass,* ward _____

Place of birth, *East Pepperell, Mass.* Occupation, *Shoemaker*

Name of father, _____ Maiden name of mother, _____

Birthplace of father, _____ Birthplace of mother, _____

Place of interment,† *East Pepperell, Mass.*

* If a married woman or a widow.

† Give the name of the burial ground.

John J. Morris Undertaker.

2591.51-1012

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston Nov 20 1898
Name and age of deceased: O Henry S. Jones Age 40 yrs. 7 mos. 13 dys.
Date and place of death: Nov 20 1898 at Winthrop (Lansett Ave)
Disease or cause of death: Gastritis & Meningitis
Duration of disease: * 3 wks

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

Name and residence }
of physician. }

A E Bagley M. D.

*It is very desirable to be informed of the duration of the disease.

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20128

UNDERTAKER'S RETURN. ~~Boston.~~

Date of death, *Nov. 20* 189*8*

Name,

Henry S. Jones

Maiden name,*

Sex,

Male

Married, single, or widow of

wife of

Color, *White* Age, *40* years, *7* mos., *13* days.

Residence,

*24 Somerset Ave.
Dorchester*

Place of death (street and number)

Same

ward

Place of birth,

England

Occupation,

Insurance Agent

Name of father,

Thomas H.

Maiden name of mother,

Ellen Parson

Birthplace of father,

England

Birthplace of mother,

England

Place of interment,†

Dorchester

*If a married woman or a widow.

† Give the name of the burial ground.

George S. Jones Undertaker.

RETURN OF A DEATH.

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

December 5th 1898
 Albert Elwood

1. Date of Death, . . .

2. Name,

(Maiden Name), * . .

(Name of Husband), * . .

3. Sex, and whether single,

Married, or Widowed,

4. Color, f

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, . .

male

white

Years,

Months,

6 Days

Dr H J Louder

Elmwood Ave

Elmwood Ave

Elmwood Ave

Joseph W Elwood

Mary M Williams

Weymouth Mass

Worcester Mass

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

Summer Floyd

DATED at

Weymouth, on Dec 7th 1898

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Albert Edward

Age, 6 days

Date and Place of Death,† - died at

Waltham

Dec 5th

1891

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Acute inflammation of the lungs

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Thomas Edward M.D. W. W. W. W.

Date of Certificate,

1891

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	December 8, 1898		
2. Name,	Charles A. Collier		
(Maiden Name), * . .	Rogers		
(Name of Husband), * . .	Hazel B. Collier		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, †	White		
5. Age,	67	Years, 8	Months, 2
			Days
Disease or Cause of Death, (Primary and Secondary), ‡	Pneumonia		
6. Duration of Sickness, . .	10 days		
(By whom certified, . . .	J. W. Smith		
7. Residence,	Quincy, Ill.		
8. Occupation,	Carpenter		
9. Place of Death,	Quincy, Ill.		
10. Place of Birth,	Quincy, Ill.		
11. Name of Father,	H. B. Collier		
12. Name of Mother,	M. B. Collier		
(Maiden Name),	Rogers		
13. Birthplace of Father, . .	Quincy, Ill.		
14. Birthplace of Mother, . .	Quincy, Ill.		
15. Place of Interment, . . .	Quincy, Ill.		

Signature of Undertaker
or other person making
the Return, J. W. Smith

DATED at Quincy, on Dec 9, 1898

* 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; Acts of 1893, Chapter 263.*]

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Free & Sons

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Olive A Corliss* Age, *67-8-3*
Date and Place of Death,† - died at. *Winthrop, (Cora St) Dec 28 1898,*
Disease or Cause of Death, - of *Endocarditis (Rheumatic), Pericarditis*
(Primary and Secondary)‡
Duration of Sickness, - - *for 2 weeks*

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

Name and Residence of Certifying Physician, *George J. Cook M.D.*

Date of Certificate, *Dec 29*

189*8*

Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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, 80 Years, 1 Month, 2 Days.
6. Duration of Sickmess, . . .
(Disease or Cause of Death,
(Primary and Secondary), ‡ . . .
(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,
~~see other person making~~
the Return.

DATED at

on

1898

Dec. 9th 1898
George Bolton
Male
White
80 Years, 1 Month, 2 Days
Ten Days
No. 7 Cotton Park Road
Pharmacia
Winthrop Mass
Springfield Mass
George Bolton
Sackett's Hay
Longmeadow Mass
Springfield
Springfield

Signature of Undertaker,
~~see other person making~~
the Return
Summer Road

Winthrop Dec 10 1898

* 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.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

George Colton

Age, 80-1-2

Date and Place of Death,† -

died at

Wintthrop Ct Park Road Dec 9th 1898.

Disease or Cause of Death, - of

Old age

(Primary and Secondary)‡

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Herbert J. Smith

Wintthrop Mass

Date of Certificate,

Dec 10th

1898

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or Town in which the Death occurred.

1. Date of Death, . . . *Sept 17, 1898*
 2. Name, . . . *Charles R. Baker*
 (Maiden Name). *
 (Name of Husband), *
 3. Sex, and whether single,
 Married, or Widowed, *Male*
 4. Color, † . . . *White*
 5. Age, . . . *49* Years, *2* Months, *2* Days.

(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

189.

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

Copy made

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, " Charles R. Baker Age, 49 yrs - 2 ds
Date and Place of Death, † - died at ²⁰⁷ Winthrop Pleasant St Dec 17th 1898.
Disease or Cause of Death, - of Pneumonia (lobar)
(Primary and Secondary.) ‡
Duration of Sickness, - - 4 days

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

Signature and Residence of Certifying Physician,

B. H. Metcalf M.D. H

Date of Certificate,

Dec 17

1898.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	December 18 th 1898		
2. Name,	Katharine W. Schumacher		
(Maiden Name), *	None		
(Name of Husband), *	Adolf Schumacher		
3. Sex, and whether single, Married, or Widowed,	Female Married		
4. Color, †	White		
5. Age,	31 Years,	9 Months,	11 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Dysentery		
Duration of Sickness, . .	24		
(By whom certified, . . .	Sergeant Short		
7. Residence,	Sergeant Short		
8. Occupation,	Warville Mass		
9. Place of Death,	Warville Mass		
10. Place of Birth,	Warville Mass		
11. Name of Father,	Warville Mass		
12. Name of Mother, (Maiden Name),	Warville Mass		
13. Birthplace of Father, . .	Warville Mass		
14. Birthplace of Mother, . .	Warville Mass		
15. Place of Interment, . . .	Warville Mass		
Signature of Undertaker, with the name of the the Return,	Summer Floyd Linwood Cemetery		

DATED at Wentworth on Dec 19th 1898* 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; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Katharine W. Schumacher Age, 31-9-11
Date and Place of Death,† - died at Winton, Sargent St Dec 18 1898
Disease or Cause of Death, - of Anaemia complicating pregnancy, post-partal hemorrhage
(Primary and Secondary).‡ of complicating labor. Final cause syncope, heart failure.
Duration of Sickness, - 19 Days from birth of child.

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

Signature and Residence of Certifying Physician, Albert B. Downman, M.D.,

Date of Certificate, Dec. 20 1898.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	December 25 1898		
2. Name, (Maiden Name),* . . . (Name of Husband),* . . .	Caroline Ames		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age,	Years, 1	Months, 14	Days
Disease or Cause of Death, (Primary and Secondary), ‡	An. Bot.		
6. Duration of Sickness, . . . (By whom certified,	Dr. George H.		
7. Residence,	22		
8. Occupation,	22		
9. Place of Death,	22		
10. Place of Birth,	Edward G. Ames		
11. Name of Father,	W. B.		
12. Name of Mother, (Maiden Name),	Paul		
13. Birthplace of Father,	New		
14. Birthplace of Mother,	New		
15. Place of Interment,	New		
Signature of Undertaker or other person making the Return,			

DATED at *New York*, on *Dec 27* 18 *98*.

* 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; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Carrie Carr Ames* Age, *7 mo.* ho.
Date and Place of Death,† - died at *Wintthrop Beach, Dec. 26th* 189*8*,
Disease or Cause of Death, - of *Gastro-enteritis*
(Primary and Secondary)‡
Duration of Sickness, - *Two days.*

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

Signature and Residence of Certifying Physician, *Wm. J. Porter Wintthrop.*

Date of Certificate, *Dec 27th* 189*8*.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

December 27, 1899
 Robert R. Foster

11
 17

Female
 Single
 White

16 Years, 4 Months, 11 Days.

(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 *Waltham*, on *Dec 27*, 1899.

* 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.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Walter H. Noble

Age, 16 yrs

Date and Place of Death,†

died at Winthrop Dec 28, 1898

Disease or Cause of Death, -

of Tuberculosis of Lungs. Pneumonia.

(Primary and Secondary)‡

Duration of Sickness, -

A few months. Final sickness three days.

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

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

Dec. 30th 1898

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

These Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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

Vintners

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.

Friday 2-3-1888
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]

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; and a physician who has attended at the birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 any human body 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 the absence 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 a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mary C. Charles* Age,
Date and Place of Death,† - died at *Prophet's. Northampton, Mass. Jan. 9th 1899,*
Disease or Cause of Death, - of *Old age*
(Primary and Secondary.)
Duration of Sickness, - *Fatal sickness two weeks.*

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

Signature and Residence of Certifying Physician, *Albert B. Dorman, Mass.*

Date of Certificate, *Jan. 13th 1899.*

Or Sex of Infant (not named). If still-born so state. If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or 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,)

~~not necessary~~)

the Return, . . .

DATED at

Wentworth

on

Jan 171898* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

Name and Age of Deceased,* (Female) Bayler Age, 1892,
Date and Place of Death,† - died at Hingham, Maine
Disease or Cause of Death, - of
(Primary and Secondary).‡
Duration of Sickness, - - -
I certify that the above is true, to the best of my knowledge and belief.
Signature and Residence of Certifying Physician, J. C. [Signature] Portland
Date of Certificate, 1892.

† If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . .	January 18 th 1899		
2. Name,	William Lucille ^{Wife} Cope		
(Maiden Name), * . .			
(Name of Husband), * . .	Eunice		
3. Sex, and whether single, Married, or Widowed,			
4. Color, †	White		
5. Age,	15 Years, 2 Months, 19 Days,		
(Disease or Cause of Death, (Primary and Secondary), ‡ . .	Lobar Pneumonia		
6. Duration of Sickness, . .	Eight days		
(By whom certified,)	Winthrop Highlands		
7. Residence,			
8. Occupation,	Winthrop Highlands		
9. Place of Death,	Malden		
10. Place of Birth,	Arend Co. J. Cope		
11. Name of Father,	Amanda Co. School		
12. Name of Mother, (Maiden Name),	New York City		
13. Birthplace of Father, . .	Illinois, Ill.		
14. Birthplace of Mother, . .	Winthrop, Cemetery		
15. Place of Interment, . . .	Summer Floyd		
Signature of Undertaker another person making the Return,			

DATED at Winthrop, on Jan 19 1899

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Lillian Lucilla Sage* Age, *15* *ans*

Date and Place of Death,† - died at *Windsor, Penn. 1st* *1897*,

Disease or Cause of Death, - of *Scarlet Fever*
(Primary and Secondary.)‡

Duration of Sickness, - *Eight days (?)*

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

Signature and Residence of Certifying Physician. *W. J. Porter, Windsor Beach*

Date of Certificate, *June 7th* *1897*.

*Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 City or Town in which the Death occurred.

1. Date of Death, . . . January 19th 1899
2. Name, Winnifred Gibson
(Maiden Name)*, . . .
- (Name of Husband), * . . .
3. Sex, and whether single, Female
Married, or Widowed, White
4. Color, †
5. Age, 4 Years, 4 Months, 28 Days.
- (Disease or Cause of Death,
(Primary and Secondary), †)
6. Duration of Sickness,
(By whom certified,)
7. Residence, 84 Pleasant Street
8. Occupation, 84 Pleasant Street
9. Place of Death, Homelville N.Y.
10. Place of Birth, Bernard & Elbow
11. Name of Father, Amos L. Webster
12. Name of Mother, Mildred Mae
(Maiden Name,) Homelville N.Y.
13. Birthplace of Father, Wilford Mass
14. Birthplace of Mother,
15. Place of Interment,

Signature of Undertaker
~~the Return,~~ making

Summer Floyd

DATED at Ward, on January 20 1899

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Malatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

2-6-1893

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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 a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Winifred Gibbons* Age, *4 yrs. 4 mos.*
Date and Place of Death,† - died at *St Clearmont St., Winthrop, Mass.* *Jan 19* - 189*7*, *O*
Disease or Cause of Death, - of *Convulsions*
(Primary and Secondary.)‡
Duration of Sickness, - *24 hours*

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

Nature and Residence of Certifying Physician, *Alban B. Downey, M.D.*

Date of Certificate, *1-21-* 189*7*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

To the Clerk of the City or 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.]

30
11/11/11
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

11/11/11

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Jane Smith Age. 77-17

Date and Place of Death,† - died at Westport, Jan 10th 1897,

Disease or Cause of Death, - of Chronic Bronchitis
(Primary and Secondary)‡

Duration of Sickness, - One or more years

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

Signature and Residence of Certifying Physician, Horace A. Soule M. D.

Date of Certificate, Jan 9 1897.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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No.

RETURN OF A DEATH.

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

1. Date of Death, . . . *January 31st 1899*
 2. Name, . . . *George Turnbull*

(Maiden Name), *

(Name of Husband), †

3. Sex, and whether single,

Married, or Widowed,

male,
married
White

4. Color, ‡

5. Age, 83 Years, (Months, (Days.

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

Wintthrop

on

*Feb 1st**1899*

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
 † If other than White. (L.) Mulatto. (M.) Indian. If of other races, specify what.

Be very particular to fill all Blanks.

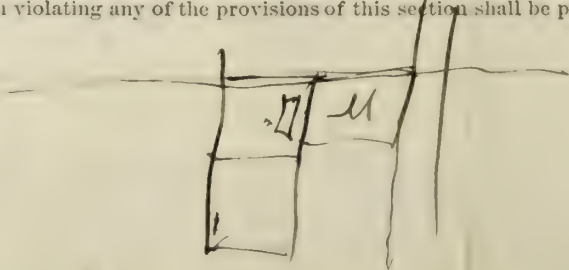
Place. Ed. Dec. 1896. 5,000

5-6 No 461a
Boy. —

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.



PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *George Turnbull* Age, *83 yrs*
 Date and Place of Death,† - died at *Huntrop Mass Jan'y 31 1899*
 Disease or Cause of Death, - of *Senility and Bright's Disease*
 (Primary and Secondary)‡
 Duration of Sickness, - *about 3 months*

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

Signature and Residence of Certifying Physician, *J. C. Johnson - Huntrop Mass*

Date of Certificate, *Feb'y 3 1899*

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion
 Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

February 1st. 1899

1. Date of Death, . . .

2. Name, Ann Sampson

(Maiden Name), *

Ann Weston

(Name of Husband), †

Elisba Sampson

3. Sex, and whether single.

Female

Married, or Widowed.

Widowed

4. Color, †

5. Age,

81 Years, 5 Months,

7 Days.

6. Duration of Sickness, .

Disease or Cause of Death,
(Primary and Secondary), †

(By whom certified, .

Dorothy Mear

7. Residence,

8. Occupation,

Wentworth Mass

9. Place of Death,

Dorchester Mass

10. Place of Birth,

Dorchester Mass

11. Name of Father,

Amos Bushman

12. Name of Mother,

(Maiden Name,

Elizabeth

13. Birthplace of Father, .

Dorchester

14. Birthplace of Mother, .

Dorchester

15. Place of Interment, .

Signature of Undertaker, Sumner Floyd
~~the Return, after procuring~~
the Return,

DATED at

Wentworth, on Feb 2ⁿ 1899* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Anna Sullivan* Age, *51* *5 mo. 9 da*
Time and Place of Death,† - died at *Monticello Feb 1* 1899,
Disease or Cause of Death, - of *Indigestion*
(Primary and Secondary.)‡
Duration of Sickness, - *6 weeks,*

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

Signature and Residence of Certifying Physician, *Wm. H. Sullivan*

Date of Certificate, *Feb 9* 1899.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Act of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the Death occurred.

1. Date of Death, . . .	February 2 ^d 1899		
2. Name,	Bittern Infant		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single.	Male		
Married, or Widowed.			
4. Color, †	White		
5. Age,	Eighteen	Months	Days.
Disease or Cause of Death, (Primary and Secondary), ‡	D. & B. H. Metcalf		
Duration of Sickness, . . .	Winthrop Mass		
(By whom certified,)			
7. Residence,			
8. Occupation,	22 Marshall St		
9. Place of Death,	22 Marshall St		
10. Place of Birth,	F. Henry Marshall		
11. Name of Father,	Mary Jane Southland		
12. Name of Mother,	England		
(Maiden Name,)	Cafee Creton		
13. Birthplace of Father, . . .	Winthrop Cemetery		
14. Birthplace of Mother, . . .			
15. Place of Interment,	Summer Floyd		
Signature of Undertaker with personal making the Return,	Winthrop		
DATED at	on	Feb 3 rd	1899

* 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; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Eliza H. Pettu* ^{Boston,} *Feb 22nd* 189*9*
Age *35* yrs. *9* mos. *21* dys.
Date and place of death: *Feb 21/99, 34 Read St. Northrop Mass.*
Disease or cause of death: *Pneumonia.*

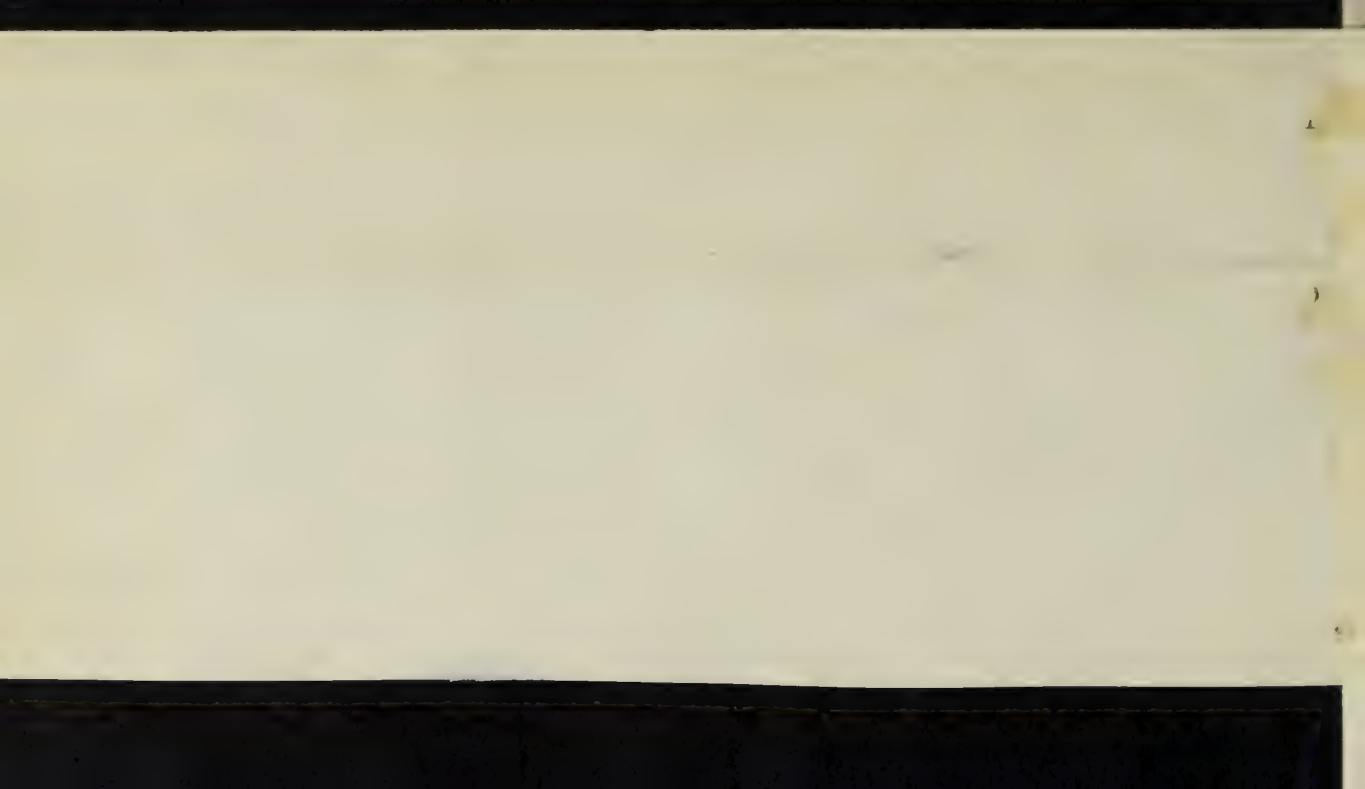
Duration of disease: * *6 or 7 days.*

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

Name and residence
of physician. }

M. W. Drake M. D.
50 Marlborough St.

* It is very desirable to be informed of the duration of the disease.



UNDERTAKER'S RETURN.—Boston.

Date of death, *Feb 21* 189*9*, Name, *Elizabeth Potter*
Maiden name, * *Elizabeth Furlong* Sex, *Female*
Married, single, or widow of _____ wife of *Thomas St. Potter*
Color *White* Age, *35* years, *9* mos., *21* days. Residence, *Oriskany Heights*
Place of death (street and number) *34 Acad St. Winthrop* ward _____
Place of birth, *Cape Cod* Occupation, _____
Name of father *John Furlong* Maiden name of mother *Mary Joya*
Birthplace of father, *Cape Cod* Birthplace of mother, *Cape Cod*
Place of interment, † *Holy Cross* *Waltham*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

James P. [Signature]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Feb. 27

189

Name and age of deceased:

San

Age 89 yrs.

mos.

dys.

Date and place of death:

17 1/2 St.

81 North St.

Disease or cause of death:

Apoplexy

Duration of disease:*

24 hours

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

Name and residence

of physician.

C. E. Johnson

M. D.

Winter Mass

*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 A.M. till 12 M. Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, Feb. 26th 1899 Name, Patrick John

Maiden name,* _____ Sex, Male

Married, single, or widow of _____ wife of _____

Color, _____ Age, 89 years, — mos., — days. Residence, 187 1/2 Tremont St.

Place of death (street and number), 17 Butler St. ward _____

Place of birth, Ireland Occupation, Retired

Name of father, J. J. John Maiden name of mother, M. J. John

Birthplace of father, Ireland Birthplace of mother, Ireland

Place of interment,† _____

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Chas. E. John

No.

RETURN OF A DEATH.

To the Clerk of the City or 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,
67 Years, 6 Months, 18 Days.
- (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

1899

* 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. Dec., 1896, - 5,000.

Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Frank E. Bennett

Age, 67-5-14

Date and Place of Death,† -

died at Winthrop (14 Pleasant St) March 22nd 1899.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of Cirrhosis of Liver with Sarcoma

Duration of Sickness, - -

4 year or more

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

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

3-24-

1899.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	January 22, 1884
2. Name, (Maiden Name), * . . .	Florence J. Hammond
(Name of Husband), * . . .	Samuel
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age,	30 Years, 4 Months, 20 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	also Meninge
6. Duration of Sickness, . . . (By whom certified, . . .	Robertson
7. Residence,	152 Grant Street
8. Occupation,	Sanitary Agent
9. Place of Death,	Samuel M. Johnson
10. Place of Birth,	Sarah B. Johnson
11. Name of Father,	Samuel Johnson
12. Name of Mother, (Maiden Name),	Samuel Johnson
13. Birthplace of Father,	Samuel Johnson
14. Birthplace of Mother,	Samuel Johnson
15. Place of Interment,	Samuel Johnson
Signature of Undertaker) the Return making) the Return,	Samuel Johnson

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.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, * *Flora S. Hammond* Age, *50 - 72 in 20th yrs*

Date and Place of Death, † - *died at 152 Locust St Wmthrob Mass March 29th 1897.*

Disease or Cause of Death, - *of abdominal carcinoma*
(Primary and Secondary.) ‡

Duration of Sickness, - *one and one half years.*

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

Signature and Residence of Certifying Physician, *B. H. Metcalf. M. D. 52 Locust St Wmthrob Mass*

Date of Certificate, *March 29th 1897.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . . March 30th 1899
 2. Name, Louisa J. Groby
 (Maiden Name), * . . Haynes
 (Name of Husband), * . John W.
 Female
 3. Sex, and whether single, Widowed
 Married, or Widowed, White
 4. Color, † 77 Years, Months, Days,
 5. Age,

Disease or Cause of Death,
 (Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified, .

7. Residence, Amritrop Mass

8. Occupation,

9. Place of Death, 35, Marshall Street
 Seabury St Mass

10. Place of Birth, Johnston Haynes
 Lucy Wileys

11. Name of Father, George Maass

12. Name of Mother, Newbury St Mass
 (Maiden Name)

13. Birthplace of Father, . . Buxton Mass

14. Birthplace of Mother, .

15. Place of Interment, .

Seabury St Mass
Buxton Mass
Seabury St Mass
Buxton Mass

Signature of Undertaker

~~the~~ person making
 the Return,

DATED at Worcester

on March 30 1899

* 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.

100
100
100
100
100

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Lydia T. Crosby

Age, *77* Y. ~ M. ~ D.

Place and Date of Death,‡

died at *Winthrop (Marshall St)* *Mar 30*, 189*9*

Disease or Cause of Death,§

Old age, Cardiac failure.

Duration of sickness,

one week.

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

Signature and Residence
of
Certifying Physician.

B. H. Metcalf M.D.

M. D.

52 Winthrop St Winthrop

Date of Certificate,

April 1st

189*9*.

No.

RETURN OF A DEATH.

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

March 31st 1899
 Alexander Heber

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

Winthrop

on

March 31

1899

* 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. Dec., 1896. — 5,000

Male
 Married
 White

1899
 Sept
 18

60 Years, 6 Months, 13 Days

Winthrop Mass
 Town

30 Centre Street

Shafleigh Inc

Elie Heber

Abigail Mason

Shafleigh Inc

" "

Winthrop Cemetery

Winthrop, Mass

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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Funeral Monday Oct 3"
3:45 PM
Funeral & Burial Parlor

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Winthrop* *April 1st* 1899
~~Boston,~~
Alexander Webster Age *60* yrs. *mos.* *dys.*
 Date and place of death: *March 31st 1899* *Winthrop*
 Disease or cause of death: *Suicide - Gunshot*

Duration of disease: *.....

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

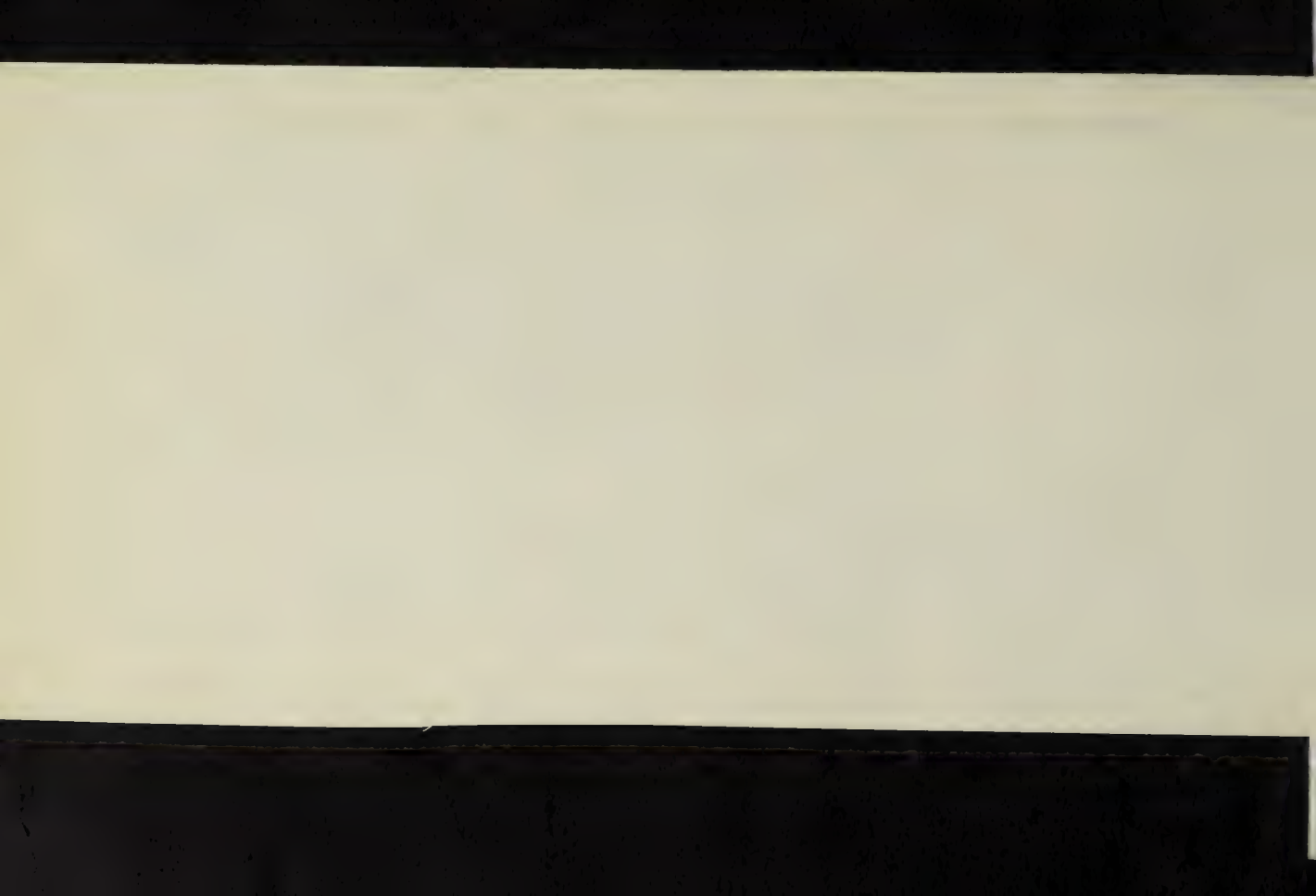
Name and residence }
of physician.

Francis A. Harris M. D.
Edw. Swanier

* 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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M.

Full 12 M. on other days, from 9 A.M. till 12 P.M.



RETURN OF A DEATH.

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

1. Date of Death, . . .	April 2 nd 1897		
2. Name, (Maiden Name), * . .	Susanah S. Richardson Floyd		
3. Sex, and whether single, Married, or Widowed,	Female Widowed		
4. Color, †	White		
5. Age,	72 Years, 2 Months, 13 Days.		
(Disease or Cause of Death, Primary and Secondary);	Fever		
6. Duration of Sickness, . . (By whom certified, . . .)	Winthrop Mass		
7. Residence,	Winthrop Street		
8. Occupation,	Chelesea Mass		
9. Place of Death,	Samuel Floyd		
10. Place of Birth,	Chelesea Mass		
11. Name of Father,	Winthrop C. Amoley		
12. Name of Mother, (Maiden Name), . . .	Chelesea Mass		
13. Birthplace of Father, . .	Chelesea Mass		
14. Birthplace of Mother, . .	Winthrop C. Amoley		
15. Place of Interment, . . .	Winthrop		
Signature of Undertaker, <i>Summer Floyd</i> the Return, <i>Winthrop</i>			

DATED at *Winthrop*, on *April 3rd* 1897* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 carry in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, " *Susannah S Richardson* Age, *72 yrs-2-13*

Date and Place of Death, † - died at *Winsted April 2 "* *1899,*

Disease or Cause of Death, - | of *Nephritis, Uræmia*
(Primary and Secondary.) ‡

Duration of Sickness, - (*Immediate 48 hours.*) *Chronic.*

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

Signature and Residence of Certifying Physician, *B. H. [illegible] Winsted*

Date of Certificate, *April 5* *1899.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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, . . . *April 19th 1899*
 2. Name, . . . *William Lewis Bryant*
 (Maiden Name), *
 (Name of Husband), *
 3. Sex, and whether single, *Male*
 Married, or Widowed,
 4. Color, † . . .
 5. Age, . . . *8* Months, *12* Days.
 (By whom certified, . . . *Wentworth Mass*
 7. Residence, . . . *Court Road*
 8. Occupation, . . .
 9. Place of Death, . . .
 10. Place of Birth, . . . *"*
 11. Name of Father, . . . *David P. Rowland*
 12. Name of Mother, . . . *Florida*
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . . . *Wentworth Cemetery*
 15. Place of Internment, . . . *Summer Floyd*

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

DATED at *Wentworth*, on *April 20* 18*99*

* 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. May, 1893. — 5,000.

2127

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 296]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Malcom Leare Donald* Age, *8 mo 12 ds*

Date and Place of Death,† - died at *Wentworth (Court Road) April 19 " 1899.*

Disease or Cause of Death, - of *Pernicious ~~Scurvy~~ Anaemia*
(Primary and Secondary.)‡

Duration of Sickness, - *about 2 months - seven days*

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

Signature and Residence of Certifying Physician, *J. C. Johnson, M.D.*

Date of Certificate, *Apr 22 1899.*

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

Apene 23rd 1899,
 Couronneau Pent-

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

April 24

1899

* 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.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Gouverneur Kent* Age, *54* ya *6m* -
Date and Place of Death,† - | died at *Winthrop (Pleasant St) April 23rd 1899,*
Disease or Cause of Death, - | of *Chronic Interstitial Nephritis*
(Primary and Secondary)‡
Duration of Sickness, - - | *3 years*

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

Signature and Residence of Certifying Physician,

B. H. Huttcraft M.D. 52 Winthrop St. Winthrop

Date of Certificate, *April 23^d 1899*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 366; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *William Mullory* Boston, *May 6th* 189*9*
Date and place of death: *May 5th 1899* Age *76* yrs. — mos. — dys.
Disease or cause of death: *Senility* *47 Pleasant St. Northrop Mass*

Duration of disease: * *about 2 months*

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

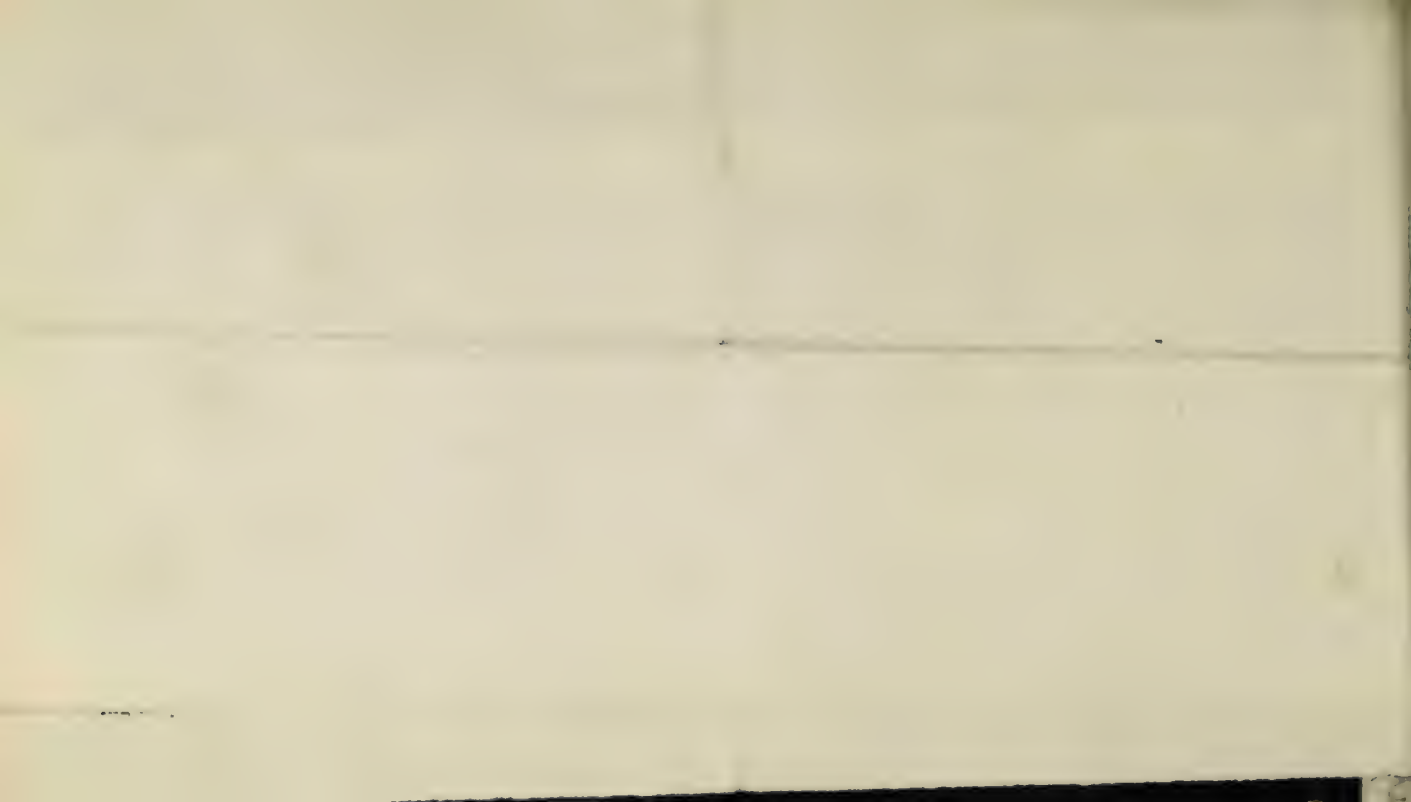
Name and residence }
of physician. }

Wilson Parks
98 Princeton

M.D.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M.



UNDERTAKER'S RETURN.—Boston.

Date of death, *May 5th* 189*9*. Name, *William Sully*

~~Maiden name,*~~

Sex, *Male*

Married, single, or widow of

wife of

Color, *White* Age, *70* years, *—* mos., *—* days. Residence, *47 Pleasant St. North*

Place of death (street and number), *47 Pleasant St. North* Ward *North*

Place of birth, *Ireland* Occupation, *Crozier*

Name of father, *(Unknown) Sully* Maiden name of mother, *Robinson*

Birthplace of father, *Ireland* Birthplace of mother, *Ireland*

Place of interment,† *Holy Cross Cemetery, North*

* If a married woman or a widow.

† Give the name of the burialground.

John J. ...
Undertaker.

10.

10.

10.

10.

10.

10.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Catharine Whitten* Age, *35 Years*
Date and Place of Death,† - died at *Wentworth May 7th* *1899,*
Disease or Cause of Death, - of *Burne*
(Primary and Secondary.)‡
Duration of Sickness, - *Ten days*

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

Signature and Residence of Certifying Physician, *Horace J. Stone M.D.*

Date of Certificate, *May 8*

1899

or Sex of Infant (not names.) If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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, . . .	June 4 th 1899		
2. Name, . . .	Edward L. Haines		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single, Married, or Widowed,	Male Married		
4. Color, †	White		
5. Age, . . .	50 Years, 9 Months, 4 Days.		
(Disease or Cause of Death, (Primary and Secondary), ‡)	Witchcraft, Mumps		
6. Duration of Sickness, (By whom certified,	Aunt -		
7. Residence,	36, Church Street		
8. Occupation, . . .	Captain of H. Co.		
9. Place of Death,	Same - Home		
10. Place of Birth, . . .	Same - Home		
11. Name of Father,	Robert -		
12. Name of Mother, (Maiden Name),	Frederick		
13. Birthplace of Father,	England		
14. Birthplace of Mother,	Hogtown, Ind.		
15. Place of Interment,	Same - Haystack		
Signature of Undertaker or other person making the Return,	James Hays		
DATED at	Hogtown,	on	June 4 1899

* 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. May, 1893. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Edward L. Haulen. Age, 51-8-4
Date and Place of Death,† - died at Winchester Mass June 4 1899,
Disease or Cause of Death, of Myocarditis (Disease of heart
(Primary and Secondary).‡ muscle.)
Duration of Sickness, - -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

O. E. Johnson, M.D.
June 5 1899.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Cristina M. Long* Sex, *F* Color, *R*
Date of Death, *June 13* 189*9*; Age, *2* Years, *2* Months, *17* Days.
Maiden Name, { If married, widowed
or divorced }
Husband's Name, *David F. Long*
Single, Married, Widowed or Divorced, *Married* Occupation, *Teacher*
*Residence, { If out of town, { *100*
also state fully. }
Place of Birth, *100*
*Place of Death, *100*
Name of Father, *John F. Long*
Birthplace of Father, *Pa.*
Maiden name of Mother, *Anna M. Long*
Birthplace of Mother, *Pa.*
Place of Interment, (Give name of Cemetery,)

OF THE DEATH

OF

189 .

189 .

1897 require that every householder in whose house a death occurs, the death of any of his kindred, or the person in charge of an institution in date of such a death, give notice thereof to the board of health or to red. (See section 6.)

notice of the death of any person under his charge to the board of health wealth at which his vessel first arrives after such death. (See section 7.) ents of sections 6 and 7, five dollars. (See section 8.)

his last illness shall forthwith after the death of said person, upon th the required facts. (See section 10.) section 11.)

preliminary to the interment of a human body shall obtain the physician's turn it, together with the facts required by section 1, to the board of death occurred.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Christina M. Lealus* Age, *2 mos - 17 ds*
Date and Place of Death,† - died at *Winthrop. (108 Shirley St)* June 10 " 1899,
Disease or Cause of Death, - of *Measles*
(Primary and Secondary.)‡
Duration of Sickness, - *twelve days*

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

Signature and Residence of Certifying Physician,

Date of Certificate, *June 10* 1899.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, June 16th 1899
Name and age of deceased: *Genl. B. J. B. B.* Age 64 yrs. mos. dys.
Date and place of death: *June 16th 1899*
Disease or cause of death: *Organic Disease of Heart*
Duration of disease: *

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

Name and residence }
of physician. }

Thomas F. Roche M. D.
Resident Physician

*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 A.M. till 12 M.
Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

$$\begin{array}{r}
 21 \\
 \hline
 795 \\
 316 \\
 \hline
 59.50 \\
 16.50 \\
 \hline
 28.10
 \end{array}$$

UNDERTAKER'S RETURN.—Boston.

Date of death, *June 16* 189*9* Name, *George H. Rippen*
Maiden name,* *—* Sex, *male*
Married, single, or widow of *Married* wife of *—*
Color, *W* Age, *64* years, *—* mos., *—* days. Residence, *Pitts-bury*
Place of death (street and number), *North Main Ave* ward *—*
Place of birth, *England* Occupation, *Mariner*
Name of father, *William* Maiden name of mother, *Anna Lane*
Birthplace of father, *England* Birthplace of mother, *England*
Place of interment,† *Northbury Cemetery*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Sumner Floyd
Undertaker

38. Mr. Davis
Dennis

dea

RETURN OF A DEATH.

To the Clerk of the City or 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
~~whether person making~~
the Return,

DATED at

Wintthrop

, on

June 19 1898

18 98

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
+ If other than White. (M.) Mutilated. (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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Henry Oles Floyd* Age, *12*
Date and Place of Death, † - died at *12 Shirley St. June 17* 189*7*,
Disease or Cause of Death, of *Scarlatina* *Exanthematous* *Scarlatina* *Exanthematous*
(Primary and Secondary.) ‡
Duration of Sickness, - *2 to 3 days*

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

Signature and Residence of Certifying Physician, *Wm. B. Brown M.D. 200 State St. B.*

Date of Certificate, *June 17* 189*7*.

* Or sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . . June 28th 1899
 2. Name, Albert Wells
 (Maiden Name), *
 (Name of Husband),
 3. Sex, and whether single,
 Married, or Widowed,
 Male
 4. Color, † White
 5. Age, 1 Years, 11 Months, 1 Days.

Disease or Cause of Death,
(Primary and Secondary), ‡

6. Duration of Sickness, .

(By whom certified, .

7. Residence, Dr F. A. Harris
Wintrop Mass

8. Occupation, Dig Renee Sheer

9. Place of Death, Wintrop

10. Place of Birth, John Wells

11. Name of Father, England

12. Name of Mother, England

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, Wintrop Amesley

Signature of Undertaker

(If other person making
the Return, Summer FloydDATED at
Wintrop

on

July 1st 1899* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Albert Velle* Age, *1 yr 11 mo - 1 d*
Date and Place of Death, † - died at *Winthrop (Rivers St) June 28* 189*9*,
Disease or Cause of Death, - of *accidental drowning*
(Primary and Secondary) ‡
Duration of Sickness, - - |

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

Signature and Residence of Certifying Physician,

Date of Certificate,

June 30 189*9*.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death, . . .	July 1 " 1899
2. Name,	Edith M Smith.
(Maiden Name), *	
(Name of Husband), *	Madgram Smith
3. Sex, and whether single,	Female (M)
Married, or Widowed,	Married
4. Color, †	White
5. Age,	36 Years, 6 Months, 19 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	
Duration of Sickness, .	
(By whom certified, .	Winthrop Mass
7. Residence,	
8. Occupation,	Michaela Street
9. Place of Death,	Ava Gerda,
10. Place of Birth,	Josaphin Penpeler
11. Name of Father,	Mary E. Hammond
12. Name of Mother,	Ava Gerda
(Maiden Name),	Ava Gerda
13. Birthplace of Father, .	Winthrop (Sweden)
14. Birthplace of Mother, .	Sweden
15. Place of Interment, .	Summer Field
Signature of Undertaker or other person making the Return,	

DATED at Winthrop, on July 1 1899

* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Edna M. Smith* Age, *36 yrs 6 mos 19 d.*
Date and Place of Death,† - died at. *Wintthrop (Marshall St) July 1st 1899,*
Disease or Cause of Death, - of *Chronic Interstitial Nephritis*
(Primary and Secondary.)‡
Duration of Sickness, - - *Not known*

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

Signature and Residence of Certifying Physician, ... *W. A. Morrison Princeton*

Date of Certificate, ... *Aug 30* 1899.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

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

1. Date of Death, . . . *July 2^d 1899*
 2. Name, *Alexandine Harrington*
 (Maiden Name),* . . . *McKinis*
 (Name of Husband),* . . . *Harrington*
 3. Sex, and whether single,
 Married, or Widowed, . . . *Female*
 Married
 White
 4. Color,†
 5. Age, *39* Years, () Months, () Days.

6. Disease or Cause of Death,
 (Primary and Secondary),‡

(By whom certified, . . .)

7. Residence, *Winthrop Mass*

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 person making~~)
 the Return,

Summer Floyd

DATED at *Winthrop* , on *July 3^d 1899*

* 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. Dec., 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

See date

Name and Age of Deceased,* *Alexander Harrington* Age, *39.*
Date and Place of Death,† *died at 22 Trident Ave Winthrop* *July 2* 189*8.*
Disease or Cause of Death, of *Pneumonia, Bronchitis*
(Primary and Secondary)‡
Duration of Sickness, - *Three weeks and one half.*
I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Edward F. Gage M.D.*
Levin Black Winthrop Beach Mass.
Date of Certificate, *July 3* 189*8.*

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

July 2nd

1899

Name and age of deceased:

Thomas Wilson Francis

Age

1 yrs.

11 mos.

26 dys.

Date and place of death:

July 2nd 1899-

8 Sagamore An. Winthrop Highlands.

Disease or cause of death:

Cerebral hemorrhage following

reflux of bile

Duration of disease: *

Eleven hours

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

Name and residence
of physician.

8 Sagamore An. Winthrop Highlands, E. A. Drummond, M.D.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

UNDERTAKER'S RETURN.—Boston.

Date of death, *July 2* 189*9* Name, *Thomas Wilson Francis*
Maiden name,* *—* Sex, *M*
~~Married~~, single, or widow of *—* wife of...
Color, *W* Age, *1* years, *11* mos., *26* days. Residence, *7 Sagamore st*
Place of death (street and number), *7 Sagamore st* *Winthrop district* Ward...
Place of birth, *E. Boston* Occupation,
Name of father, *Thomas* Maiden name of mother, *Catherine A Bagan*
Birthplace of father, *Proctor* Birthplace of mother, *E. Boston*
Place of interment,† *"Holy Cross" Malden*

* If a married woman or a widow.

† Give the name of the burialground.

Thos J. Kane Undertaker.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Mr. James F. Fournelle* at *Springfield* Sex, *F* Color, *N*

Date of Death, *July 17* 189*7*; Age, *—* Years, *—* Months, *5* Days.

Maiden Name, { If married, widowed }
or divorced. }

Husband's Name, *—*

Single, Married, Widowed or Divorced, *—* Occupation, *—*

*Residence, { If out of town, }
{ also state fully. }

Place of Birth, *—*

*Place of Death, *—*

Name of Father, *—*

Birthplace of Father, *—*

Maiden name of Mother, *—*

Birthplace of Mother, *—*

Place of Interment, (Give name of Cemetery), *—*

OF THE DEATH

OF

189

189

require that every householder in whose house a death occurs, the any of his kindred, or the person in charge of an institution in such a death, give notice thereof to the board of health or to see section 6.)

the death of any person under his charge to the board of health at which his vessel first arrives after such death. (See section 7.) sections 6 and 7, five dollars. (See section 8.) illness shall forthwith after the death of said person, upon quired facts. (See section 10.) 11.)

to the interment of a human body shall obtain the physician's together with the facts required by section 1, to the board of occurred.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

July 17th

189

9

5¹/₂

dys.

Name and age of deceased:

Unknown

Age

yrs.

mos.

Date and place of death:

Found July 17th 1899

Grover's Bluff

Disease or cause of death:

Unknown -

- Male -

Too much decomposed to furnish any proof of cause

Duration of disease: *

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

Name and residence }

of physician. }

Francis A. Harris M.D.
Med. Examiner

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bessie L. Quinn Sex, F Color,
Date of Death, July 24 1899 : Age, 5 Years, 5 Months, 17 Days.

Maiden Name, { if married, widowed
or divorced. }

Husband's Name, John Quinn

Single, Married, Widowed or Divorced, Married Occupation,

*Residence, { if out of town,
also state fully. } 14 Main

Place of Birth, " "

*Place of Death, " "

Name of Father, Patrick Quinn

Birthplace of Father, Irish

Maiden name of Mother, McKee

Birthplace of Mother, Scotland

Place of Interment, (Give name of Cemetery), St. Mary's Church

Dated at Smiths
on July 25 1899

Signature and
place of business
of Undertaker.

Summer Floyd
Smiths Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *

Susan S. Sheerin

Age, 5 mo 17 ds

Date and Place of Death, †

died at North Main Street July 24, 1897.

Disease or Cause of Death, -

of Cholera Infantum

(Primary and Secondary.) ‡

Duration of Sickness, -

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

Signature and Residence of Certifying Physician, -

Wm. J. Smith M.D.

Date of Certificate, -

July 25th

1897

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased:

Boston, July 25th, 1899
George A. Colman Age 27 yrs. x mos. x dys.

Date and place of death:

July 25, 1899 at 30 Cottage Ave.

Disease or cause of death:

Phthisis Pulmonalis

Duration of disease:*

One year

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

Name and residence

of physician.

W. J. Cross

M. D.

424 Broadway

S Boston

*It is very desirable to be informed of the duration of the disease.

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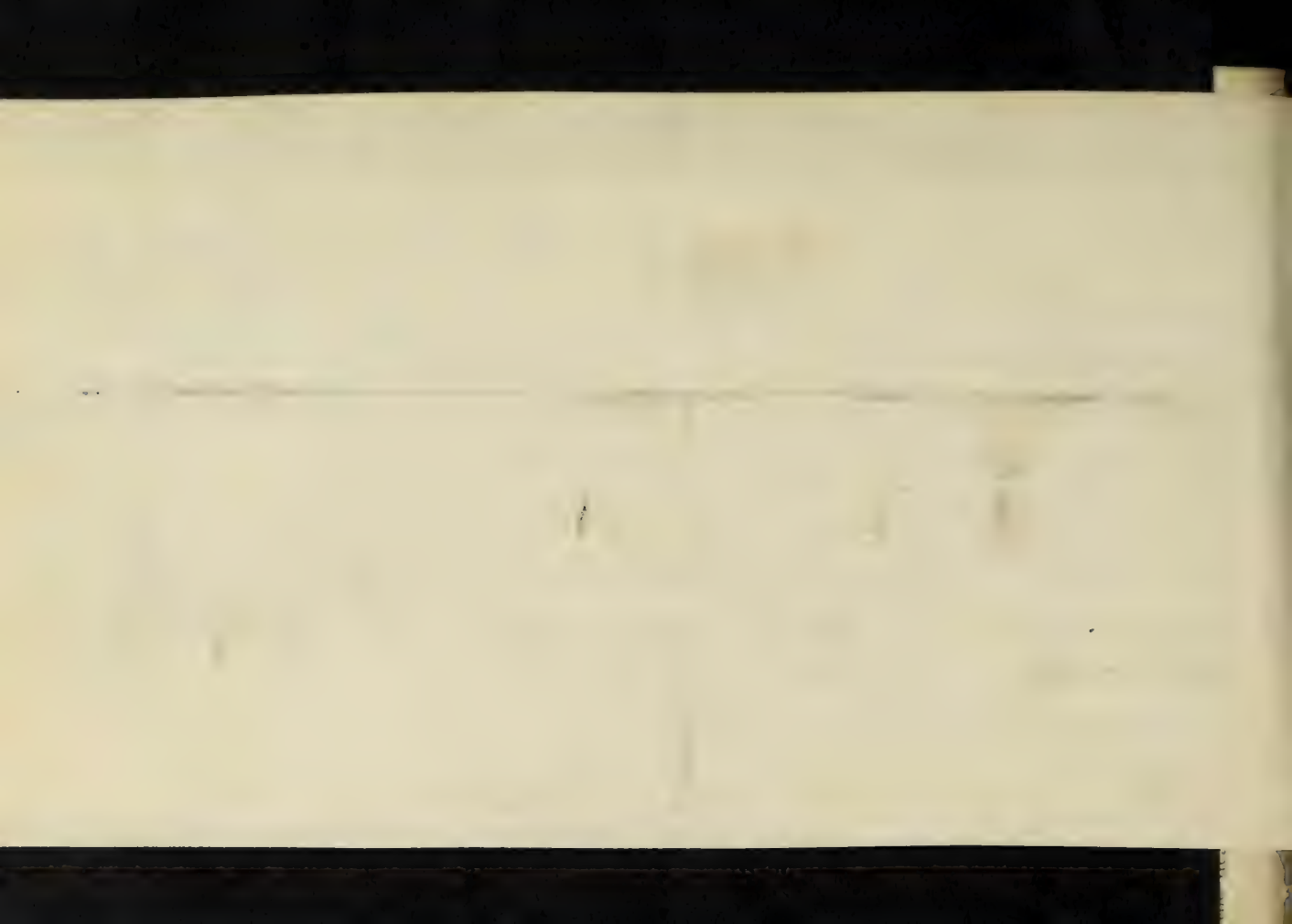
UNDERTAKER'S RETURN.—Boston.

Date of death, *July 25,* 189*9* Name, *Sarah A. Coleman*
Maiden name,* *Sarah Terry* Sex, *F.*
Married, ~~single, or widow of~~ wife of *Clement H.*
Color, *White* Age, *27* years, *7* mos., *7* days. Residence, *Hinthrop Mass*
Place of death (street and number), *#30 Cottage Ave* ward
Place of birth, *Boston* Occupation, *Housewife*
Name of father, *Martin Terry* Maiden name of mother, *Mary O'Neill*
Birthplace of father, *Ireland* Birthplace of mother, *Ireland*
Place of interment,† *Malden H. C.*

*If a married woman or a widow.

† Give the name of the burial ground.

John H. Lavery & Son Undertaker.



RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Mary Hoffman Collamore* Sex, *F* Color, *W*

Date of Death, *July 30* 189*9* : Age, *14* Years, *4* Months, *10* Days.

Maiden Name, { *If married, widowed*
or divorced. }

Husband's Name,

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, *S* Occupation,

*Residence, { *If out of town,*
{ *also state fully.* }

Wintthrop Mass

Place of Birth,

Wintthrop Mass

*Place of Death,

20 Tremont St. 'City' Mass

Name of Father,

Robert G. S. Collamore

Birthplace of Father,

Charlestown Mass

Maiden name of Mother,

Mary Nickerson

Birthplace of Mother,

Cape Bill

Place of Interment, (Give name of Cemetery),

Dated at

Wintthrop

on *July 30* 189*9*

Signature and
place of business
of Undertaker. }

No.

TURN OF THE DEATH

OF

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acts of 1897 require that every householder in whose house a death occurs, after the death of any of his kindred, or the person in charge of the vessel, give notice thereof to the board of health within ten days after the date of such a death, give notice thereof to the board of health within ten days after the death has occurred. (See section 6.)

The board of health shall give notice of the death of any person under his charge to the board of health at which his vessel first arrives after such death. (See section 8.)

(See section 11.)

The board of health shall obtain a preliminary to the interment of a human body shall obtain and return it, together with the facts required by section 1, of which the death or

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

May H. Colvamore

Age, 24 Y. 4 M. 10 D.

Place and Date of Death,‡

died at 20 Tenbury Street

July 30 1899

Disease or Cause of Death,§

Epilepsy

Duration of sickness,

Ten years.

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

Signature and Residence
of
Certifying Physician.

Wm J. Porter

M. D.

Winthrop.

Date of Certificate,

July 30th

1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

RE

at

Date,

Filed,

The provisions of chapter 444 of the
oldest person next of kin present at the time
which a death occurs, shall, within five days
the clerk of the city or town in which the death

The commanding officer of a vessel shall
or to the clerk of the city or town within the

Penalty for neglect to comply with the

A physician who has attended a person
request, furnish for registration a certificate of

Penalty for refusal or neglect, ten dollars

Any person having charge of the funeral
certificate made in accordance with section
health or to the clerk of the city or town in

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Martha Cox* Sex, *F* Color, *White*

Date of Death, *August 2nd* 189*9*; Age, *76* Years, *4* Months, *22* Days.

Maiden Name, { If married, widowed } *Martha Lightbody*
or divorced.

Husband's Name, *Archibald T. Cox*

~~Single, Married, Widowed or Divorced,~~ Occupation,

*Residence, { If out of town, } *229 Bennington Street - E. Boston*
also state fully.

Place of Birth, *Nova Scotia*

*Place of Death, *No 8 Atlantic Street Winthrop*

Name of Father, *James Lightbody*

Birthplace of Father, *Nova Scotia*

Maiden name of Mother, *M. C. Quinn*

Birthplace of Mother, *Scotland*

Place of Interment, (Give name of Cemetery), *East Boston Cemetery (Bennington St)*

Dated at *Winthrop*
on *August 2nd* 189*9*

Signature and
place of business
of Undertaker.

Summer Floyd
Winthrop Mass

RETURN OF THE DEATH

182

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Acts of 1897 require that every householder in whose house of the death of any of his kindred, or the person in charge after the date of such a death, give notice thereof to the board of health occurred. (See section 6.)

All give notice of the death of any person under his charge to the Commonwealth at which his vessel first arrives after such death. The requirements of sections 6 and 7, five dollars. (See section 10.)

on during his last illness shall forthwith after the death of the person setting forth the required facts. (See section 10.)

ars. (See section 11.)

deal rites preliminary to the interment of a human body shall observe the same order as in § 10, and return it, together with the facts required by section 10, which the death occurred.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Martha Cox* Age, *76* Y. *4* M. *22* D.
Place and Date of Death,‡ died at *Winthrop Aug 2* " 189*9*
Disease or Cause of Death,§ *Old Age*

Duration of sickness, *Six weeks*

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

Signature and Residence of Certifying Physician. { *Horace J. Soule* M. D.
Winthrop Mass

Date of Certificate, *Aug 4th* 189*9*.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

.....
at

D

F

The provisions of chapter 444 of
oldest person next of kin present at the
which a death occurs, shall, within five
the clerk of the city or town in which t

The commanding officer of a vess
or to the clerk of the city or town withi

Penalty for neglect to comply with

A physician who has attended a
request, furnish for registration a certifi

Penalty for refusal or neglect, ter

Any person having charge of the
certificate made in accordance with sec
health or to the clerk of the city or tow

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Hazel H. Smith* Age, *3 yr. 4 mo & 23 days*
Date and Place of Death,† - died at *8 Charles St. Hinthrop, Aug. 3^d 1897*,
Disease or Cause of Death, - of *Peritonitis Secondary to Enterocolitis*
(Primary and Secondary.)‡
Duration of Sickness, - *Five days*

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

Signature and Residence of Certifying Physician, *Wm. J. Porter, M.D. Hinthrop Mass.*

Date of Certificate, *Aug. 3^d 1897*

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

UNDERTAKER'S RETURN.—Boston.

Date of death, Aug 2 1899 Name, Hazel W Smith
Maiden name, * Smith Sex, Female
Married, single, or widow of _____ wife of _____
Color, White Age, 3 years, 4 mos., 3 days. Residence, Allston, Mass
Place of death (street and number), 8 Charles St Wintthol ward _____
Place of birth, Allston Mass Occupation, _____
Name of father, Wm L Smith Maiden name of mother, Cora E Thayer
Birthplace of father, Brighton Mass Birthplace of mother, Lynn, Mass
Place of interment, † Evergreen Cem Brighton, Mass

* If a married woman or a widow.

† Give the name of the burial ground.

John R Rader Undertaker.



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Conn. 4th 1897

Name and age of deceased: *Law O. R. Vanech* Age *67* yrs. mos. dys.

Date and place of death: *Aug 14th 1897 Pleasant*

Disease or cause of death: *Cancer of stomach*

Duration of disease: *

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

Name and residence
of physician. }

John A. Dickey M.D.
144 Saratoga St. E. B.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P. M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

1700

UNDERTAKER'S RETURN.—Boston. *Smith*

Date of death, *Aug 4th* 189*9* Name, *Lou E. M. Gaud*

Maiden name, * *M. G. Rath* Sex, *F*

~~Married~~, single, or widow of *John* wife of

Color, *W* Age, *67* years, *3* mos., *3* days. Residence, *47 Pleasant St*

Place of death (street and number), *47 Pleasant St* Ward

Place of birth, *Andover N.H.* Occupation, *Housewife*

Name of father, *Henry* Maiden name of mother, *Ellen James*

Birthplace of father, *Ireland* Birthplace of mother, *Ireland*

Place of interment, † *Dorchester St. Catholic Cemetery (N.Y.)*

* If a married woman or a widow.

† Give the name of the burial-ground.

T. H. Carter Undertaker.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Eunice Elizabeth E. Sweetland Sex, F Color, W

Date of Death, August 11 1899; Age, 74 Years, 3 Months, 19 Days.

Maiden Name, { If married, widowed } Widowed
or divorced.

Husband's Name, Robert E.

Single, Married, Widowed or Divorced, W. Occupation, —

*Residence, { If out of town, } Winthrop Mass
{ also state fully. }

Place of Birth, Montville Me

*Place of Death, No 1 Franklin Street

Name of Father, Eben Whitten

Birthplace of Father, Montville Me

Maiden name of Mother, Eunice Turner

Birthplace of Mother, Montville Me

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop

on August 11 1899

Signature and
place of business
of Undertaker.

{ Summer Bond
Winthrop Me

No.

RETURN OF THE DEATH

OF

189 .

189 .

Acts of 1897 require that every householder in whose house a death occurs, or the person in charge of the death of any of his kindred, or the person in charge of such a death, give notice thereof to the board of health. (See section 6.)

Every person under his charge to the Commonwealth at which his vessel first arrives after such death. (See section 8.)

During his last illness shall forthwith after the death of said person, give notice thereof to the board of health. (See section 10.)

(See section 11.)

Every person preliminary to the interment of a human body shall obtain a certificate of death, and return it, together with the facts required by section 1, which the death occurred.

PHYSICIAN'S CERTIFICATE.

Downey
Name and Age of Deceased,†

Ernest E. MacFarland Age, *7 1/2* Y. *2* M. *1 1/2* D.

Place and Date of Death,‡

died at *Winthrop, No 1 Fremont St Aug 11 1899*

Disease or Cause of Death,§

Bright's Disease of the Kidneys

Duration of sickness,

Two or more years

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

Signature and Residence
of
Certifying Physician.

A. B. Downey
56 Winthrop St

M. D.

Date of Certificate,

Aug 12 1899

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

at

Date

Filed

The provisions of chapter 444 of the oldest person next of kin present at the time which a death occurs, shall, within five days of the death, file with the clerk of the city or town in which the death occurs a certificate of death.

The commanding officer of a vessel or to the clerk of the city or town within which the vessel is registered.

Penalty for neglect to comply with the provisions of this chapter.

A physician who has attended a person who dies, and who neglects to furnish a certificate of death, shall be liable to a fine of not more than ten dollars.

Penalty for refusal or neglect, ten dollars.

Any person having charge of the funeral of a person who dies, and who neglects to file a certificate of death in accordance with section 444 of the general laws, shall be liable to a fine of not more than ten dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

189 .

Name and age of deceased:

Elizabeth Taylor 10 mos

Age

yrs.

2

mos.

12

dys.

Date and place of death:

August 10 1891

Putnam St.

Disease or cause of death:

Enteric fever

Duration of disease: *

one week

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

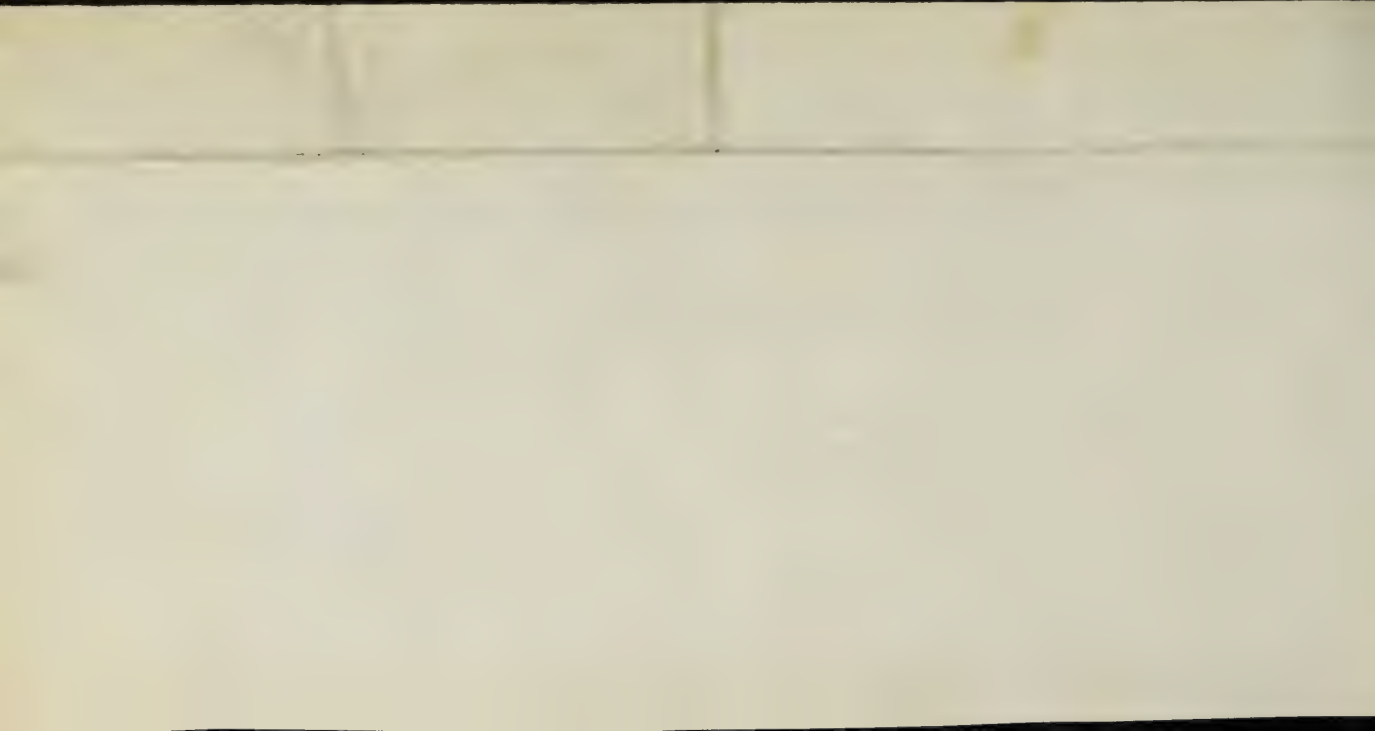
Name and residence
of physician. }

B. H. Metcalf

22 Winthrop St. Winthrop Mass. M.D.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P. M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



UNDERTAKER'S RETURN.—Boston.

Date of death,

Aug 10th 1899

Name,

Charles Henry Brown

Maiden name,*

.....

Sex,

Female

Married, single, or widow of

wife of

Color,

Age,

— years,

mos.,

12 days.

Residence,

12 North St. South

Place of death (street and number),

12 North St.

Ward

Place of birth,

London

Occupation,

Superintendent of Police

Name of father,

George H. Brown

Maiden name of mother,

Martha E. Williams

Birthplace of father,

England

Birthplace of mother,

England

Place of interment,†

12 North St. Burial Ground

* If a married woman or a widow.

† Give the name of the burial-ground.

RETURN OF A DEATH.

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

1. Date of Death, . . . August 17-1899
 2. Name, . . . (Maiden Name),* Alice Hall Jones
 (Name of Husband),* none
 3. Sex, and whether single, Married, or Widowed, female
 4. Color, † . . . white
 5. Age, . . . 41 Years, 4 Months, 15 Days.
 (Disease or Cause of Death, (Primary and Secondary), ‡) none
 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
~~in other person making~~
 the Return, . . .

DIED at Winthrop, on Aug 18 1899

* 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.]

13
12
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Charles Walter Jones

Age, 4 yrs -

Date and Place of Death,† - | died at

18 Lloyd Street August 17 " 1899.

Disease or Cause of Death, - | of

(Primary and Secondary)‡

Epithelioma of Tongue.

Duration of Sickness, - -

3 yrs.

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

Signature and Residence of Certifying Physician,

121 Rutland St. - 52 Wm. St. - 100 Wm. St.

Date of Certificate,

Aug 18th

1899.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

No.

RETURN OF A DEATH.

To the Clerk of the City or 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, . . .

1 Year, — Months, 15 Days.

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, . . .

Summer Floyd

DATED at

Winthrop

, on

Sept 9

1899

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If of 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 the absence 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 the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the certificate. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Donald W. Donovan* Age, *14 1/2*
Date and Place of Death,† - died at *Quincy Sept 8 1899,*
Disease or Cause of Death, - of *Marasmus*
(Primary and Secondary.)‡
Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Date of Certificate,

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth *Sept. 8th* 189*9*
Boston,
Name and age of deceased: *Edward F. Collins* Age *47* yrs. — mos. — dys.
Date and place of death: *Sept. 8th 1899.* *Cross St., near Almon St.*
Disease or cause of death: *Bright's Disease of the Kidneys*

Duration of disease: * *Probably some 4 or 5 years*

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

Name and residence } *Albert B. Dorman* M.D.
of physician. } *56 Wentworth St., Wentworth, Mass.*

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Sept 8th* 189*9* Name, *Edward A. Collins*
Maiden name,* — Sex, *Male*
Married, single, or widow of — wife of —
Color, *Wh* Age, *47* years, — mos., — days. Residence, *Cor Cross & Almont Sts*
Place of death (street and number), *Cor Cross & Almont Sts* Ward —
Place of birth, *Fair Haven Mass* Occupation, *Lawyer*
Name of father, *Joseph W* Maiden name of mother, *Sybil Kennison*
Birthplace of father, *Exeter Mass* Birthplace of mother, *Unknown*
Place of interment, † *Holy Cross Malden*

* If a married woman or a widow.

† Give the name of the burial-ground.

M. J. Kelly

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,...

Sept

1899

Name and age of deceased:

Leonard W. Blanchard

Age 45 yrs.

mos.

dys.

Date and place of death:

Sept 9

Winthrop Beach

Disease or cause of death:

General paresis (Slight Paralysis)

Duration of disease: *

Probably some years.

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

Name and residence
of physician. }

A. B. Dorman

M.D.

56 Winthrop St. Winthrop, Mass.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Sept 9* 189*9* Name, *Dana W Blanchard*
Maiden name,* .. Sex, *M*
Married, single, or widow of .. wife of ..
Color, *W* Age, *45* years, .. mos., .. days. Residence, *509 Columbus Ave*
Place of death (street and number), *Young Hotel* Ward ..
Place of birth, *Boston* Occupation, *Wentworth Clerk*
Name of father, *Dana H.* Maiden name of mother, *Mary Haley*
Birthplace of father, *W. H.* Birthplace of mother, *New Brunswick*
Place of interment, † *Forest Hill*

* If a married woman or a widow.

† Give the name of the burialground.

J. T. F. F. F.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept. 13 1899
Name and age of deceased: Alice Duncan Age 8 yrs. 8 mos. 9 dy.
Date and place of death: September 13th at 9 King Ave. Winthrop Mass.
Disease or cause of death: Marasmus
seven months
Duration of disease: *

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

Name and residence
of physician. }

J. Johnson M. D.

*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., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

8/10/15

UNDERTAKER'S RETURN.—Boston.

Date of death, *Sept. 13* 189*9*. Name, *Mieie Duncan*.
 Maiden name,* Sex, *F.*
 Married, single, or ~~widow~~ of wife of *311 St. Germaine St.*
 Color, *W.* Age, *—* years, *8* mos., *9* days. Residence, *Boston*
 Place of death (street and number), *9 Fair Ave.* ward *North of*
 Place of birth, *Boston* (Occupation, *Factory*) Clerk.
 Name of father, *Andrew S.* Maiden name of mother, *Sadie E. Dugan*
 Birthplace of father, *Low Boston* Birthplace of mother, *Dorchester Mass.*
 Place of interment,† *N. E. Hope Cemetery*

* If a married woman or a widow.

† Give the name of the burial ground.

W. J. Brown Undertaker.



PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Luke Owens Age, 36

Date and Place of Death,† - died at Boston Harbor Sept. 14th 1899,

Disease or Cause of Death, - of Accidental drowning
(Primary and Secondary.)‡

Duration of Sickness, - -

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

Signature and Residence of Certifying Physician, Francis A. Harris M.D. Boston

Date of Certificate, Sept. 20th 1899.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 an agent or physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as 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.

UNDERTAKER'S RETURN.—Boston.

Date of death, *September 14* 189*9* Name, *Luke Orens*

Maiden name,* *_____* Sex, *Male*

~~Married~~, single, or widow of _____ wife of _____

Color, *W* Age, *3* (years, mos., days. Residence, *Boston*

Place of death (street and number) *Farm Bar, Boston Harbor* ward *_____*

Place of birth, _____ Occupation, _____

Name of father, _____ Maiden name of mother, _____

Birthplace of father, _____ Birthplace of mother, _____

Place of interment,† *Millimant's Corn*

* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Erimer Floyd
Wintthrop Mass

RETURN OF A DEATH.

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

1. Date of Death, . . . *October 6, 1898*

2. Name, . . . *Eugenia Jane Putnam*
(Maiden Name), *
(Name of Husband), *
Female

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

4. Color, † . . . *White*

5. Age, . . . *53* Years, *1* Month, *23* Days

(Disease or Cause of Death,
(Primary and Secondary), ‡
6. Duration of Sickness, .
(By whom certified, .
7. Residence, . . . *In Care
Spitting House*

8. Occupation, . . . *Putnam Street
Shed, P. O. 2*

9. Place of Death, . . . *Spitting House*

10. Place of Birth, . . . *Dane Putnam
England*

11. Name of Father, . . . *Spitting House*

12. Name of Mother, . . . *Putnam Paper*
(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 *Spitting*, on *Oct 6*, 18*98*.

* 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; Acts of 1893, Chapter 263.]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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 a 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.

[Handwritten notes and signatures are visible in the lower half of the page, including "1891" and "1892".]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Elizabeth Jane Putnam Age, 55-1-23
Date and Place of Death, † - died at Winthrop (Putnam Street) Oct 6 1899,
Disease or Cause of Death, - of Multiple Sclerosis
(Primary and Secondary) ‡
Duration of Sickness, - - Nine months.

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

Signature and Residence of Certifying Physician, Horace J. Soule M.D.

Date of Certificate, Oct 7th

1899.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. December, 1896. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Oct 6* 189*9* Name, *Edward Oye*
Maiden name,* _____ Sex, *M.*
Married, single, or widow of _____ wife of _____
Color, *W.* Age, *73* years, *5* mos., *3* days. Residence, *30 Reed St*
Place of death (street and number), *30 Reed St* *Winthrop* Ward _____
Place of birth, *Canada* Occupation, *Labourer*
Name of father, *David* Maiden name of mother, *Louie Gerald*
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.

Thos. J. Lane Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Edward W. [unclear]* *Oct 1* *189*
 Date and place of death: *Oct 6, 1899* *Essex St. [unclear]*
 Disease or cause of death: *Tumors of stomach*
 Duration of disease: * *One (1) year*

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

Name and residence
of physician.

Edward W. [unclear] *Essex St. [unclear]* *M.D.*
[Signature]

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Edward Cup* Age *13* yrs. *13* mos. *3* dys. 189*9*
 Date and place of death: *Oct 6, 1899* *Essex St. North*
 Disease or cause of death: *Gastritis of stomach*
Due to overeating
 Duration of disease: *
 I certify that the above is true, to the best of my knowledge and belief.
 Name and residence } *Henry J. Brown* M.D.
 of physician. }

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

UNDERTAKER'S RETURN.—Boston.

Date of death, *Oct 6* 189*9* Name, *Edward Oye*
Maiden name,* _____ Sex, *M.*
Married, single, or widow of _____ wife of _____
Color, *W.* Age, *73* years, *5* mos., *3* days. Residence, *30 Reed St*
Place of death (street and number), *30 Reed St* *Winthrop* Ward
Place of birth, *Canada* Occupation, *Labore*
Name of father, *David* Maiden name of mother, *Louie Gerald*
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.

Thos. J. Lane Undertaker.

五二

RETURN OF A DEATH.

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

1. Date of Death, . . . *Oct 9 9 1899*

2. Name, *John J. Smith*
 (Maiden Name),* . . . *Anna*
 (Name of Husband),* . . . *John*

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

4. Color, † *White*

5. Age, *31* Years, *11* Months, *9* Days.

(Disease or Cause of Death,
 (Primary and secondary), ‡
 Duration of Sickness, . . .
 By whom certified, . . .
 7. Residence, *Highway Street*
 8. Occupation, *Engineer*
 9. Place of Death, *Home*
 10. Place of Birth, *Illinois*
 11. Name of Father, *John J. Smith*
 12. Name of Mother, *Anna*
 (Maiden Name),
 13. Birthplace of Father, . . .
 14. Birthplace of Mother, . .
 15. Place of Interment, . . .
 Signature of Undertaker)
 or other person making)
 the Return,) *John J. Smith*

DATED at *Oct 9* , on *1899* 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *John J. Hunter* Age, *31 yr - 11 mo 9*

Date and Place of Death,† - died at *Wintrop, October 9 " 1899* *1899*

Disease or Cause of Death, - *Pyemia resulting from Septic Thrombosis originating*
of in left internal saphenous vein, Secondary Erysipelas
 (Primary and Secondary.)‡ *followed by Rt. Lobar Pneumonia and a general*
syphilitic condition. Entire course two months.

Duration of Sickness, - *Pyemia about nine days.*

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

Signature and Residence of Certifying Physician, *Frank H. Lillan.*
15 Princeton St. East Boston

Date of Certificate, *Oct 10* *1899.*

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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Primary
General Septic Condition

Secondary or
immunito-rumors

Pyæmia, from a
Septic Thrombosis

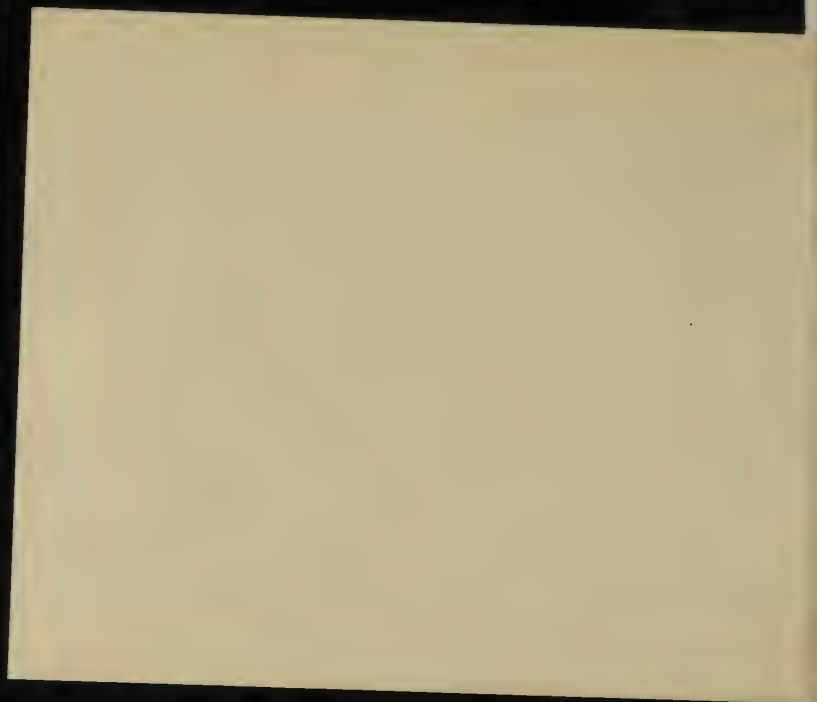
FRANK H. TILTON, M. D.

15 Princeton Street.

OFFICE HOURS:
1 to 3 and 7 to 8 P. M.

Sundays, 12.30 to 1.30 P. M.

CONNECTED BY TELEPHONE.



RETURN OF A DEAD H.

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

1. Date of Death, . . .	Oct 11 th 1899
2. Name, . . . (Maiden Name), * (Name of Husband), *	Mary P. Schaub Mary P. Schaub J. M. Schaub
3. Sex, and whether single, Married, or Widowed,	Female Married, Wife
4. Color, † . . .	White
5. Age, . . .	7 ¹ / ₂ Years, 2 Months, 18 Days.
6. { Disease or Cause of Death, (Primary and Secondary), † { Duration of Sickness, . . . { By whom certified, . . .	General Paralysis - see above 7 ¹ / ₂ months Physician M. D. W. McIntosh
7. Residence, . . .	Wentworth
8. Occupation, . . .	Edgewood Ave
9. Place of Death, . . .	Edgewood
10. Place of Birth, . . .	Madison, Ind.
11. Name of Father, . . .	William
12. Name of Mother, (Maiden Name), . . .	William
13. Birthplace of Father, . . .	Wentworth
14. Birthplace of Mother, . . .	Wentworth
15. Place of Interment, . . .	Wentworth
Signature of Undertaker whether person making the Return, . . .	Summer Floyd
DATED at	Wentworth, on
	Dec 12 1899

* 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. May, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mary P. [unclear]* Age, *4-2-11*
Date and Place of Death,† - died at *33 Pleasant St. [unclear]* *Mass* *189*
Disease or Cause of Death, - | of *General Puerperal [unclear]*
(Primary and Secondary.)‡
Duration of Sickness, - - | *9 months*

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

Signature and Residence of Certifying Physician, *[Signature]*

Date of Certificate, *Oct. 14* *189*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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, . . .	Oct 14 th
2. Name, . . .	Jesse M. Sturtevant
(Maiden Name), *	—
(Name of Husband), *	Alaie
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, † . . .	White
5. Age, . . .	75 Years, 14 Months, 1 Days.
(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, . . .	Wm. T. P. Cunniff } Dummer (Signed)

DATED at *Winthrop*, on *Oct 15* 189*9*

* 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; Acts of 1893, Chapter 203.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,

Jessie M. Hunt

Age,

25-4-1

Date and Place of Death,†

died at

14th St

189

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Central Hemorrhage

Duration of Sickness, -

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

Signature and Residence of Certifying Physician,

Dr. J. M. Hunt

Date of Certificate,

7-4

189

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Elizabeth A. Gernburg* Age *44* yrs. *Oct. 16* 189*9*.
 Date and place of death: *Oct. 16 '99* - # *10* *Summit Ave. Winthrop*
 Disease or cause of death: *Carcinoma*

*Duration of disease: **

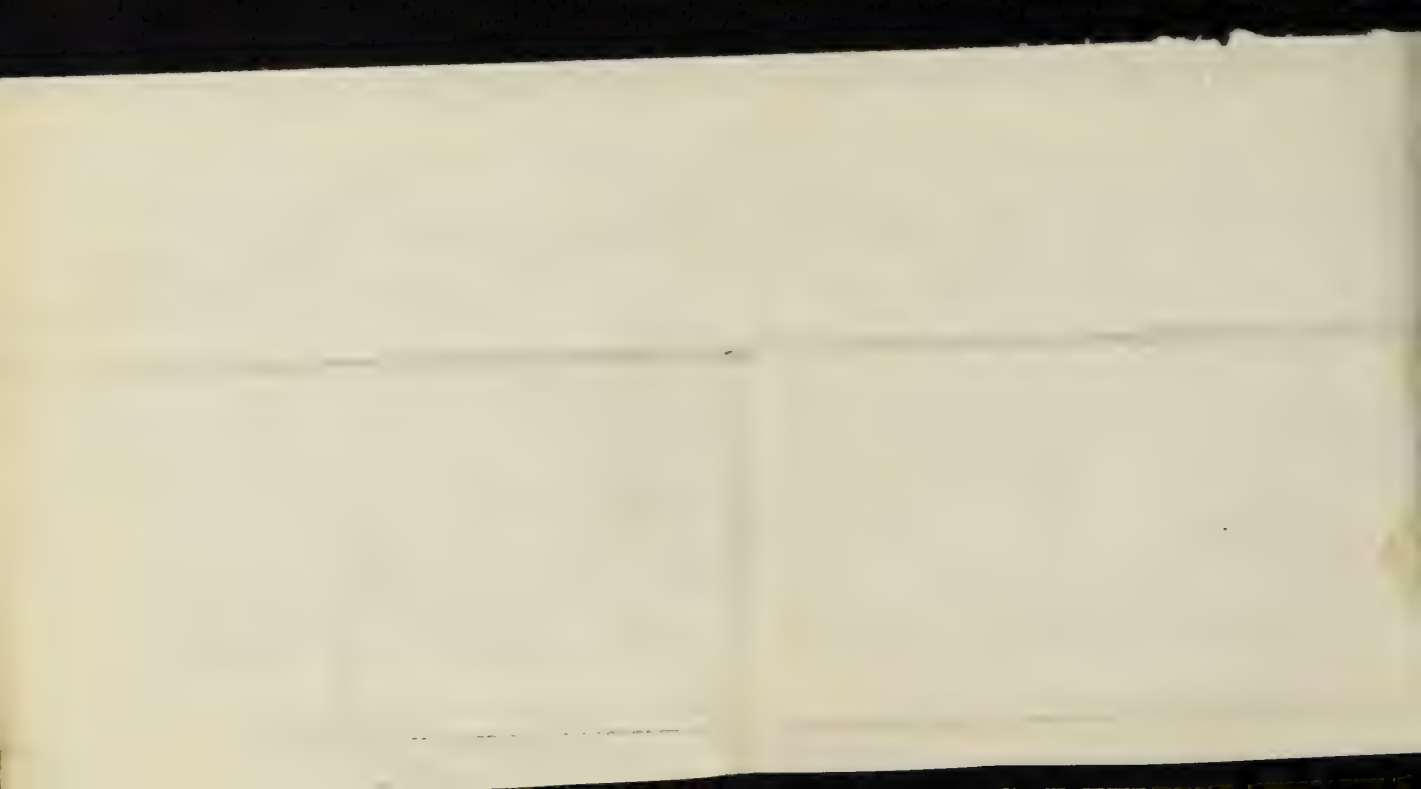
I certify that the above is true, to the best of my knowledge and belief.

Name and residence
of physician.

W. B. A. S. C. L. ... M.D.

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows : — Saturdays, 9 A.M. till 1 P. M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M. ; Sundays, 10 A.M. till 12 M. ; Holidays, from 10 A.M. till 12 M. ; other days, from 9 A.M. till 5 P.M.



UNDERTAKER'S RETURN. — ~~Boston~~.

Date of death, *Oct. 16* 189*9*. Name, *Elizabeth A. Grunberg*
 Maiden name, * *Critchley* Sex, *F.*
 Married, single, or ~~widow~~ of *wife of Meyer*
 Color, *W.* Age, *44* years, mos., days. Residence, *Winthrop*
 Place of death (street and number), *10 Summit Ave.* Ward
 Place of birth, *Limerick Mass.* Occupation, *Housewife*
 Name of father, *George* Maiden name of mother, *Mary Ott.*
 Birthplace of father, *England* Birthplace of mother, *N. S.*
 Place of interment, † *Winthrop Cemetery.*

* If a married woman or a widow.

† Give the name of the burial-ground.

E. J. Brown Undertaker.

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, 43 Years, 2 Months, 14 Days.

(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
or other person making
the Return,

DATED at Winthrop, on Dec 20 18 99

^{*} 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; Acts of 1893, Chapter 263.*]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct. 19th 1899
Name and age of deceased: Norman Perry Age 43 yrs. 2 mos. 14 dys.
Date and place of death: Oct. 19th 135th Shirley St. Wailuroth
Disease or cause of death: Gunshot wound of chest. Probably
accidental.

Duration of disease: *

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

Name and residence
of physician. }

Francis A. Harris M.D.
Med. Examiner

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

The office of the Board of Health will be open for the granting of permits for burial, as follows: — Saturdays, 9 A.M. till 1 P. M., except during the months of June,

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct 29 1899

Name and age of deceased: *Arthur J. Nunes* Age *8* yrs. *2* mos. *27* dys.

Date and place of death: *October 29th 1899 - Park Avenue Winthrop*

Disease or cause of death: *Spinal Meningitis*

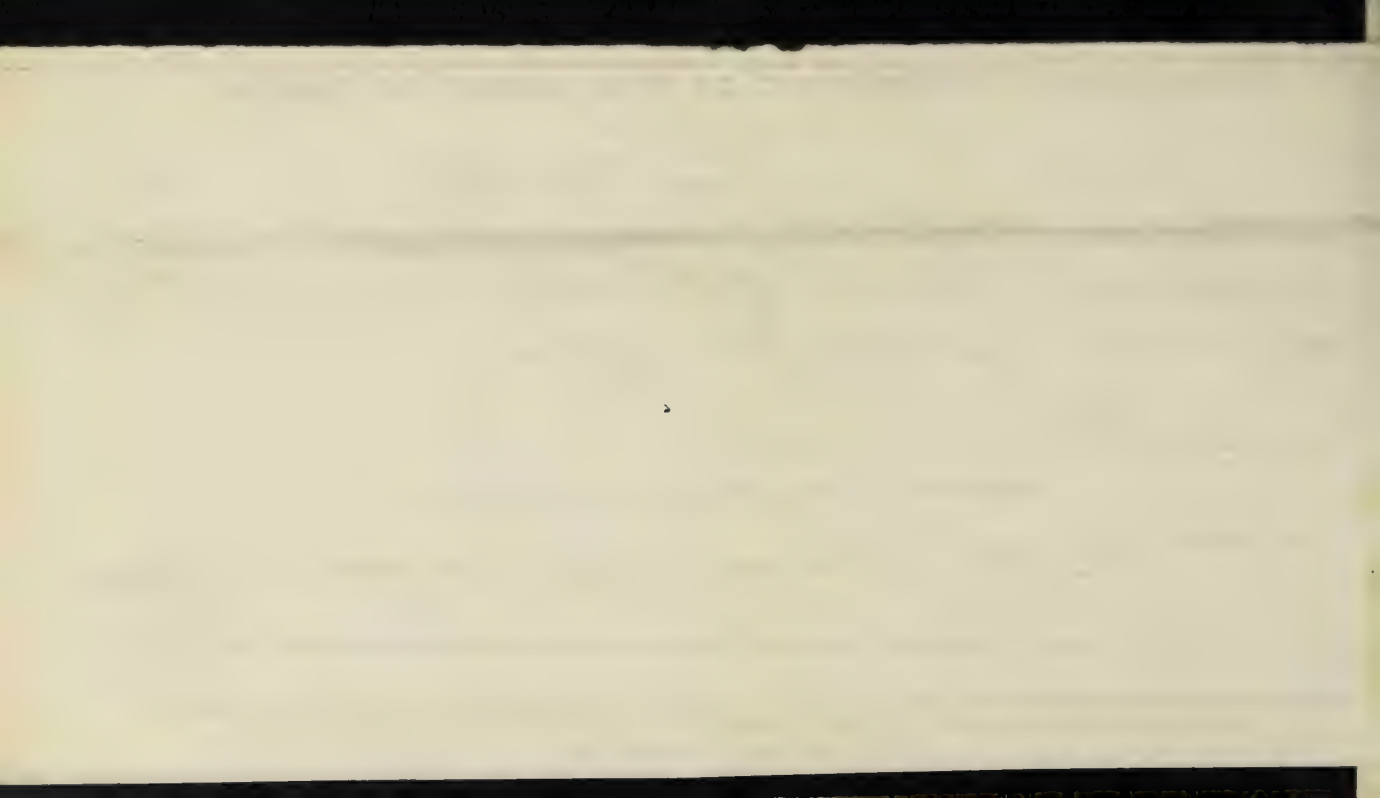
Duration of disease: * *Three weeks*

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

Name and residence
of physician. } *Horace J. Bone M.D. Winthrop Mass*

* It is very desirable to be informed of the duration of the disease. When more than one cause of death is mentioned state the duration of each.

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UNDERTAKER'S RETURN. ~~Boston.~~ *Winthrop*

Date of death, *Oct 29* 189*9* Name, *Arthur J. Kunes*
Maiden name, * Sex, *M*
~~Married~~, single, or ~~widow~~ of *S* wife of.
Color, *W* Age, *8* years, *2* mos. *27* days. Residence, *Winthrop*
Place of death (street and number), *Park Ave Winthrop* Ward
Place of birth, *Boston* Occupation,
Name of father, *Edw. J.* Maiden name of mother, *Mary J. Pacheco*
Birthplace of father, *Boston Portugal* Birthplace of mother, *St George Western Island*
Place of interment, † *Malden*

* If a married woman or a widow.

† Give the name of the burial-ground.

W. J. Murphy Undertaker.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

PHYSICIAN'S CERTIFICATE.

November 5

Name and Age of Deceased, †

John Craig

Age, 8 1/2 Y.

M. D. 5-4

Place and Date of Death, ‡

died at

Pleasant St Wrentham Mass 1899

Disease or Cause of Death, §

Old age. Cardiac failure, Strangulated hernia

Duration of sickness,

2 months.

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

Signature and Residence
of
Certifying Physician.

B. H. Merrett
52 Wrentham St
Wrentham Mass

M. D.

Date of Certificate,

Nov 7

1899.

Give also street and number, if any.

Or sex of infant not named. If still-born, so state.

† If child died immediately after birth, so state.

If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

R

.....

at ..

Date,

Filed,

The provisions of chapter 444 of the oldest person next of kin present at the time which a death occurs, shall, within five days the clerk of the city or town in which the de

The commanding officer of a vessel shall or to the clerk of the city or town within the Penalty for neglect to comply with the

A physician who has attended a person request, furnish for registration a certificate

Penalty for refusal or neglect, ten dol

Any person having charge of the funeral certificate made in accordance with section

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. 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,

Nov. 24th - 99.
Leo Masters.

male & married

33 Years, ~ Months, ~ Days.

165 Shirley St. Winthrop
Ship's steward. mass.
Winthrop. mass.
L'pool. Eng.
Cencezger Masters

Warrington Eng.
Winthrop. mass.

Signature of Undertaker
~~the Return~~ ^{making}
Summer Floyd

DATED at Winthrop, on Nov 25 18 99

* 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; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

1. Date of Death,	December 1 st 1899
2. Name,	Frederick Henry Gordon
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, †	White
5. Age,	Years, 2 1/2 Months, ~ Days.
Disease or Cause of Death, (Primary and Secondary), †	Heart Disease
6. Duration of Sickmess,	220 Days
By whom certified,	
7. Residence,	220 Shirley St
8. Occupation,	" Frank L. Foster
9. Place of Death,	Edwin Vanehe Carew.
10. Place of Birth,	Massachusetts
11. Name of Father,	Deceased
12. Name of Mother, (Maiden Name),	Josephine Josephine Rose
13. Birthplace of Father,	
14. Birthplace of Mother,	
15. Place of Interment,	Sanitary Burial
Signature of Undertaker or other person making the Return,	Samuel Floyd

DATED at Wentworth, on Dec 1st 1899

* 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; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mildred Helen Fowler* Age, *2 1/2 mos.*
Date and Place of Death,† - died at. *Winthrop, Dec. 1st* *1899,*
Disease or Cause of Death, - of *Pneumonia*
(Primary and Secondary.)‡
Duration of Sickness, - *Nine days.*

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

Signature and Residence of Certifying Physician, *A. J. Porter, Winthrop.*

Date of Certificate, *Dec. 1st* *1899.*

* If Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.
Plate. Ed. December, 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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RETURN OF A DEATH.

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

December 5th 1899
John Henry Small

(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 Waltham, on Dec 5th 1899

* 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.

67 Years, ~ Months, ~ Days.

Male
Married
White

Waltham Mass
Walden St
No 17. Waltham
Waltham Mass
Waltham Mass
Waltham Mass

Waltham Mass
Waltham Mass
Waltham Mass
Waltham Mass

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]

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; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, 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 a human body 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.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

John H. Donnell

Age, *67* Y. *~* M. *~* D.

Place and Date of Death,‡

died at

Winthrop (Maine) Dec 6

1899

Disease or Cause of Death,§

Apoplexy

Duration of sickness,

twenty four hours

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

Signature and Residence
of
Certifying Physician.

Horace L. Soule

M. D.

Winthrop Mass

Date of Certificate,

Dec 8

1899.

Give also street and number, if any.

Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

at

Date,

Filed,

The provisions of chapter 444 of the oldest person next of kin present at the time which a death occurs, shall, within five days the clerk of the city or town in which the death occurs.

The commanding officer of a vessel shall report to the clerk of the city or town within the time specified in the regulations of the board of health.

Penalty for neglect to comply with the provisions of this section, ten dollars.

A physician who has attended a person who has died, shall, upon request, furnish for registration a certificate of the cause of death.

Penalty for refusal or neglect, ten dollars.

Any person having charge of the funeral of a person who has died, shall, upon request, furnish for registration a certificate of the cause of death in accordance with section 444 of the chapter of the city or town in which the death occurs.

RETURN OF A DEATH.

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

1. Date of Death, . . .	February 10 th 1897
2. Name,	Adeline Kametitzky
(Maiden Name), *	Carrie
(Name of Husband), *	James A. Gendron
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	Female
5. Age,	59 Years, — Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), †	
6. Duration of Sickness, . (By whom certified, .	
7. Residence,	Quincy, Mass.
8. Occupation,	
9. Place of Death,	47 Farnum Street
10. Place of Birth,	Polish, Warsaw
11. Name of Father,	Quadrant
12. Name of Mother, (Maiden Name),	Quadrant
13. Birthplace of Father,	Quadrant
14. Birthplace of Mother,	Quadrant
15. Place of Interment,	Quadrant
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.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body 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.

Handwritten: 2000-10-10
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PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Adeline R. Gore

Age, *69* Y. ☒ M. ☒ D.

Place and Date of Death,‡

died at *Winthrop December 10th*

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Disease or Cause of Death,§

Pneumonia Typhoid

Duration of sickness,

Twenty three days

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

Signature and Residence
of
Certifying Physician.

Norman J. Soule
Winthrop

M. D.

Date of Certificate,

Dec 12th

1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

at

Date

File

The provisions of chapter 444 of the oldest person next of kin present at the time which a death occurs, shall, within five days of the death, appear before the clerk of the city or town in which the death occurs.

The commanding officer of a vessel shall appear before the clerk of the city or town within ten days of the death.

Penalty for neglect to comply with the provisions of this section.

A physician who has attended a person who dies shall, upon request, furnish for registration a certificate of death.

Penalty for refusal or neglect, ten dollars.

Any person having charge of the funeral shall, upon request, furnish for registration a certificate of death.

Any person having charge of the funeral shall, upon request, furnish for registration a certificate of death.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Era W. Donner Sex, F Color, W

Date of Death, December 31 1899; Age, 29 Years, 8 Months, 22 Days.

Maiden Name, { If married, widowed or divorced. } Aitken

Husband's Name, William J. Donner

Single, Married, Widowed or Divorced, Married Occupation, Housewife

*Residence, { If out of town, also state fully. } 49 Bowdoin Street

Place of Birth, Charlottetown P. E. Island

*Place of Death, 49 Bowdoin Street (Winthrop)

Name of Father, William F. Aitken

Birthplace of Father, Anna Aitken

Maiden name of Mother, Unknown

Birthplace of Mother, Charlottetown P. E. Island

Place of Interment, (Give name of Cemetery), Temporary Deposit. Rec. Tomb

Dated at Winthrop

on January 1 1890

Signature and place of business of Undertaker.

Summer Floyd
Winthrop, Mass

JURN OF THE DEATH

三

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Acts of 1897 require that every householder in whose house a death occurred. (See section 6.)

All give notice of the death of any person under his charge to the Commonwealth at which his vessel first arrives after such death. (See section 8)

Requirements of sections 6 and 7, five dollars. (See section 8)

Person during his last illness shall forthwith after the death of a person setting forth the required facts. (See section 10.)

lars. (See section 11.)

lars. (See section 11.)
 eal rites preliminary to the interment of a human body shall obtain
 10, and return it, together with the facts required by section
 which the death occurred.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† ... *Eva M Sawmes* ... Age, *29 Y 8 M 22 D*
Place and Date of Death,‡ died at ... *Wintrop Mass* ... ~~*January 1899*~~ *December 1899*
Disease or Cause of Death,§ ... *Pneumonia*
Duration of sickness, ... *6 Days*

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

Signature and Residence
of
Certifying Physician.

J. B. Johnson M. D.
Wintrop Mass

Date of Certificate,

Jan'y 2 1899

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

at

Date

File

The provisions of chapter 444 of the oldest person next of kin present at the which a death occurs, shall, within the clerk of the city or town in which the

The commanding officer of a vessel or to the clerk of the city or town within

Penalty for neglect to comply with

A physician who has attended a person request, furnish for registration a certificate

Penalty for refusal or neglect, ten dollars

Any person having charge of the funeral certificate made in accordance with section health or to the clerk of the city or town



