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Commonwealth of Massachusetts.

1900

No. 1

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, Henry Carney Sex, M Color, N
 Date of Death, Jan 5 ¹⁹⁰⁰ ~~189~~; Age, 76 Years, 11 Months, 23 Days.
 Maiden Name, { If married, widowed } Married
 or divorced.
 Husband's Name, _____
~~Single, Married, Widowed or Divorced,~~ Married Occupation, Engineer
 *Residence, { If out of town, } Winthrop Mass
 also state fully.
 Place of Birth, Boston Mass
 *Place of Death, Oakland Street Winthrop Mass
 Name of Father, Daniel Carney
 Birthplace of Father, Mary Wheeler Pittston Me
 Maiden name of Mother, Mary Wheeler
 Birthplace of Mother, Boston Mass
 Place of Internment, (Give name of Cemetery), Winthrop Cemetery (Winthrop)
 Dated at Winthrop
 on Jan 6 1899 Signature and place of business of Undertaker, { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Henry Carney Age, 76 Y. 11 M. 23 D.
 Place and Date of Death, ‡ died at Winthrop January 5 ~~189~~ 1900
 Disease or Cause of Death, § Alcohol of Liver
Occasional attacks for years
last sickness 6 days
 Duration of sickness, _____

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

Signature and Residence
 of
 Certifying Physician.

D. E. Johnson M. D.
Winthrop

Date of Certificate,

Jan 7 1899 Mass.

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.

No. 1

RETURN OF THE DEATH

OF
Fanny Carey
at Whitrope
Date, January 5 ~~1897~~ 1902
Filed, January 6 ~~1897~~ 1902

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 2

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, Stillborn Infant Sex, Female Color, W

Date of Death, January 14th 1900 ; Age, — Years, — Months, — Days.

Maiden Name, — (If married, widowed or divorced.)

Husband's Name, —

Single, Married, Widowed or Divorced, — Occupation, —

*Residence, { If out of town, } 78. Bordon Street
{ also state fully. }

Place of Birth, 78. Bordon Street

*Place of Death, 78. Bordon Street

Name of Father, Daniel J. MacDonald

Birthplace of Father, P. E. Island

Maiden name of Mother, Rosella MacDonald

Birthplace of Mother, P. E. Island

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, Summer Floyd
on Jan 15th 1900 Osterman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † (Stillborn) MacDonald Age, — Y. — M. — D.

Place and Date of Death, † died at 78 Bordon St Winthrop Jan 14 1900

Disease or Cause of Death, § stillborn.

Duration of sickness, —

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

Signature and Residence of Certifying Physician, B. H. H. H. H. H. M. D.

Date of Certificate, Jan 16th 1900

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.

No.

3

RETURN OF THE DEATH

OF
William Infant of
Daniel G. MacDonald
at *Winthrop (Bendouklee)*
Date, *January 14* 189*1900*
Filed, *January 15* 189*1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 3

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, Ernest Blake Allen Sex, M Color, W
 Date of Death, January 16 ¹⁹⁰⁰ ~~189~~; Age, 20 Years, 10 Months, 1 Days.
 Maiden Name, { If married, widowed }
 or divorced. —
 Husband's Name, —
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, Occupation, Student
 *Residence, { If out of town, } Winthrop Mass
 also state fully. {
 Place of Birth, Lynn Mass
 *Place of Death, 31 Atlantic Street Winthrop
 Name of Father, William D. Allen
 Birthplace of Father, Boston Mass
 Maiden name of Mother, Louise O. Etherington
 Birthplace of Mother, Nova Scotia
 Place of Interment, (Give name of Cemetery), Pine Grove Cemetery Lynn Mass
 Dated at Winthrop Signature and place of business { Summer Floyd
 on January 16 ¹⁹⁰⁰ ~~189~~ of Undertaker. { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ernest Blake Allen Age, 20 Y. 10 M. 1 D.
 Place and Date of Death, † died at Winthrop Mass Jan'y 16 ¹⁹⁰⁰ ~~189~~
 Disease or Cause of Death, § Malignant Endocarditis following
Typhoid Fever.
 Duration of sickness, 10 weeks.

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, —

Winthrop
Jan'y 17 ¹⁹⁰⁰ ~~189~~ Mass

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.

No. 2

RETURN OF THE DEATH

OF
Ernest Blate Allen

at
Wintrop

Date, January 16 ~~1897~~ 1900

Filed, January 17 ~~1897~~ 1900

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 4

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, George D. Munroe Sex, M Color, W
 Date of Death, January 25 1900; Age, 32 Years, 6 Months, Days.
 Maiden Name, { If married, widowed or divorced. }
 Husband's Name,
~~Single, Married, Widowed or Divorced,~~ Occupation, Engineer
 *Residence, { If out of town, also state fully. } 10, Sturgis Street, Winthrop
 Place of Birth, Nova Scotia
 *Place of Death, 10, Sturgis Street, Winthrop
 Name of Father, William Munroe
 Birthplace of Father, Nova Scotia
 Maiden name of Mother, Lydia Ann Smith
 Birthplace of Mother, Nova Scotia
 Place of Interment, (Give name of Cemetery), Willedale Cemetery Haverhill Mass
 Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
 on January 25 189 Herman Street
Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † George D. Munroe Age, 32 Y. 6 M. D.
 Place and Date of Death, † died at 10 Sturgis Street Jan 25 " 1900
 Disease or Cause of Death, § Tuber culosis of the lungs
 Duration of sickness, Confined to bed four 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.

Chairman Winthrop

Date of Certificate, Jan. 26th 1900

Board of Health

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.

No.

4

RETURN OF THE DEATH

OF
George D. Munroe
at
Winthrop Mass
Date, *January 25* ~~1897~~ *1902*
Filed, *January 26* ~~1897~~ *1902*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 5

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, *Berry Mitchell* Sex, *M* Color, *OB*
Date of Death, *February 4th 189⁹* ; Age, *65* Years, *~* Months, *~* Days.
Maiden Name, { If married, widowed }
or divorced. {
Husband's Name, {
~~Single, Married, Widowed or Divorced,~~ Occupation, *Barber*
*Residence, { If out of town, } *1 Oakland Street*
{ also state fully. }
Place of Birth, _____
*Place of Death, *1 Oakland Street*
Name of Father, _____
Birthplace of Father, _____
Maiden name of Mother, _____
Birthplace of Mother, _____
Place of Interment, (Give name of Cemetery), *Wintthrop Cemetery*
Dated at *Wintthrop* Signature and place of business { *Summer Floyd*
on *February 5th 189⁹* of Undertaker. { *Wintthrop Mass*

Copy of Original **PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased, † *Berry Mitchell* Age *65 Y. ~ M. ~ D.*
Place and Date of Death, † died at *1 Oakland Street Feb 4th 189⁹*
Disease or Cause of Death, § *Heart Disease*
Duration of sickness, _____

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

Signature and Residence
of
Certifying Physician.

Grace J. Soule

M. D.

Date of Certificate, *February 5th 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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 .

Filed, _____

189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 6

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, John Murphy Sex Male Color, White

Date of Death, Feb. 8th 1900. 189 ; Age, 51 Years, 2 Months, 2 Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name, _____

Single, Married, Widowed or Divorced, Single Occupation, Soldier

*Residence, { If out of town, {
also state fully. } Winthrop, Mass. (Fort Banks

Place of Birth, Lowell, Mass.

*Place of Death, Fort Banks, Mass. Winthrop Mass

Name of Father, John Murphy

Birthplace of Father, Lowell, Mass. Ireland

Maiden name of Mother, Mary Murphy

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), Notum Catholic Cemetery

Dated at Fort Banks, Mass.
on the 7th of Feb. 1900 189
Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † John Murphy Age, 51 Y. 2 M. 2 D.

Place and Date of Death, † died at Fort Banks, Mass Feb 8 1900

Disease or Cause of Death, § Cerebral haemorrhage.

Duration of sickness, Eight hours

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

Signature and Residence of Certifying Physician. { S. W. Waterhouse M. D.
Fort Banks, Winthrop, Mass.

Date of Certificate, Feb. 9 1900

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.

No.

RETURN OF THE DEATH

OF

John Murphy
at *Winthrop Mass*
Fort Banks *1902*
Date, *February 8* *1897*
Filed, *February 9* *1897*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

RETURN OF DEATH.

~~BOSTON.~~
Winthrop.

Date of death { Year, 1900. Month, Feb. Day, 15. Birth { Year, 1852. Month, Feb. Day, 14. Age { Years, 48. Months, Days, 1.

Name in full, William C. Turner Residence, Winthrop
Maiden name,

Sex { Male. Female. Conjugal condition { Single. Married. Widowed. Divorced. Color { White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of

Widow of

Place of death { Street, 22 Centre St. Number, Winthrop Mass.

Place of birth, Boston Mass.

Occupation, Upholsterer.

Name of Father, Adam S. Maiden Name of Mother, Margaret Kern

Birthplace of Father, Boston Birthplace of Mother, Boston

Place of interment, Woodlawn Cmt. Everett Mass.

B. L. Brown.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Feb. 15' 1900.
Name and age of deceased, William C. Turner Age, 48 years.
Date and place of death, Feb. 15' 1900. 22 Centre St.
Disease { Chief cause, Pneumonia.
Contributing cause, Cardiac Failure.
Duration { Chief cause, 28 days.
Contributing cause, One day.

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

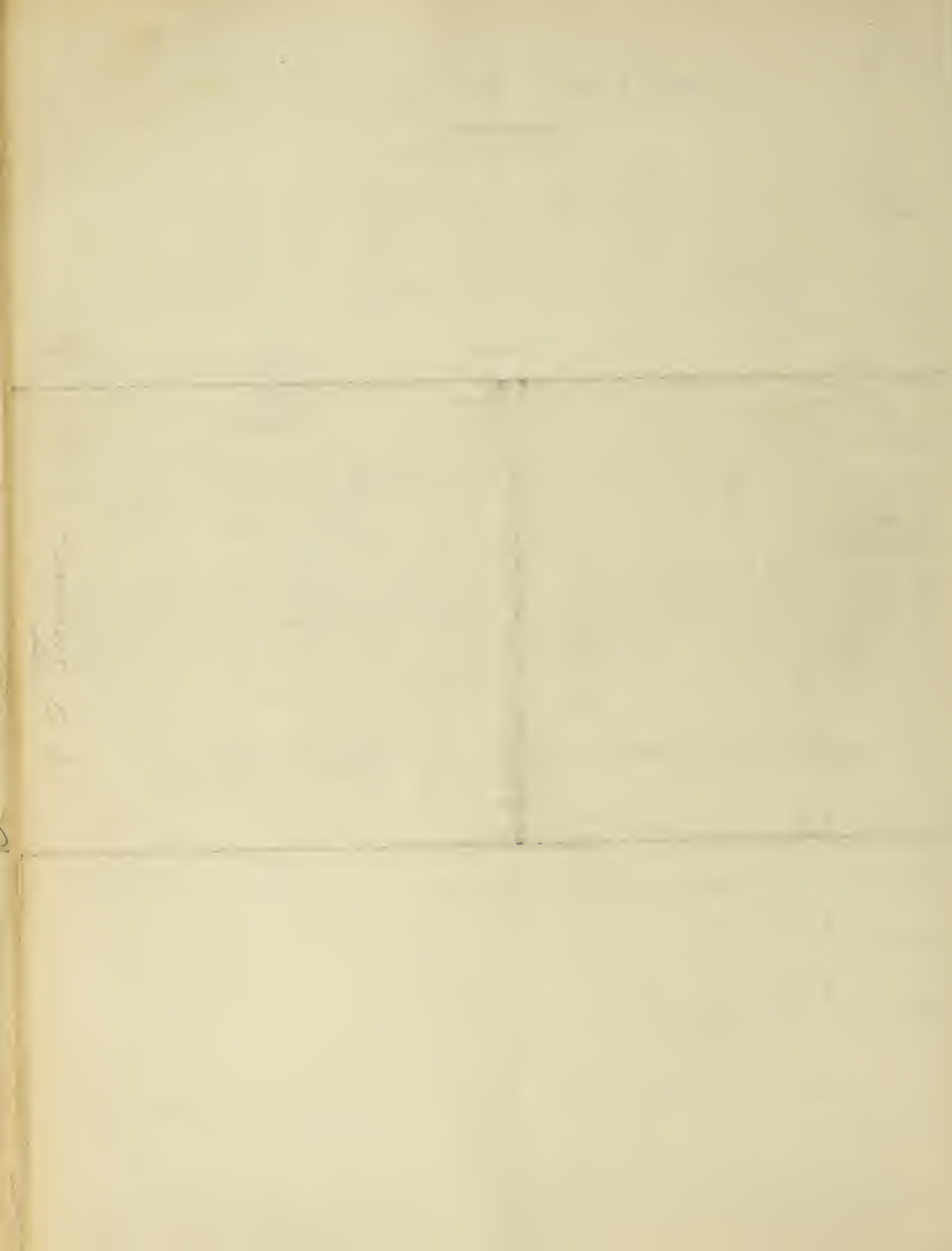
Name and residence of physician,

Wilson Parks,

M.D.

* If in an institution, state how long an inmate and previous residence.

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.



Commonwealth of Massachusetts.

No. 8

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, Sarah H Cheever Sex, T Color, R
 Date of Death, Mar 1 - 1900 1899; Age, 72 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } Crash
 Husband's Name, Aaron H Cheever
 Single, ~~Married~~, Widowed or Divorced, — Occupation, —
 *Residence, { If out of town, also state fully. } Wintthrop Mass
 Place of Birth, Boston Mass
 *Place of Death, 16 Perkins Street
 Name of Father, Unknown
 Birthplace of Father, Braintree
 Maiden name of Mother, Batchelder
 Birthplace of Mother, England
 Place of Interment, (Give name of Cemetery), Templebury Deposit - Bee Tomb Wintthrop
 Dated at Wintthrop
 on Mar 2 - 1900 1899 Signature and place of business of Undertaker, { Summer Floyd Wintthrop Mass }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah H Cheever Age, 72 Y. M. D.
 Place and Date of Death, † died at Wintthrop March 1. 1900 1899
 Disease or Cause of Death, § Pneumonia
 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. B. Johnson M. D.
Wintthrop

Date of Certificate,

March 3 1899

Mass

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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 _____

Filed, _____

189 _____

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 9

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, Candace S. Bliss Sex, F Color, N
 Date of Death, March 8 ¹⁹⁰⁰ ₁₈₉; Age, 61 Years, 4 Months, 19 Days.
 Maiden Name, { If married, widowed or divorced. } Tripe
 Husband's Name, Cora S. Bliss
~~Single~~, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, also state fully. } 83, Court Road
 Place of Birth, Fairhaven Mass
 *Place of Death, Winthrop Mass
 Name of Father, Ebenezer Tripe
 Birthplace of Father, New Bedford Mass
 Maiden name of Mother, Mercy Sanford
 Birthplace of Mother, Berkley Mass
 Place of Internment, (Give name of Cemetery), Rural Cemetery New Bedford
 Dated at Winthrop ¹⁹⁰⁰ ₁₈₉ Signature and place of business of Undertaker, { Sumner Floyd
March 9 ₁₈₉ Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Candace S. Bliss Age, 61 Y. 4 M. 19 D.
 Place and Date of Death, ‡ died at Winthrop Mass. Mar 8. 1900
 Disease or Cause of Death, § Valvular Heart Disease
 Duration of sickness, about 12 years

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

Signature and Residence
 of
 Certifying Physician.

J. E. Sullivan M. D.
Winthrop Mass

Date of Certificate, sch 189

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.

No.

RETURN OF THE DEATH

OF

Candace S. Wise

at

Winthrop

Date,

March 8

1902

1899

Filed,

March 10

1899

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 10

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, *Joseph Ingalls* Sex, *M* Color, *W*
 Date of Death, *March 10th 1900* ; Age, *90* Years, *11* Months, *25* Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, *Master Mariner*
 *Residence, { If out of town, } *Winthrop Mass*
 also state fully.
 Place of Birth, *Salem Mass*
 *Place of Death, *22 Fremont Street Winthrop*
 Name of Father, *Collins Ingalls*
 Birthplace of Father, *Salem Mass*
 Maiden name of Mother, *Mary Hickman*
 Birthplace of Mother, *Marblehead Mass*
 Place of Interment, (Give name of Cemetery), *Harmony Grove Cemetery Salem*
 Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *March 10th 1900* *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Joseph Ingalls* Age, *90* Y. *11* M. *25* D.
 Place and Date of Death, ‡ died at *Winthrop March 10 1900*
 Disease or Cause of Death, § *Grippe Senility.*
 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, { *J. E. Johnson* M. D.
Winthrop.
 Date of Certificate, *March 13 1900.* (Mass).

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.

No.

RETURN OF THE DEATH

OF
Joseph Ingalls
at *Winthrop*

Date, *March 10th* *19⁰⁰*
~~1899~~

Filed, *March 12* *19⁰⁰*
~~1899~~

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 11

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, Mildred G. Andrew Sex, F Color, N
 Date of Death, March 11 1900 189 ; Age, 18 Years, 18 Months, 18 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. } Winthrop Highlands
 Place of Birth, 50 Cliff Avenue
 *Place of Death, 50 Cliff Avenue
 Name of Father, Fred W. Andrew
 Birthplace of Father, Boston Mass
 Maiden name of Mother, Gertrude M. MacIntosh
 Birthplace of Mother, Windsor Me
 Place of Interment, (Give name of Cemetery), Chapman Cemetery (Windsor Me)
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on March 11 1900 189 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mildred G. Andrew Age, _____ Y. M. 18 D. _____
 Place and Date of Death, † died at 50 Cliff Ave March 11 1900 189
 Disease or Cause of Death, § Malnutrition
 Duration of sickness, 14 days.

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

Signature and Residence of
 Certifying Physician. {

B. H. Huttell

M. D. _____

Winthrop Mass

Date of Certificate, March 13 1900

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.

No. _____

RETURN OF THE DEATH

OF

Mildred G. Andrew

at *Winthrop Highlands*

Date, *March 11th 1897*

Filed, *March 12th 1897*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

March 13

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1900
 Month, March
 Day, 13
 Birth { Year, 1834
 Month, Dec
 Day, 21
 Age { Years, 65
 Months, 1
 Days, 2
 Name in full, Daniel Driscoll
 Residence, Sea Foam Ave
 Maiden name,

Sex { Male.
 Female.
 Conjugal condition { Single
 Married.
 Widowed
 Divorced
 Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.

Wife of _____ Widow of _____
 Place of death { Street, Sea Foam Ave
 Number, 10
 Place of birth, Ireland
 Occupation, Laborer
 Name of Father, Unknown Maiden Name of Mother, Unknown
 Birthplace of Father, Ireland Birthplace of Mother, Ireland
 Place of interment, Old Dorchester St. Catholic Cemetery
 Undertaker, J. P. Linnahan

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Mar 14 1900.

Name and age of deceased, Daniel Driscoll Age, 65 years.

Date and place of death, Mar 13 1900 at Sea Foam Ave Westbury

Disease { Chief cause, Pneumonia
 Contributing cause,

Duration { Chief cause, Six days
 Contributing cause,

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

Name and residence of physician, J. E. Johnson M.D.
 Date, March 14 1900
 Signature, J. E. Johnson

* If in an institution, state how long an inmate and previous residence.

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.



2013 March 18th 1900 RETURN OF DEATH.

BOSTON.

Wintthrop

Date of death { Year, 1900 } Birth { Year, ? } Age { Years, 85. }
 { Month, March } { Month, ? } { Months, }
 { Day, 18. } { Day, ? } { Days, }

Name in full, Lydia A. Allen Residence, Wintthrop
 Maiden name, Morton

Sex { Male. } Conjugal condition { Single. } Color { White. }
 { Female. } { Married. } { Black (Negro or mixed). }
 { } { Widowed. } { Indian. }
 { } { Divorced. } { Chinese. }
 { } { } { Japanese. }

Wife of ... Widow of ... Mary T.
 Place of death { Street, } 35 Crest Ave. Wintthrop
 { Number, }
 Place of birth, ...
 Occupation, ... to home.

Name of Father, Martin T. Maiden Name of Mother, Mary C. Cary
 Birthplace of Father, ... Birthplace of Mother, ...
 Place of interment, ...
 E. J. Brown.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop March 18 1900.
 Boston,

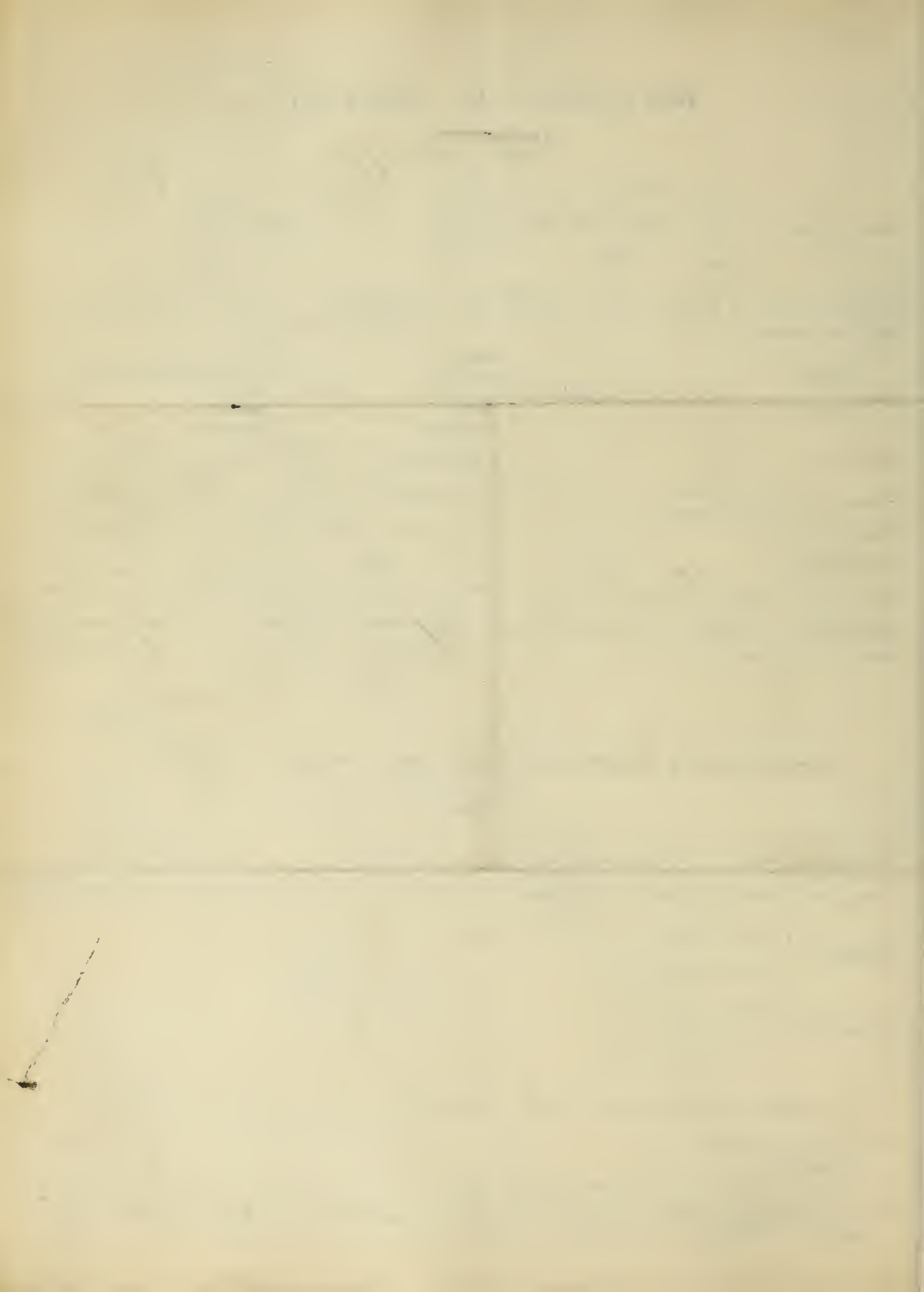
Name and age of deceased, Lydia A. Allen Age, 85 years.
 Date and place of death, * March 18, 1900 35 Crest Ave Wintthrop
 Disease { Chief cause, ... Pneumonia }
 { Contributing cause, ... }
 Duration { Chief cause, ... 5 days }
 { Contributing cause, ... }

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

Name and residence)
 of physician.)
 J. E. Johnson M.D.

* If in an institution, state how long an inmate and previous residence.

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.



Commonwealth of Massachusetts.

No. 14

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, Joseph N. Marsters Sex, M Color, W
Date of Death, April 8 1901 ; Age, 79 Years, ~ Months, 13 Days.

Maiden Name, { If married, widowed }
or divorced. { ~ ~ ~ ~ ~ }

Husband's Name, { ~ ~ ~ ~ ~ }

Single, Married, Widowed or Divorced, Occupation, Grocer

*Residence, { If out of town, }
{ also state fully. } Winthrop Mass

Place of Birth, Windsor

*Place of Death, No 2. Bordon Street

Name of Father, John Marsters

Birthplace of Father, Windsor N. H.

Maiden name of Mother, Eleanor Thompson

Birthplace of Mother, Nova Scotia

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop
on April 9 1901 189 Signature and place of business of Undertaker, { Emmer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Joseph N. Marsters Age, 79 Y. ~ M. 13 D.

Place and Date of Death, ‡ died at Winthrop No 2 Bordon St Apr 8 189 1901

Disease or Cause of Death, § Grippe

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, { Albert B. Dorman M. D.
56 Winthrop St.

Date of Certificate, Apr 10th 1901 Winthrop Mass

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.

No.

RETURN OF THE DEATH

OF

Joseph W. Maxwell
at *Winthrop Mass*

Date, *April 8th* *1902*

Filed, *April 9th* *1902*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)
Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 15

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, Ezra Ryder Dunham Sex, m Color, w
 Date of Death, April 11th 1900 Age, 77 Years, 6 Months, 16 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name,
 Single, Married, Widowed or Divorced, married Occupation, retired
 *Residence, { If out of town, } 8 Fremont Street Wintthrop Mass
 also state fully.
 Place of Birth, Abrington Mass
 *Place of Death, Wintthrop Mass
 Name of Father, Ezra Dunham
 Birthplace of Father, Plymouth Mass.
 Maiden name of Mother, Folly Carey
 Birthplace of Mother, No. Bridgewater Mass
 Place of Interment, (Give name of Cemetery), Wintthrop Cemetery
 Dated at Wintthrop Mass Signature and
 on April 12th 1900 place of business
 of Undertaker. { Summer Floyd
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ezra Ryder Dunham Age, 77 Y. 6 M. 16 D.
 Place and Date of Death, † died at 8 Fremont St Wintthrop Mass April 10th 1900
 Disease or Cause of Death, § diabetic coma
 Duration of sickness, 2 yrs ? 3 days.

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

Signature and Residence
 of
 Certifying Physician.

Ben J. Metcalf
Wintthrop Mass.

M. D.

Date of Certificate, April 10 18900

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.

No. _____

RETURN OF THE DEATH

OF
Egna R. Dunham

at
Winthrop Mass

Date, *April 11th* ~~1897~~ *1900*

Filed, *April 12th* ~~1897~~ *1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 16

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, *Eliza Ann Dunham* Sex, *F* Color, *W*
 Date of Death, *April 19* 189*0*; Age, *80* Years, *2* Months, *11* Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, *Howard C. Dunham*
~~Single, Married, Widowed or Divorced,~~ Occupation, *~ ~ ~*
 *Residence, { If out of town, } *Winthrop Mass*
 also state fully
 Place of Birth, *Plymouth Mass*
 *Place of Death, *12 Fremont Street*
 Name of Father, *Atwood Drew*
 Birthplace of Father, *Plymouth Mass*
 Maiden name of Mother, *Lydia Ryder*
 Birthplace of Mother, *Plymouth Mass*
 Place of Interment, (Give name of Cemetery), *Winthrop Cemetery Winthrop Mass*
 Dated at *Winthrop*
 on *April 20* 189*0* Signature and place of business of Undertaker, { *Summer Floyd*
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Eliza Ann Dunham* Age, *80* Y. — M. *11* D.
 Place and Date of Death, † died at *Winthrop Mass* *April 19* 189*0*
 Disease or Cause of Death, § *Cancer of Stomach.*
 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.

J. E. Johnson M. D.
Winthrop
Mass

Date of Certificate,

April 21 189*0*

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.

No.

RETURN OF THE DEATH

OF

Eliza Ann Dunham

at *Winthrop Mass*

Date, *April 19 " 19⁰¹*

Filed, *April 28 " 19⁰¹*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 17

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, *Edith Medora Morgan* Sex, *F* Color, *W*
 Date of Death, *April 22 1900* ; Age, *5* Years, *5* Months, *0* Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, } *Winthrop Mass*
 also state fully. _____
 Place of Birth, *Winthrop*
 *Place of Death, *35 Read Street*
 Name of Father, *Thomas Morgan*
 Birthplace of Father, *England*
 Maiden name of Mother, *Mary J. Hughes*
 Birthplace of Mother, *England*
 Place of Interment, (Give name of Cemetery), *Winthrop Cemetery*
 Dated at *Winthrop* Signature and place of business of Undertaker, *Summer Floyd*
 on *April 23 1900* *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Edith Medora Morgan* Age, *5* M. *W.*
 Place and Date of Death, † died at *35 Read St. Apr. 22 1900*
 Disease or Cause of Death, § *La Grippe*
 Duration of sickness, *About three 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* M. D.
56 Winthrop St., Winthrop, Mass
 Date of Certificate, *Apr. 23 1900*

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.

No.

RETURN OF THE DEATH

OF
Edith Medora Morgan
at *Winthrop Mass*
Date, *April 22nd 19⁰⁰* ~~1897~~.
Filed, *April 23rd 19⁰⁰* ~~1897~~.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 18

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, Julia E. Marshall Sex, Female Color, White
 Date of Death, April 25 1900 ~~189~~ ; Age, 63 Years, Months, Days.
 Maiden Name, { If married, widowed } Julia E. Miller
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 * Residence, { If out of town, } 35 Pleasant St Wintthrop Mass
 { also state fully. }
 Place of Birth, Brattleboro Vt
 * Place of Death, 35 Pleasant St Wintthrop Mass
 Name of Father, David H. Miller
 Birthplace of Father, Brattleboro Vt
 Maiden name of Mother, Mary B. Pike
 Birthplace of Mother, Brattleboro Vt
 Place of Interment, (Give name of Cemetery), Brattleboro Vt
 Dated at Wintthrop Mass Signature and place of business of Undertaker. { Aaron C. Lloyd
 on April 25 1900 ~~189~~ Gloucester Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Julia E. Marshall Age, 63 Y. M. D.
 Place and Date of Death, died at Wintthrop. Mass. Apr 25 1900
 Disease or Cause of Death, ‡ Double Lobar Pneumonia.
Preceded by Ho Cough
 Duration of sickness, Cardiellum Seven days.

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

Signature and Residence
 of
 Certifying Physician.

James A. Tilton M. D.
15 Princeton St.

Date of Certificate, April 25 1900

* Give also street and number, if any.

† Give 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.

No.

RETURN OF THE DEATH

OF
Julia E. Marshall
at *Amherst Mass*
Date, *April 25 1900*
Filed, *April 26 1900*

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 19

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, Anthony D. Gerrold Sex, M Color, N
 Date of Death, April 25 1890; Age, 76 Years, 11 Months, 5 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Janitor
 *Residence, { If out of town, also state fully. } Winthrop, Mass.
 Place of Birth, Shelburne V. S.
 *Place of Death, 10, Marshall Street Winthrop
 Name of Father, Edward
 Birthplace of Father, Isle of Man V. S.
 Maiden name of Mother, Rachael L. Demings
 Birthplace of Mother, Shelburne V. S.
 Place of Interment, (Give name of Cemetery). Woodlawn Cemetery
 Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
 on April 26 1890 { Winthrop, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Anthony D. Gerrold Age, 76 Y. 11 M. 5 D.
 Place and Date of Death, ‡ died at Winthrop, Mass. Apr 25 1890
 Disease or Cause of Death, § Chronic Apathy
(Chronic Bright's Disease)
 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. {

O. E. Johnson M. D.
Winthrop
Mass

Date of Certificate, April 26 1890

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.

No.

RETURN OF THE DEATH

OF

Anthony R. Carroll
10 Marshall St

at

Northrop Mass

Date,

April 25th 1901

Filed,

April 26th 1901

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)
Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)
Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 20

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, Stillborn Infant (Unknown) Sex, M Color, N

Date of Death, Unknown 189 : Age, 0 Years, 0 Months, 0 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),

Dated at

on May 2nd 1900 189

Signature and place of business of Undertaker.

Winthrop
Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Place and Date of Death,‡ died at

Disease or Cause of Death,§

Duration of sickness,

Age, 0 Y. 0 M. 0 D.

189

Fond on Beach near Colville

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

Signature and Residence of
Certifying Physician.

M. D.

Date of Certificate, May 5th 1900 189.

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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189_____.

Filed, _____

189_____.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 21

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, Still Born Sex, Female Color, white

Date of Death, May 2 1890 ; Age, Still born Years, 1 Months, 0 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, Winthrop Mass

*Place of Death, _____

Name of Father, Chas Knight

Birthplace of Father, Wentworth Mass

Maiden name of Mother, Edith M. Ambrose

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
Winthrop Mass

on May 3 1900 1890

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Still Born Age, _____ Y. _____ M. _____ D. _____

Place and Date of Death, ‡ died at Winthrop May 2^d 1900 1890

Disease or Cause of Death, § Still Born

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. Porter M. D.
Winthrop

Date of Certificate, May 7. 1900 1890

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.

No. _____

RETURN OF THE DEATH

OF _____

at _____

Date, _____ 189 _____.

Filed, _____ 189 _____.

The provisions of chapter 144 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.) Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 22

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, *Steebman Infant* Sex, *male* Color, *N*
 Date of Death, *May 4th 1900* 189 ; Age, () Years, () Months, () Days.
 Maiden Name, { If married, widowed }
 or divorced. { }
 Husband's Name, { }
 Single, Married, Widowed or Divorced, { } Occupation, { }
 *Residence, { If out of town, } *14 Beacon Street*
 { also state fully. }
 Place of Birth, *14 Beacon Street*
 *Place of Death, *14 Beacon Street*
 Name of Father, *Elliot P. Greaves*
 Birthplace of Father, *West Indies*
 Maiden name of Mother, *Mary E. Kelly*
 Birthplace of Mother, *Boston Mass.*
 Place of Interment, (Give name of Cemetery) *Winthrop Cemetery*
 Dated at *Winthrop*
 on *May 4th 1900* 189 Signature and place of business of Undertaker. { *Summer Floyd*
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† _____ Age, _____ Y. _____ M. _____ D.
 Place and Date of Death,‡ died at _____ 189 _____
 Disease or Cause of Death,§ _____
 Duration of sickness, _____

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

Signature and Residence
 of
 Certifying Physician. {

M. D.

Date of Certificate, _____ 189 .

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.

No.

RETURN OF THE DEATH

OF

at

Date,

189

Filed,

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 24

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, Hannah Nelson MacIntosh Sex, F Color, W

Date of Death, May 6 1900 ; Age, 78 Years, 9 Months, 27 Days.

Maiden Name, { If married, widowed or divorced } Hannah Nelson Bazin

Husband's Name, _____

~~Single~~, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____

*Residence, { If out of town, also state fully } Hallowell Maine

Place of Birth, Portsmouth N. H.

*Place of Death, 27 Read Street Winthrop

Name of Father, Unknown

Birthplace of Father, Portsmouth N. H.

Maiden name of Mother, Eliza Bazin

Birthplace of Mother, Portsmouth N. H.

Place of Interment, (Give name of Cemetery), Hallowell Maine

Dated at Winthrop on May 7 1900 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Hannah Nelson MacIntosh Age, 78 Y. 9 M. 27 D.

Place and Date of Death, ‡ died at Winthrop, Massachusetts May 6th 1899

Disease or Cause of Death, § Apoplexy.

Duration of sickness, 1 1/2 Sickness about a year. Last sickness 10 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.,
56 Winthrop St., Winthrop,
Mass.

Date of Certificate, May 7th 1900

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.

No.

RETURN OF THE DEATH

OF
Hannah Helen W. Doolittle

at *Winthrop Mass*

Date, *May 6 1900*

Filed, *May 7 1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

No. 25

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

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

Name, Stillborn Infant Frank Courtney Sex, m Color N

Date of Death, May 15 1900 ; Age, Years, Months, Days.

on May 15 1900 of Undertaker. (Franklin Mass

† 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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 .

Filed, _____

189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.) Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.) Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 26

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, Cyrus Edward Nashburn Sex, m Color, lt
 Date of Death, May 30 " 1900 ; Age, 55 Years, 23 Months, 23 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Clerk
 *Residence, { If out of town, } 13 Temple Avenue
 also state fully. { Scarscott Mass
 Place of Birth, _____
 *Place of Death, 13 Temple Avenue
 Name of Father, Cyrus Nashburn
 Birthplace of Father, Salem Mass
 Maiden name of Mother, Mary Phillips
 Birthplace of Mother, Lynn Mass
 Place of Interment, (Give name of Cemetery), Pine Grove Cemetery Lynn Mass
 Dated at Wintthrop
 on May 31 " 1900 189 } Signature and place of business of Undertaker. { Summer Floyd
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Cyrus Edward Nashburn Age, 55 Y. — M. 23 D.
 Place and Date of Death, ‡ died at 13 Temple Ave May 30 1900
 Disease or Cause of Death, § Aortic Aneurism
Six months
 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.

May 31 - 1900

Date of Certificate, _____

189 .

Wintthrop Mass

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.

No.

RETURN OF THE DEATH

OF
Sydney Edward Vaughan
at *12 Temple Avenue*

Date, *May 30 19⁰⁰*

Filed, *May 31 19⁰⁰*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.) Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 24

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, Sarah Mary Lamb Sex, F Color, W
 Date of Death, June 9th 1900 ; Age, 3 Years, 3 Months, 14 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Single Occupation, _____
 *Residence, { If out of town, } 41 Almont Street
 { also state fully. } _____
 Place of Birth, Winthrop Mass
 *Place of Death, 41. Almont Street
 Name of Father, Frank E. Lamb
 Birthplace of Father, Worcester Mass
 Maiden name of Mother, Sarah F. Cammell
 Birthplace of Mother, South Boston
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business { Summer Floyd
 on June 10th 1900 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah Mary Lamb Age, 3 Y. 3 M. 14 D.
 Place and Date of Death, ‡ died at Winthrop Mass June 9th 1900
 Disease or Cause of Death, § Endocarditis, falling Pneumonia & Rheumatism
 Duration of sickness, 6 months

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

Signature and Residence
 of
 Certifying Physician. {

R. H. Metcalf
Winthrop

M. D.

Date of Certificate, June 11th 1900

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.

No. _____

RETURN OF THE DEATH

OF

Isaac Mary Lamb

at *Wintthrop Mass*

Date, *June 9th 1901*

Filed, *June 10th 1901*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 28

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, Reginald Vernet Sex, M Color, W
 Date of Death, June 10 1899 ; Age, 29 Years, ~ Months, ~ Days.
 Maiden Name, { If married, widowed }
 or divorced. {
 Husband's Name, {
 Single, Married, Widowed or Divorced, Married Occupation, Clerk
 *Residence, { If out of town, { No 1 Douglas Street
 also state fully. {
 Place of Birth, Ireland
 *Place of Death, No 1 Douglas Street
 Name of Father, Reginald
 Birthplace of Father, Ireland
 Maiden name of Mother, Unknown
 Birthplace of Mother, Ireland
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on June 10 1899 { Winthrop Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Reginald Vernet Age, 29 Y. ~ M. ~ D.
 Place and Date of Death, ‡ died at No 1 Douglas Street June 10 1899
 Disease or Cause of Death, § Interstitial Nephritis
 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, { Horace J. Soule M. D.
Winthrop Mass
 Date of Certificate, June 11 1900

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.

No.

RETURN OF THE DEATH

OF

Reginald Vermet

at

Winthrop Place

Date,

June 18th 1900

Filed,

June 18th 1900

The provisions of chapter 444 of the Acts of 1897 require that every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 29

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, Olivia H. Snell Sex, F. Color, R

Date of Death, June 14th 1900 189 ; Age, 31 Years, 4 Months, 21 Days.

Maiden Name, { If married, widowed or divorced } _____

Husband's Name, W. B. Snell

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, Occupation, _____

*Residence, { If out of town, also state fully. } Winthrop Mass

Place of Birth, Duckersville Penn

*Place of Death, Floyd Street Winthrop Highlands

Name of Father, William Hatfield

Birthplace of Father, _____

Maiden name of Mother, Mary Howell

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd

on June 14th 1900 189 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Olivia H. Snell Age, 31 Y. 4 M. 21 D.

Place and Date of Death, † died at Floyd St. Winthrop June 14 18900

Disease or Cause of Death, § Submaxillary carcinoma with extension to chest.

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. K. M. C. M. D.
Winthrop Mass

Date of Certificate, June 15th 1900

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.

No. _____

RETURN OF THE DEATH

OF

Olivia H. Brett

at *Northampton*

Date, *June 14th 1900*

Filed, *June 14th 1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 30

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, Alexander Mac Pherson Sex, M Color, W
 Date of Death, June 14th 1900 189 ; Age, 76 Years, 4 Months, 28 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Carpenter
 *Residence, { If out of town, } Winthrop Mass
 also state fully.
 Place of Birth, P. E. Island
 *Place of Death, 43, Buchanan Street Winthrop.
 Name of Father, Archibald Mac Pherson
 Birthplace of Father, Scotland
 Maiden name of Mother, Mary MacLeod
 Birthplace of Mother, Scotland
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop
 on June 15th 1900 189 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Alexander M. Pherson Age, 76 Y. 4 M. 28 D.
 Place and Date of Death, ‡ died at 43 Buchanan St Winthrop June 14th 1900
 Disease or Cause of Death, § Carcinoma of Stomach.
 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.

B. H. Metcalf M. D.
Winthrop Mass

Date of Certificate, June 15 189

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.

No.

RETURN OF THE DEATH

OF

Alexander M. E. Pherson

at *Winthrop Mass*
43 Buchanan Street

Date, *June 14th 1900*

Filed, *June 14th 1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 31

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, Michael J. Bannan Sex, M Color, White

Date of Death, June 21/1900 ; Age, 38 Years, 5 Months, Days.

Maiden Name, { If married, widowed }
or divorced.

Husband's Name,

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Occupation, Soldier

*Residence, { If out of town, }
also state fully.

Place of Birth, Pennsylvania

*Place of Death, Wintthrop (Fort-Banks)

Name of Father, Unknown

Birthplace of Father, Unknown

Maiden name of Mother,

Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery),

Dated at Wintthrop
on June 22/1900

Signature and
place of business
of Undertaker.

Summer Floyd
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Michael J. Bannan

Age, 38 Y. 5 M. D.

Place and Date of Death, †

died at Fort Banks Mass June 21 1900

189

Disease or Cause of Death, §

acute poisoning with amyl alcohol

Duration of sickness,

few hours

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

Signature and Residence
of
Certifying Physician.

P. H. Metcalf

M. D.

acting as Surgeon U.S.A.

Date of Certificate,

June 22

1900

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.

No.

RETURN OF THE DEATH

OF (B)
Michael J. Dannon
at *Whitrop (For Bank)*
Date, *June 21st 1908*
Filed, *June 23rd 1908*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

2032

Winthrop

Permit No.

RETURN OF DEATH.

~~BOSTON.~~

Date of death { Year, 1900 } Birth { Year, 1844 } Age { Years, 55 }
 { Month, June } { Month, Dec } { Months, 6 }
 { Day, 25 } { Day, 16 } { Days, 9 }

Name in full, Clara G. Knight — Residence, Winthrop
 Maiden name, Allen

Sex { Male } Conjugal condition { Single } Color { White }
 { Female } { Married } { Black (Negro or mixed) }
 { Widowed } { Indian }
 { Divorced } { Chinese }
 { Japanese }

Wife of Harry T. Widow of _____
 Place of death { Street, } 35 Crest Ave Winthrop
 { Number, }
 Place of birth, New Bedford Mass
 Occupation, At Home
 Name of Father, Harry T. Allen Maiden Name of Mother, Lydia Norton
 Birthplace of Father, New Bedford Birthplace of Mother, Nantucket
 Place of interment, Mt. Auburn Cemt
 E. G. Brown
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

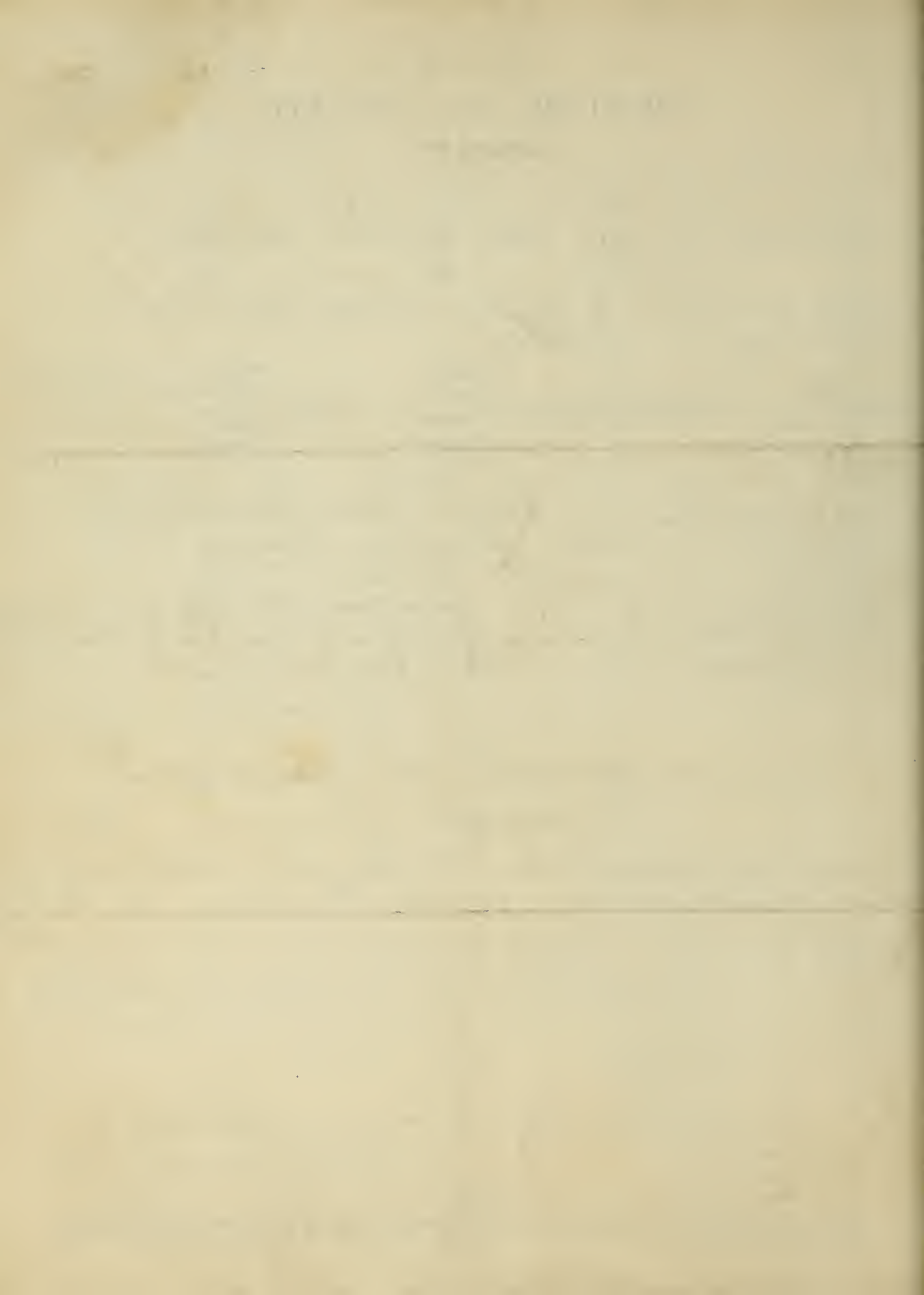
Winthrop Boston, June 26th 1900.
 Name and age of deceased, Clara G. Knight Age 55 years.
 Date and place of death, June 25-1900, #35 Crest Ave Winthrop
 Disease { Chief cause, Heart failure }
 { Contributing cause, Septicæmia from Infective Glossitis. }
 Duration { Chief cause, Two hours = (Few hours) }
 { Contributing cause, one week }

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

Name and residence }
 of physician, } O. C. Johnson M.D.

* If in an institution, state how long an inmate and previous residence.

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 DEATH.

BOSTON.

Date of death { Year, 1900 Month, July Day, ... } Birth { Year, 1817 Month, May Day, 12 } Age { Years, 83 Months, / 0 Days, 6 }

Name in full, Ellen Lund Residence, Winthrop Mass

Maiden name, Brinkman

Sex { Male Female. } Conjugal condition { Single Married Widowed Divorced. } Color { White Black (Negro or mixed). Indian Chinese Japanese. }

Wife of John Lund Widow of ...

Place of death { Street, 54 ... Number, ... }

Place of birth, ...

Occupation, ...

Name of Father, ... Maiden Name of Mother, ...

Birthplace of Father, England Birthplace of Mother, England

Place of interment, ...

Undertaker, ...

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 7 1900

Name and age of deceased, Ellen Lund Age, 83 1/2 years.

Date and place of death, July 6. Winthrop Mass.

Disease { Chief cause, Pulmonary Oedema Contributing cause, Cardiac Dilatation }

Duration { Chief cause, 2 1/2 days Contributing cause, 2 1/2 years }

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

Name and residence of physician, ... M.D. 28 ... E.B.

* If in an Institution, state how long an inmate and previous residence.

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.

1104 7 - 6
1817 5 - 12
83 - 1 - 24

1104
1817

Commonwealth of Massachusetts.

No. 34

RETURN OF A DEATH.

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

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

Name, *Antonio Vieira Corinha* Sex, *M* Color, *N*

Date of Death, *July 7th 1900* ; Age, *56* Years, *~* Months, *~* Days.

Maiden Name, *(If married, widowed or divorced.)*

Husband's Name, *(If married, widowed or divorced.)*

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, Occupation, *Fisherman*

*Residence, *(If out of town, also state fully.)* *Winthrop Mass*

Place of Birth, *Azores*

*Place of Death, *26 Sunnyside Avenue*

Name of Father, *Antonio Vieira Corinha*

Birthplace of Father, *Azores*

Maiden name of Mother, *Catharina Corinha*

Birthplace of Mother, *Azores*

Place of Interment, (Give name of Cemetery), *Holy Cross (Malden)*

Dated at *Winthrop*

on *July 7th 1900* Signature and place of business of Undertaker, *Summer Floyd Winthrop, Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Antonio Vieira Corinha* Age, *56* Y. M. D.

Place and Date of Death, † died at *26 Sunnyside Avenue* *July 7th 1900*

Disease or Cause of Death, § *Nephritis, complicated with Hypertrophy of the heart*

Duration of sickness, *about 2 years*

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

Signature and Residence of Certifying Physician, *J. de la Granja* M. D. *62. Beacon Street*

Date of Certificate, *Boston July 9th 1900.*

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.

No.

RETURN OF THE DEATH

OF

Antonio Vieira Louisa

at *26 Sunnyside Avenue*
Waltham,

Date, *July 7th 1900*

Filed, *July 9th 1900*

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

W35

Permit No. _____

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1900 { Month, Aug { Day, 11
Birth { Year, 1828 { Month, Oct { Day, 6
Age { Years, 71 { Months, 10 { Days, 5
Name in full, Honora S Pike Residence, 27 Washington Ave.
Maiden name, Winthrop
Sex { Male. { Conjugal condition { Single. { Color { White.
Female. { Married. { Black (Negro or mixed).
Widowed. { Indian.
Divorced. { Chinese.
Japanese.
Wife of, Widow of Charles S Pike
Place of death { Street, { 27 Washington Ave Winthrop
Number, { Dublin Ireland
Place of birth, Housewife
Occupation, Name of Father, Patrick Bean Maiden Name of Mother, Sarah Monahan
Birthplace of Father, Ireland Birthplace of Mother, Ireland
Place of interment, Old Dorchester R. C. Nicholas M Williams
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Winthrop Aug 11 1900.
Name and age of deceased, Honora S Pike Age, 72 years.
Date and place of death, Aug 11 1900 Winthrop Mass
Disease { Chief cause, Heart disease
Contributing cause, Embolism
Duration { Chief cause, Valvular Heart disease
Contributing cause, Embolism four days

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

Name and residence of physician, Winthrop Mass. H. J. Soule M.D.
* If in an institution, state how long an inmate and previous residence.

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.



Commonwealth of Massachusetts.

No. 36

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, James Addison Chase Sex, M Color, W
 Date of Death, Aug 13 1900 ; Age, 79 Years, 0 Months, 0 Days.
 Maiden Name, { If married, widowed or divorced. }
 Husband's Name,
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, Occupation, R.R. Manager
 *Residence, { If out of town, also state fully. } Cor Cliff & Temple Avenue St. Highland
 Place of Birth, New York
 *Place of Death, Cor Cliff & Temple Avenue St. Highland
 Name and Birthplace of Father, David R. Chase - Salisbury N.Y.
 Maiden Name and Birthplace of Mother, Sarah Renolds - New York
 Place of Interment, (Give name of Cemetery), Forest Lawn Cemetery - Buffalo N.Y.
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on Aug 14 1900 Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James A. Chase Age, 79 Y. 6 M. 0 D.
 Place and Date of Death, ‡ died at Winthrop Highlands Aug. 13 1900
 Disease or Cause of Death, § Paralysis
 Duration of sickness, Several years

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

Signature and Residence
 of
 Certifying Physician.

Wm. V. Lathrop

M. D.

21 First St. Lowell Mass.Date of Certificate, August 14 1900

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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

UNDERTAKER'S RETURN OF A DEATH

COUNTY OF MIDDLESEX.

CITY OF CAMBRIDGE.

Commonwealth of
Massachusetts

NO. OF RECORD.

NO. OF BURIAL PERMIT.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. Name, in full *Howard J. Green* Name of Husband,

(If widowed, married, or divorced.)

2. Color:

WHITE.
~~BLACK~~ (Negro or mixed).
~~INDIAN~~.
~~CHINESE~~.
JAPANESE.

3. Sex:

MALE.
FEMALE.

4. Conjugal Condition:

SINGLE.
~~MARRIED~~.
WIDOWED.
~~DIVORCED~~.

NOTE.—For Questions 2, 3, and 4, strike out words not applicable.

5. Date of Death { Year, *1900*
Month, *Aug.*
Day, *14th*6. Date of Birth if obtainable { Year, *1900*
Month, *March*
Day, *12*7. Supposed Age { Years,
Months, *5*
Days, *2*

8. Occupation,

(Return occupation for all persons 10 years of age and over—if under one year return occupation of father.)

9. Place of Birth, *30 Leff Ar. Winthrop*
(City or Town.)10. Name of Father, *Jermiah Green*
(Full name.)11. Birthplace of Father,
(State or Country.)12. Name of Mother, *Emeline L. Green*
(Maiden name.)13. Birthplace of Mother, *Cambridge*
(State or Country.)14. Place of Death, No. *30 Leff Ar. Winthrop* STREET, CAMBRIDGE.

If death occurred in an institution, give the name of same,

Length of time deceased was an inmate,

, and previous residence,

15. Late Residence, No.

Street,

(City or Town)

LENGTH OF RESIDENCE (in city or town),

16. Place of Interment, *Cambridge Cemetery*
(Cemetery.) (City or Town and State.)

SIGNATURE OF UNDERTAKER (or other person making the return),

RESIDENCE, No.

Street,

(City or Town.)

NO. OF BURIAL PERMIT.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

CAMBRIDGE, *Aug 14* 190*0*Name of Deceased* *Howard J. Green* Supposed Age, Years, *5* Months, *2* Days.Place and Date of Death, No. *30 Leff Ar. Winthrop* Street, Cambridge, *Aug. 14,* 190*0*.

Disease or Cause of Death:

DURATION.

Chief Cause, *Gastro-enteritis*

Contributing Cause†

Place where disease was contracted, if other than death,

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

Signature of Physician, *Thomas E. Rigott*

M. D.

Residence, No. *42 Quincy Ave*

Street,

Winthrop, Mass.
(City or Town.)

Sex of Infant (not named).

If a soldier or sailor who served in the War of the Rebellion, Chief and Contributing causes must be given.

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, 10 A.M. till 4 P.M. Other Days, from 8 A.M. till 4 P.M.

Acts of 1897, Chap. 437, Sect. 1, 2, 3, 4, 5, 6, 7.

SECTION 1. 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, except as provided in section two of this act, until he shall have received a permit so to do from the board of health, other than the selectmen, or its agent duly appointed for the purpose of issuing such permits, or if there is no such board from the clerk of the city or town in which the person died; and no undertaker or other person shall exhume and remove a human body from a city or town, or from one cemetery to another, until he shall have received a permit so to do from the board of health or its agent aforesaid, or from the clerk of the city or town in which the body is buried. No such permit shall be issued until there shall have been duly delivered to such board, or agent, or clerk, as the case may be, a satisfactory written statement containing the 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.

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 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 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.

No. 38

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, *Henry R. Phillips* Sex, *m* Color, *W*
Date of Death, *August 24* 190*0*; Age, *6* Years, *6* Months, *20* Days.
Maiden Name, { If married, widowed or divorced. }
Husband's Name,
Single, Married, Widowed or Divorced, Occupation,
*Residence, { If out of town, } *16. Fremont Street.* also state fully.
Place of Birth, " " "
*Place of Death, " " "
Name and Birthplace of Father, *Horton W. Phillips - Boston Mass*
Maiden Name and Birthplace of Mother, *Annie E. Wilson - Cuba*
Place of Interment, (Give name of Cemetery), *Forest Hills Cemetery*
Dated at *Winthrop* Signature and place of business of Undertaker. { *Summer Day & Winthrop Mass*
on *August 25* " 190*0*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Henry R. Phillips* Age, *Y. 6 M. 20 D.*
Place and Date of Death, ‡ died at *Winthrop Aug 24 " 1900*
Disease or Cause of Death, § *Pernicious Anemia, Intestinal indigestion.*
Duration of sickness, *2 mos.*

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

Signature and Residence of Certifying Physician. { *Ben Hink Metcalf* M. D. *52 Winthrop St Winthrop Mass.*
Date of Certificate, *Aug 25* 190*0*

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.

No.

RETURN OF THE DEATH

OF

at

Date,

190

Filed,

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 39

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, Wilfred Johnson Collins Sex, M Color, W
Date of Death, August 31 1900; Age, 8 Years, 8 Months, 0 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. } Winthrop Mass

Place of Birth, German Street

*Place of Death, _____

Name of Father, Shubal T. Collins

Birthplace of Father, Truro Mass

Maiden name of Mother, Ella F. Kemp

Birthplace of Mother, Nahant Mass

Place of Interment, (Give name of Cemetery), Woodlawn Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on August 31 1900 Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Wilfred Johnson Collins Age, 8 Y. 8 M. 0 D.

Place and Date of Death, † died at Winthrop Aug 31 1900

Disease or Cause of Death, § Tuberculosis

Duration of sickness, 1 wk

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

Signature and Residence of Certifying Physician, { W. E. Johnson M. D.
Sept 2 1900

Date of Certificate, Winthrop Mass 1890

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.

No.

RETURN OF THE DEATH

OF

at

Date,

189

Filed,

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 40

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, *Raymond Ednael Griffin* Sex, *M* Color, *W*
 Date of Death, *Sept 10 " 1900* ; Age, *11* Years, *11* Months, *1* Day.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name,
 Single, *Married*, Widowed or Divorced, *S* Occupation,
 *Residence, { If out of town, } *62 Hamilton St. Dorchester*
 { also state fully. }
 Place of Birth,
 *Place of Death, *Hawthorn Hotel Cottage St. Lee*
 Name of Father, *Martin E.*
 Birthplace of Father, *Fiskdale Mass*
 Maiden name of Mother, *Margaret Harmon*
 Birthplace of Mother, *Milton Mass*
 Place of Internment, (Give name of Cemetery), *Randolph Mass*
 Dated at *Winthrop*
 on *Sept 11 " 1900* 189 Signature and place of business { *Summer Floyd*
 of Undertaker. { *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and *H. V. REYNOLDS, M.D. 29 MONADNOCK ST.* M. D. *189*
 Place and *Boston, Mass.*
 Disease or *R*
 Duration *Sept 10/900*
 I c *This is to certify that Raymond Griffin, aged 10 months 23 days, died this evening at 11:00 P.M. of Infantum. He had been ill 36 hours.* M. D.
 Dat *H. V. Reynolds*
 Give also str
 † Or sex of inf
 § If a Soldier

No.

RETURN OF THE DEATH

OF

at

Date,

189

Filed,

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 41

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, Charlotte Tuttle Clapp Sex, F Color, N
Date of Death, September 14 1906 ; Age, 81 Years, 9 Months, 4 Days.
Maiden Name, { If married, widowed or divorced. } Charlotte Tuttle
Husband's Name, Lemuel Clapp
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, also state fully. } 177 Pleasant St Winthrop Mass
Place of Birth, Boston Mass
*Place of Death, 177 Pleasant St Winthrop Mass
Name and Birthplace of Father, Charles Tuttle - Hamilton Mass
Maiden Name and Birthplace of Mother, Sarah Austin - Salem Mass
Place of Interment, (Give name of Cemetery), Old North Cemetery Rochester Mass
Date, at Winthrop
on Sept 15 1906 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charlotte Tuttle Clapp Age, 81 Y. M. D.
Place and Date of Death, ‡ died at Winthrop Center, Mass. Sept 14 1890.
Disease or Cause of Death, § Senile Debility.
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. { Mary B. Currier M. D.
Somerville, Mass.

Date of Certificate, Sept. 16 1890.

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.

RETURN OF THE DEATH

OF

at

Date,

190

Filed,

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 42

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, Frank Winthrop Flynn Sex, M Color, W
Date of Death, September 15th 1900; Age, 4 Years, 7 Months, 0 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. } No 3 Sea View Avenue

Place of Birth, No 3, Sea View Avenue Winthrop

*Place of Death, No 3 Sea View Avenue

Name of Father, W. Frank Flynn

Birthplace of Father, Princeton Mass

Maiden name of Mother, Sarah Pike

Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Holy Cross Cemetery Malden

Dated at Winthrop on September 15th 1900
Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Frank W. Flynn Age, 4 Y. 7 M. — D.
Place and Date of Death, ‡ died at Winthrop September 15th 189-1900
Disease or Cause of Death, § Enterocolitis
(Enteritis)
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. { H. J. Jones M. D.
Winthrop Mass

Date of Certificate, Sep 16th 1900 189—

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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 _____

Filed, _____

189 _____

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.) Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 43

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, George F. Lawson Sex, M Color, W
 Date of Death, Sept 17 1880; Age, 18 Years, 14 Months, 14 Days.
 Maiden Name, { If married, widowed or divorced. }
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____
 Occupation, _____
 *Residence, { If out of town, } Wintthrop Mass
 { also state fully. }
 Place of Birth, 42 Bowdoin Street
 *Place of Death, 42 Bowdoin Street
 Name of Father, George F. Lawson
 Birthplace of Father, St John N.B.
 Maiden name of Mother, Kellie R. Delaney
 Birthplace of Mother, East Boston
 Place of Interment, (Give name of Cemetery), Woodlawn Cemetery
 Dated at Wintthrop
 on Sept 17 1880 Signature and place of business of Undertaker, { Summer Floyd
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Geo. F. Lawson Age, _____ Y. _____ M. 14 D. _____
 Place and Date of Death, † died at 42 Bowdoin St Sept 17 1880
 Disease or Cause of Death, § Mal nutrition
 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.

(24 Metcalf) M. D.
52 Wintthrop St Wintthrop Mass
1880

Date of Certificate, Sept 17 1880

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.

No.

RETURN OF THE DEATH

OF

at

Date,

189

Filed,

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

No 44

RETURN OF DEATH.

~~BOSTON.~~

Winthrop Mass

Date of death { Year, 1900
Month, Sept-
Day, 20th } Birth { Year, 1900
Month, Sept-
Day, 20th } Age { Years,
Months,
Days, }

Name in full, O'Brien Residence, Winthrop Mass
Maiden name, _____

Sex { Male.
Female. } Conjugal condition { Single.
Married.
Widowed.
Divorced. } Color { White.
Black (Negro or mixed).
Indian.
Chinese.
Japanese. }

Wife of _____ Widow of _____

Place of death { Street, #30 Shirley St.
Number, } Winthrop Mass,
Place of birth, _____

Occupation, Bartender

Name of Father, Thomas P. Maiden Name of Mother, Mary J. Morin

Birthplace of Father, Boston Birthplace of Mother, Weymouth

Place of interment, Old Cambridge Catholic Cemetery Mass,

Frank J. Maloney.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Mass, Sept-20th 1900.
~~Boston~~

Name and age of deceased, O'Brien Age, — years.

Date and place of death, Sept-20th 1900, Winthrop Mass,

Disease { Chief cause, Still Born.
Contributing cause, _____

Duration { Chief cause, _____
Contributing cause, _____

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

Name and residence { 101 St. James M.D.
of physician, }
101 St. James St.
East Boston

* If in an institution, state how long an inmate and previous residence.

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.

22

Commonwealth of Massachusetts.

No. 45

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, *Catharine Prineo Foster* Sex, *F* Color, *A*
 Date of Death, *September 26* 190*2*; Age, *83* Years, *11* Months, *12* Days.
 Maiden Name, { If married, widowed or divorced. } *Catherine Prineo*
 Husband's Name, *Eden Burroughs Foster*
 Single, Married, Widowed or Divorced, *Widowed* Occupation, *At Home*
 *Residence, { If out of town, { *Lowell Mass*
 also state fully. } *Hanover, N.H.*
 Place of Birth, *Highland*
 *Place of Death, *Sumner Avenue*
 Name of Father, *Oramel Prineo*
 Birthplace of Father, *Hanover, N.H.*
 Maiden name of Mother, *Emica Hough*
 Birthplace of Mother, *Lowell, Mass*
 Place of Interment, (Give name of Cemetery), *Lowell, Mass*
 Dated at *Winthrop* 190*2* Signature and place of business of Undertaker. { *Summer Floyd*
 on *Sept 26* 190*2* { *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Cath. P. Foster* Age, *83* Y. *11* M. *12* D.
 Place and Date of Death, † died at *Winthrop, Highlands, Mass.* 189*9*
 Disease or Cause of Death, § *Panalaris*
 Duration of sickness, *a year or more*

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

Signature and Residence { *Dr. S. L. Lathrop* M. D.
 of { *21 First St. Lowell*
 Certifying Physician. { *Mass.*
 Date of Certificate, *September 29* 190*2*

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.

Miss G. F. Felt
(1) 1882

1874
 1875
 1876

at	189
Date,	189
Filed,	189

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. (Sec section 7.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Permit No.

RETURN OF DEATH.**BOSTON.**

Date of death { Year, *1900* } Birth { Year, *1882* } Age { Years, *18*
 { Month, *Sept* } { Month, *July* } { Months, *2*
 { Day, *28* } { Day, *1* } { Days, *27*

Name in full, *John J. Donovan* Residence, *Crest Ave.*
 Maiden name,

Sex { Male. } Conjugal condition { Single. } Color { White.
 { Female. } { Married. } { Black (Negro or mixed).
 { Widowed. } { Divorced. } { Indian.
 { Chinese.
 { Japanese.

Wife of Widow of

Place of death { Street, } *Crest Ave.*
 { Number, } *East Boston*

Place of birth,

Occupation,

Name of Father, *Simon J.* Maiden Name of Mother, *Mary A. Harrington*

Birthplace of Father, *Ireland* Birthplace of Mother, *Ireland*

Place of interment, *"Holy Cross" Malden*

Thos. J. Kane.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Sept 28* 190*0*.

Name and age of deceased, *John J. Donovan* Age, *18* years.

Date and place of death, * *Sept 28 1900 Crest Ave.*

Disease { Chief cause, *Appendicitis*
 { Contributing cause, *Septic Pneumonia*

Duration { Chief cause, *6 days*
 { Contributing cause, *3 days*

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

Name and residence { *111 St. James St.*
 of physician, { *W. H. Merdian M.D.*

* If in an institution, state how long an inmate and previous residence.

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.

Blank

Commonwealth of Massachusetts.

No. 47

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, Ruth Mabel Cleveland Sex, F Color, N
 Date of Death, October 2nd 1900 ; Age, ~ Years, 6 Months, 24 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. } Winthrop Mass
 Place of Birth, 27 Atlantic St
 *Place of Death, 27 Atlantic Street
 Name of Father, William A Cleveland
 Birthplace of Father, Somerville Mass
 Maiden name of Mother, Mamie L. Jordan
 Birthplace of Mother, Charles town Mass
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on October 3rd 1900 Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ruth Mabel Cleveland Age, Y. 6 M. 24 D.
 Place and Date of Death, † died at Winthrop Mass., Oct. 2^d 1900
 Disease or Cause of Death, § Broncho-pneumonia
 Duration of sickness, About one month

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.
56 Winthrop St., Winthrop,
Mass.

Date of Certificate, Oct. 4th 1900

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.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____

189 _____

Filed, _____

189 _____

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 48

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, Bertha Appleton Stewart Sex, F Color, W
 Date of Death, October 13 1900; Age, 2 Years, 2 Months, 13 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~. _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 also state fully. _____
 Place of Birth, Sea View Street (Thonon Station)
 *Place of Death, _____
 Name of Father, John G. Stewart
 Birthplace of Father, Cambridge Mass
 Maiden name of Mother, Bertha M. Appleton
 Birthplace of Mother, Chelsea Mass
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery (Childrens Lot)
 Dated at Winthrop
 on October 13 1900 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Bertha Appleton Stewart Age, _____ Y. _____ M. 13 D. _____
 Place and Date of Death, ‡ died at Winthrop Oct 13 1800
 Disease or Cause of Death, § Dysphtheria
 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. {

B. H. Metcalf
52 Winthrop St.

M. D.

Date of Certificate, Oct 15 1800

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.

No.

RETURN OF THE DEATH

OF

at

Date,

189

Filed,

189

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)
Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)
Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 49

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, Emily Smith Sex, F Color, W
 Date of Death, October 26 1900; Age, _____ Years, _____ Months, _____ Days. Three
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } 18 Sagamore Avenue W. Highlands
 also state fully. _____
 Place of Birth, _____
 *Place of Death, _____
 Name and Birthplace of Father, Albert Smith - Brooklyn N.Y.
 Maiden Name and Birthplace of Mother, May H. Holbrook - Cincinnati
 Place of Interment, (Give name of Cemetery), Greenwood Cemetery N.Y.
 Dated at Winstrop Signature and place of business of Undertaker, { Summer Floyd
 on October 26 1900 { Winstrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Emily Smith Age, _____ Y. _____ M. 24 D. _____
 Place and Date of Death, died at 18 Sagamore Ave. Oct 26 1900.
 Disease or Cause of Death, † { Primary, Congenital Cardiac Disease Duration, _____
 { Secondary, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.

August W. W. W. M. D.
28 Sanatoga St. E. 13

Date of Certificate, Feb 7 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, 190

Filed, 190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

250

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 Francis Cobb Sex, F Color, W
 Date of Death, Nov 4 1900; Age, 26 Years, 1 Months, 18 Days.
 Maiden Name, { If married, widowed or divorced. } Mary Francis Hall
 Husband's Name, George W Cobb
~~Single, Married, Widowed or Divorced.~~ Occupation, Housewife
 *Residence, { If out of town, also state fully. } 24 Shirley Street
 Place of Birth, Halifax N S
 *Place of Death, 24 Shirley St
 Name and Birthplace of Father, James A Hall Nova Scotia
 Maiden Name and Birthplace of Mother, Mary McNeill Nova Scotia
 Place of Interment, (Give name of Cemetery),
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on October 3 1900 Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Francis Cobb Age, 26 Y / M. 18 D.
 Place and Date of Death, died at 24 Shirley St. 1900.
 Disease or Cause of Death, ‡ { Primary, Carcinoma Uteri Duration, 2 yrs
 { Secondary, _____ Duration, _____

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

Signature and Residence
 of
 Certifying Physician.

B. J. Metcalf M. D.
52 Winthrop St

Date of Certificate, Nov 4 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 51

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, James Bradford Lee Sex, M Color, W
 Date of Death, November 8 1900; Age, 80 Years, 0 Months, 0 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Lumberman
 *Residence, { If out of town, } 43 Main Street
 { also state fully. } _____
 Place of Birth, Concord Mass
 *Place of Death, Winthrop, 43 Main St
 Name and Birthplace of Father, Nathan Lee, Pittsboro Me
 Maiden Name and Birthplace of Mother, Rebecca Puffer (Unknown)
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop
 on November 9th 1900 Signature and place of business of Undertaker, { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James Bradford Lee Age, 80 Y. — M. — D.
 Place and Date of Death, died at Winthrop Mass Nov 8 1900.
 Disease or Cause of Death, ‡ { Primary, Senility with Hydrothorax Duration, _____
 { Secondary, _____ Duration, 5 wks
Hydrothorax

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.
Winthrop, Mass.

Date of Certificate, Nov 10 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.] •

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Penalty for non-compliance after death

No 52

RETURN OF DEATH.

~~BOSTON.~~

Winthrop

Date of death { Year, 1900. Month, Nov. Day, 13. } Birth { Year, 1821. Month, July Day, 12. } Age { Years, 79. Months, 4. Days, 1. }

Name in full, *Volmer C. Gold* Residence, *Winthrop*
Maiden name,

Sex { Male. Female. } Conjugal condition { Single. Married. Widowed. Divorced. } Color { White. Black (Negro or mixed). Indian. Chinese. Japanese. }

Wife of ...

Widow of ...

Place of death { Street, 7 South Ave. Number, }
Place of birth, *Lewiston St. S.*
Occupation, *Blacksmith*
Name of Father, *Wm.* Maiden Name of Mother, ...
Birthplace of Father, *St. S.* Birthplace of Mother, *St. S.*
Place of interment, *Winthrop Cmt.*
E. G. Brown
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Nov. 13' 1900.
Name and age of deceased, *Volmer C. Gold* Age, *79* years.
Date and place of death, *Nov. 13' 1900 - 7 South Ave Winthrop.*
Disease { Chief cause, *carcinoma of stomach & liver.* Contributing cause, *old age.* }
Duration { Chief cause, *six months?* Contributing cause, }
.....

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

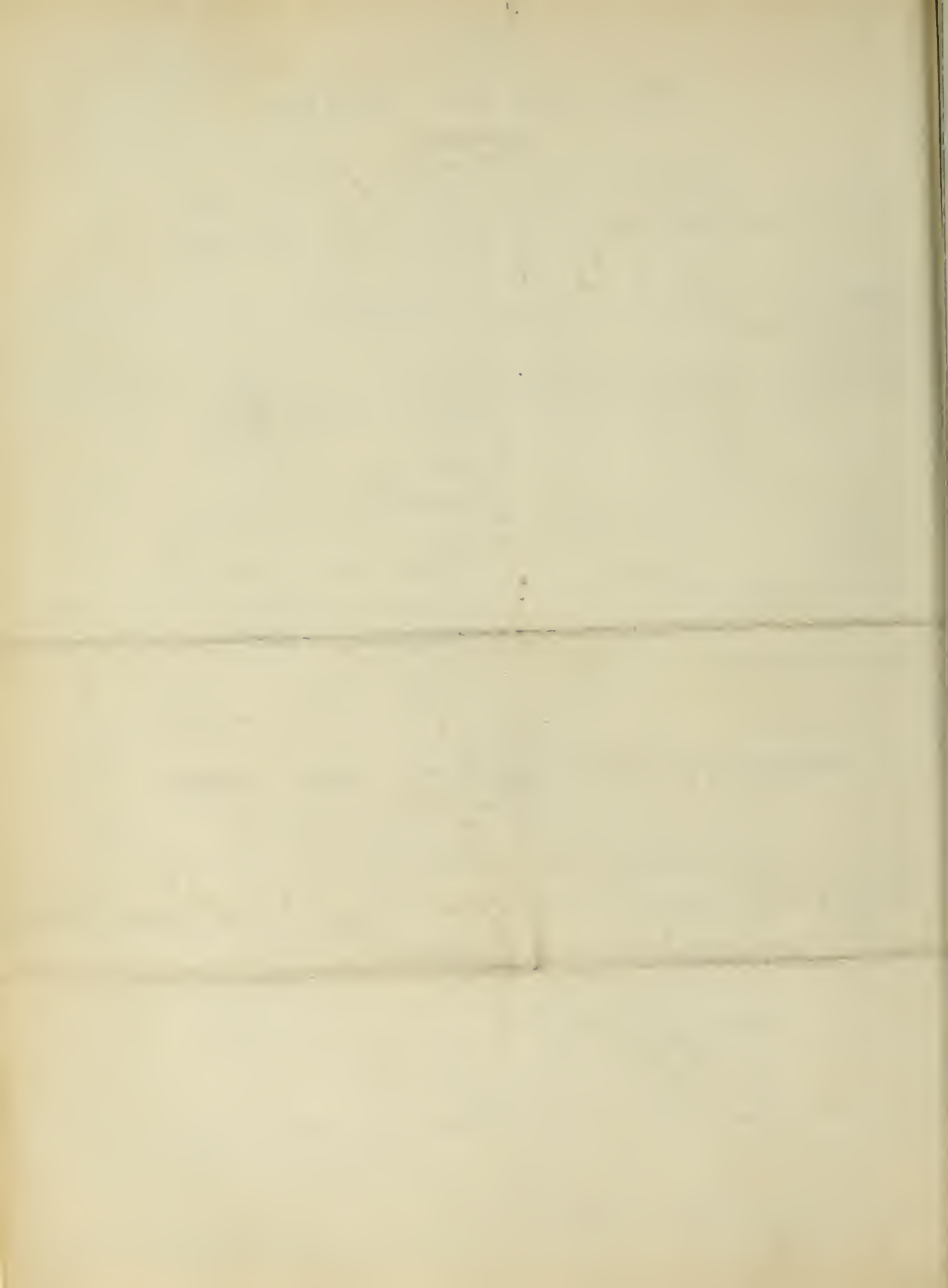
Name and residence }
of physician, }

Ben J. M. M. M.

M.D.

* If in an institution, state how long an inmate and previous residence.

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.



Commonwealth of Massachusetts.

No. 53

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, Dorothy Soule (Still Born Infant) Sex, F Color, WhiteDate of Death, December 5 1900; Age, 1 Years, 0 Months, 0 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. }112 Winthrop Street

Place of Birth, _____

*Place of Death, _____

Name and Birthplace of Father, _____

Horace J. Soule Buck Report Me

Maiden Name and Birthplace of Mother, _____

M. Leah Cobb Charlotte P & S.

Place of Interment, (Give name of Cemetery), _____

Winthrop Cemetery

Dated at _____

Winthrop

on _____

December 51900Signature and
place of business
of Undertaker.Summer FloydWinthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Dorothy Soule

Age,

Y.

M.

D.

Place and Date of Death,

died at

WinthropDecember 51900.Disease or Cause
of Death, ‡

{ Primary,

{ Secondary,

Duration, _____

Duration, _____

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

Signature and Residence
of
Certifying Physician.H J Soule

M. D.

Date of Certificate, _____

December 51900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 54

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, Daniel T. Ellis Sex male Color, white
 Date of Death, Dec. 16 1900; Age, 80 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } —
 Husband's Name, —
 Single, Married, Widowed or Divorced, Widowed Occupation, Stable keeper
 *Residence, { If out of town, { Boston, Mass.
 also state fully. }
 Place of Birth, Orwego, New York
 *Place of Death, Huntrop, Mass. 169 Shirley Street
 Name and Birthplace of Father, —
 Maiden Name and Birthplace of Mother, —
 Place of Interment, (Give name of Cemetery), —
 Dated at Huntrop, Mass. Signature and place of business of Undertaker, { Summer Floyd
 on Dec. 17 1900 { Huntrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Daniel T. Ellis Age, 80 Y. — M. — D.
 Place and Date of Death, died at Huntrop, Mass. Dec. 16th 1900.
 Disease or Cause of Death, ‡ { Primary, — Duration, —
 { Secondary, Apoplexy Duration, A few hours

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.
Huntrop, Mass

Date of Certificate, Dec. 17th 1900.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date,

190

Filed,

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 55

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, Stillborn Infant Sex, Male Color, WDate of Death, December 23 1900; Age, _____ Years, 6 Months, 1 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. }Emerson Street (Off Main St)

Place of Birth, _____

*Place of Death, _____

Name and Birthplace of Father, _____

James Teeter - Ireland

Maiden Name and Birthplace of Mother, _____

Earah Cronley - Ireland

Place of Interment, (Give name of Cemetery), _____

Winthrop Cemetery

Dated at _____

Winthropon December 23 1900Signature and
place of business
of Undertaker.Summer FloydWinthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Stillborn Infant (Teeter)

Age, _____

Y. _____

M. _____

D. _____

Place and Date of Death,

died at.

Winthrop (Emerson Street) Dec 23 1900.Disease or Cause
of Death,†

{ Primary,

{ Secondary,

Duration, _____

Duration, _____

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

Signature and Residence {

of

Certifying Physician. }

M. D.

Date of Certificate, _____

190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, 190.

Filed, 190.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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SECTION 5. Penalty for violation not exceeding fifty dollars.



RETURN OF A DEATH.

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

on January 12 1901. place of business
of Undertaker. } Waltham, Ma

PHYSICIAN'S CERTIFICATE.

Disease or Cause of Death, ‡	Primary,	<i>Scarletina Maligna</i>	Duration, <i>12 days</i>
	Secondary,		Duration,

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

Date of Certificate, Jan 12 1901

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 1

RETURN OF THE DEATH

OF

Kenneth A. Kempton

at

Marshall Street

Date,

January 11 1901.

Filed,

January 12 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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

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Penalty for violation not exceeding fifty dollars.

202
[Form No. 37.]
1901

Winthrop

Permit No. 11111

RETURN OF DEATH.

BOSTON

Date of death { Year, 1901. Month, Jan. Day, 13. Birth { Year, 1901. Month, Jan. Day, 10. Age { Years, — Months, — Days, 3

Name in full, Marjorie M. Kinley Residence, Winthrop Maiden name,

Sex { Male. Female. Conjugal condition { Single. Married. Widowed. Divorced. Color { White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of — Widow of — Place of death { Street, 109 Main St. Winthrop. Number, — Place of birth, Winthrop Mass. Occupation, Factory Clerk Name of Father, David D. Maiden Name of Mother, Catherine G. Gilhairs Birthplace of Father, Somerville Mass Birthplace of Mother, Boston Place of interment, Woodlawn Cmt. C. W. Brown. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased, Marjorie M. Kinley, Age, 3, Days, — Date and place of death, Jan 13-1901. 109 Main St. Winthrop Disease { Chief cause, — Contributing cause, — Duration { Chief cause, Difficult labor consequent Contributing cause, Difficulty of and delay in delivery of child at birth.

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

Name and residence of physician, Albert B. Dowman M.D.

* If in an institution, state how long an inmate and previous residence.

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.

Jan 13

Majorie M. Kiley
109, Main Street

January 13th 1901

1064-31-100F
2002

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1901 Month, Jan Day, 17 Birth { Year, Month, Day, Age { Years, 47 Months, 3 Days, 3

Name in full, Margaret C Barry Residence, Winthrop
Maiden name, Driscoll

Sex { Male Female. Conjugal condition { Single. Married. Widowed. Divorced. Color { White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of Walter Barry Widow of

Place of death { Street, Winthrop Sea Foam Avenue Number, Boston

Place of birth, Boston

Occupation, Domestic

Name of Father, Daniel Maiden Name of Mother, Catherine Barry

Birthplace of Father, Ireland Birthplace of Mother, Ireland

Place of interment, Calvary Cemetery
C. P. Linschaw

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

1901

Name and age of deceased, Margaret C Barry Age, 47 years. Mrs

Date and place of death, Jan 17 1901 Winthrop

Disease { Chief cause, Fatty degeneration of heart. Contributing cause, Heart disease

Duration { Chief cause, Contributing cause,

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

Name and residence { Frank N. Allen M.D.
of physician,

* If in an institution, state how long an inmate and previous residence.

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.

Jan 17

Margaret C. Davis
Sea Farm Avenue

January 17th 1908

Do 3
Jan 17 1908

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, Lydia B. Egan Sex, F Color, W
 Date of Death, January 20 1901 ; Age, 65 Years, 4 Months, 2 Days.
 Maiden Name, { If married, widowed or divorced. } Lydia B. Gould
 Husband's Name, Thomas H. Egan
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, also state fully. } Winthrop Mass
 Place of Birth, Piermont N. H.
 *Place of Death, No 10 Pearl Avenue (Winthrop) Ocean Spray
 Name and Birthplace of Father, John Gould
 Maiden Name and Birthplace of Mother, Eliza Rosworth
 Place of Interment, (Give name of Cemetery), Cambridge Cemetery
 Dated at Winthrop 1901
 on January 21 1901 Signature and place of business of Undertaker. { Sumner Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lydia B. Egan Age, 65 Y. _____ M. _____ D. _____
 Place and Date of Death, died at 10 Pearl Av. Winthrop, Mass. Jan. 20 1901.
 Disease or Cause of Death, ‡ { Primary, Cancer Duration, Bet. 1 and 2 years
 { Secondary, _____ Duration, _____

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.
Winthrop, Mass

Date of Certificate, Feb. 1st 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Jan 20

RETURN OF THE DEATH

OF
Lydia B. Egan
O. Spray
 at *10 Pearl Avenue*

Date, *January 20* 190*1*.

Filed, *January 21* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, *Louise Madeline Hanson* Sex, *F* Color, *W*
 Date of Death, *January 21 1901* ; Age, *2* Years, *1* Months, *3* 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. } *Winthrop Highlands Mass*
 Place of Birth, *No 20 Sagamore Avenue*
 *Place of Death, *No 20 Sagamore Avenue*
 Name and Birthplace of Father, *William S. Hanson - Deering Me*
 Maiden Name and Birthplace of Mother, *Alice W. Parker - Deering Me*
 Place of Interment, (Give name of Cemetery), *Winthrop Cem.*
 Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *January 22 1901* { *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Louise Madeline Hanson* Age, _____ Y. — M. *3* D.
 Place and Date of Death, died at *Winthrop Mass* *Jan 21 1901*.
 Disease or Cause of Death, ‡ { Primary, *Open Foraminifera* Duration, *3d*
 { Secondary, *Pericarditis* Duration, *3d*

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.
Winthrop Mass

Date of Certificate, *Feb 1* 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Jan 21

RETURN OF THE DEATH

OF

Gaius Madeline Hanson

at

20 Bagamore Avenue

Date,

January 21 1901.

Filed,

January 22 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

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, Olive Gertrude Ames Sex, F Color, N.
Date of Death, January 30 1901; Age, 6 Years, 6 Months, 6 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. } Winthrop Mass
Place of Birth, Brest Avenue Winthrop Beach
*Place of Death, " " " "
Name and Birthplace of Father, Edward E. Ames So. Fammouth N.H.
Maiden Name and Birthplace of Mother, Louise W. Betts Boston Mass
Place of Interment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on January 31 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Olive Gertrude Ames Age, 6 Y 6 M 6 D.
Place and Date of Death, died at Winthrop Jan 30 1901.
Disease or Cause of Death,† { Primary, Pneumonia Duration, 6 days
Secondary, _____ Duration, _____

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.
Winthrop Mass

Date of Certificate, Feb 1 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Jan 30

RETURN OF THE DEATH

OF

Oliver Grubbs Ames

at

Breck Avenue

Date

January 30 190*1*.

Filed,

January 30 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Walter W. Webster Sex, M Color, W
 Date of Death, February 10 1901; Age, 41 Years, ~ Months, ~ Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Foreman Lozather Business
 *Residence, { If out of town, { Winthrop Mass also state fully. }
 Place of Birth, Conway N.H.
 *Place of Death, 10, Centre Street - Winthrop.
 Name and Birthplace of Father, William Webster
 Maiden Name and Birthplace of Mother, Sarah Alexander Barnfield Me
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on February 11 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Walter W. Webster Age, 41 Y. M. D.
 Place and Date of Death, died at 10 Centre St. Winthrop Feb 10 1901.
 Disease or Cause of Death, ‡ { Primary, Phthisis Pulmonalis Duration, Two years.
 { Secondary, _____ Duration, _____

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

Signature and Residence
 of
 Certifying Physician.

Frank A. Fitts M. D.
15 Princeton St. E. Boston

Date of Certificate, Feb. 10, 1901 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Feb 10

RETURN OF THE DEATH

OF

Walter H. Weber

at 10 Centre Street

Date, February 10 1901.

Filed, February 11 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

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, Infant (Foster) Sex, M Color, W
 Date of Death, February 21 1901; Age, Stillborn Years, 0 Months, 0 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, } 4 Cottage Park Road Wintthrop
 also state fully. _____
 Place of Birth, 4 Cottage Park Road "
 *Place of Death, 4 Cottage Park Road "
 Name and Birthplace of Father, Clarence C. Foster Charleston
 Maiden Name and Birthplace of Mother, Florence M. Rich Charleston
 Place of Interment, (Give name of Cemetery), Wintthrop Cemetery
 Dated at Wintthrop Signature and place of business of Undertaker, { Summer Floyd
 on February 23 1901 { 18 Hemlock St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Infant (Foster) Age, Stillborn Y. 0 M. 0 D.
 Place and Date of Death, died at 4 Cottage Park Road Feb 21 1901.
 Disease or Cause of Death, ‡ { Primary, Stillborn Duration, _____
 { Secondary, _____ Duration, _____

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.
Wintthrop

Date of Certificate, Feb 23 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Infant (Foster)
at *404 Park Road*

Date, *February 21* 190*1*.

Filed, *February 22* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

The Registrar
Please file and
return to S. J. Floyd
Wentworth
Mass.

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, Sarah Rankin Sex, F Color, W
Date of Death, February 26 1901; Age, 8 Years, 8 Months, 6 Days.
Maiden Name, { If married, widowed or divorced. } Sarah Knox
Husband's Name, Maynard Rankin
~~Single~~, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { If out of town, also state fully. } Wellesley Mass
Place of Birth, Ireland
*Place of Death, 15. Park St Winthrop Mass
Name and Birthplace of Father, James Knox
Maiden Name and Birthplace of Mother, Sarah Richardson - England
Place of Interment, (Give name of Cemetery), Woodlawn Cemetery (Wellesley) Mass
Dated at Winthrop
on February 27 1901 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah Rankin Age, 8 Y. 8 M. 0 D.
Place and Date of Death, died at Winthrop Beach Feb 26 1901
Disease or Cause of Death, ‡ { Primary, Malignant Disease of Rectum Duration, Unknown long time
Secondary, Exhaustion Duration, 1 month

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

Signature and Residence of Certifying Physician. { Sam H. Stetson M. D.
Wellesley Hills, Mass.

Date of Certificate, Feb 27 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Feb 26
Agent of Board of Health.

RETURN OF THE DEATH

OF

*Sarah Rankin*at *15 Perkins Street*Date, *February 26* 190*1*.Filed, *February 27* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, *Maxwell Rankin* Sex, *M* Color, *N*
 Date of Death, *March 3^d 1901*; Age, *87* Years, *0* Months, *3* Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, *Widowed* or Divorced, _____ Occupation, *Farmer*
 *Residence, { If out of town, also state fully. } *Wellesley Mass*
 Place of Birth, *Ireland*
 *Place of Death, *15 Perkins Street, Winthrop Mass*
 Name of Father, _____
 Birthplace of Father, *Scotland*
 Maiden name of Mother, _____
 Birthplace of Mother, *Scotland*
 Place of Interment, (Give name of Cemetery), *Woodlawn Cemetery Wellesley Mass*
 Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *March 4 1901* *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Maxwell Rankin* Age, *87* Y. M. *3* D.
 Place and Date of Death, † died at *Winthrop, Mar. 3^d 1901.* 189
 Disease or Cause of Death, § *Capillary Bronchitis and Senility*
 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, { *H. J. Porter* M. D.
Winthrop

Date of Certificate, *Mar. 4 1901.* 189

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.

Mar 3

No. 9
RETURN OF THE DEATH
OF
Maymelle Rankin
at 75 Perkins Street
Date, March 3 1891.
Filed, March 4 1891.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

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. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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, Abbie M. Orendry Sex, F Color, N
 Date of Death, March 13 1901; Age, 41 Years, — Months, 8 Days.
 Maiden Name, { If married, widowed or divorced. } Abbie M. Keen
 Husband's Name, Robert E. Orendry
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 also state fully { _____
 Place of Birth, East Boston
 *Place of Death, 157 Winthrop Street —
 Name and Birthplace of Father, William T. Keen — Boston
 Maiden Name and Birthplace of Mother, Mary E. Foxe — Cambridgeport
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop
 on March 12 1901 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Abbie M. Keen Age, 41 Y. — M. 8 D.
 Place and Date of Death, died at 157 Winthrop St March 12^d 1901.
 Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 5 days
 { Secondary, Pleuritis Duration, 12 hours

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

Signature and Residence
of
Certifying Physician. {

Ben Hibbs Metcalf M. D.
52 Winthrop St
Winthrop Mass

Date of Certificate, March 12^d 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Mar 12
 Agent of Board of Health.

RETURN OF THE DEATH

OF

Abbe M Hendry
at *157 Northrop Street*

Date, *March 12 " 1901.*

Filed, *March 13 1901.*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

RETURN OF DEATH.

BOSTON.

Date of death { Year, *1901*
 Month, *March*
 Day, *15* } Birth { Year, *1869*
 Month, *Nov*
 Day, *9* } Age { Years, *31*
 Months, *3*
 Days, *25*

Name in full, *James H Cassans* Residence, *Bowdoin st*
 Maiden name,

Sex { Male.
 Female. } Conjugal condition { Single.
 Married.
 Widowed.
 Divorced. } Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.

Wife of Widow of

Place of death { Street, *Bowdoin st*
 Number, *Winthrop near*

Place of birth, *E Boston*

Occupation, *Engineer*

Name of Father, *John* Maiden Name of Mother, *Johanna Sullivan*

Birthplace of Father, *Germany* Birthplace of Mother, *Ireland*

Place of interment, *Holy Cross Malden*

Chas. J. Lane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop *Mar 16* 1901
 Boston,

Name and age of deceased, *James H. Cassans* Age, *31* years.

Date and place of death, * *Mar 15th Winthrop Mass*

Disease { Chief cause, *Tuberculosis*
 Contributing cause,

Duration { Chief cause, *One year*
 Contributing cause,

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

Name and residence { *Winthrop Mass*
 of physician, *H. J. Bonner* M.D.

* If in an institution, state how long an inmate and previous residence.

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.

Mar 15

(11)
RETURN of DEATH

Jane M. Cassens

Bondoni Street

Died Mar. 15th 1901

F I L E D = March 15th 1901

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, Ashley Horton Payne Sex, M Color, WDate of Death, March 17 1901; Age, 2 Years, 2 Months, 2 Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

~~Single, Married, Widowed or Divorced,~~ Occupation, _____*Residence, { If out of town, { Winthrop Mass also state fully. }Place of Birth, 35 Washington Avenue*Place of Death, 35 Washington AvenueName and Birthplace of Father, George F. Payne - Chelsea MassMaiden Name and Birthplace of Mother, Kate E. Peirce - Detroit - MichPlace of Interment, (Give name of Cemetery), Winthrop CemeteryDated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on March 18 " 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † _____ Age, _____ Y. _____ M. _____ D. _____

Place and Date of Death, died at _____ 190 _____

Disease or Cause of Death, † { Primary, Cerebral Hemorrhage Duration, 2 days
Secondary, _____ Duration, _____

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

Signature and Residence of
Certifying Physician. { B. Metcalf

M. D. _____

Date of Certificate, Mar 19th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Mar 17

RETURN OF THE DEATH

OF

Ashley Jordan Payne

at 35 Washington Avenue

Date, March 17 " 1901.

Filed, March 18 " 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Susan Elizabeth Carr Sex, F Color, N
 Date of Death, March 22 1901; Age, 18 Years, 8 Months, — 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. } Winthrop Mass
 Place of Birth, Boston Mass
 *Place of Death, Sea Foam Avenue
 Name and Birthplace of Father, Theodore L. Carr - Waterford VT
 Maiden Name and Birthplace of Mother, Ellen A. Brown - Lowell Mass
 Place of Interment, (Give name of Cemetery), Greenland Mass
 Dated at Winthrop
 on March 23 1901 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Susan Elizabeth Carr Age, 13 Y. 8 M. — D.
 Place and Date of Death, died at Sea Foam Ave Winthrop Mar 22 1901.
 Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 5 days
 Secondary, Heart exhaustion Duration, 10 hours

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

Signature and Residence of Certifying Physician. { Edward H. Gage M. D.
#12 West Ave Winthrop

Date of Certificate, March 23 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Mar 22

No. 13

RETURN OF THE DEATH

OF

Susan Elizabeth Clark

at *Sea Foam Avenue*

Date, *March 22* 190*1*.

Filed, *March 23* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Penalty for violation not exceeding fifty dollars.

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, Phillips Payson Floyd Sex, M Color, W

Date of Death, March 24 1901; Age, 60 Years, 5 Months, 11 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. } Wentworth Mass

Place of Birth, North Chelsea

*Place of Death, 10 Locust Street

Name and Birthplace of Father, David Floyd Chelsea

Maiden Name and Birthplace of Mother, Sally T. Trevelyan Chelsea

Place of Interment, (Give name of Cemetery), Wentworth Cemetery

Dated at Wentworth Signature and place of business of Undertaker. { Summer Floyd
on March 24 1901 { Wentworth Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Phillips Payson Floyd Age, 60 Y. 5 M. 11 D.

Place and Date of Death, died at Wentworth March 24 1901.

Disease or Cause of Death, ‡ { Primary, Apoplexy Cerebral Haemorrhage Duration, 1 month
Secondary, _____ Duration, _____

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.
Wentworth
Mass

Date of Certificate, March 27 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
March 24

RETURN OF THE DEATH

OF

Phillips Fayem Floyd

at

70 Locust Street

Date,

March 24 " 1901.

Filed,

March 25 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Thomas Henry Clark Sex, m Color, WDate of Death, March 31 1901; Age, 22 Years, 9 Months, 5 Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, clerk*Residence, { If out of town, also state fully. } Winthrop MassPlace of Birth, Dorchester Mass*Place of Death, 27 Sargent StreetName and Birthplace of Father, Edward J. Clark-CambridgeMaiden Name and Birthplace of Mother, Cynthia M. Harding-ChathamPlace of Interment, (Give name of Cemetery), Winthrop CemeteryDated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on April 1 1901 Winthrop Mass**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Thomas Henry Clark Age, 22 Y. 9 M. 5 D.Place and Date of Death, died at March 31 1901 - 27 Sargent St 1901.Disease or Cause of Death, † { Primary, Phthisis Pulmonalis Duration, 2 years
Secondary, _____ Duration, _____

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

Signature and Residence of Certifying Physician, { W. B. S. S. S. S. M. D.
East BostonDate of Certificate, _____ 1901.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Mar 31

RETURN OF THE DEATH

OF
Thomas Henry Clark
27 Deygent Street
 at *Wintrop, Mass*

Date, *March 31* 190*1*.

Filed, *Cyprie 1st* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, *Oslet Harding Smith* Sex, *M* Color, *W*Date of Death, *April 4* 190*1*; Age, *77* Years, _____ Months, _____ Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

~~Single~~, Married, Widowed or Divorced, _____ Occupation, *Engineer**Residence, { If out of town, also state fully. } *Winthrop Mass*Place of Birth, *Putney Vermont**Place of Death, *22 Centre Street*

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), *Woodlawn Cemetery*Dated at *Winthrop* on *April 5* 190*1* Signature and place of business of Undertaker, { *Summer Floyd*
*Winthrop Mass***PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased, † _____ Age, _____ Y. _____ M. _____ D.

Place and Date of Death, _____ died at _____ 190*1*Disease or Cause of Death, † { Primary, *Pneumonia* Duration, *3 days*
Secondary, *Gastro Enteritis* Duration, *1 week*

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

Signature and Residence of Certifying Physician, { *W. H. Eversworth* M. D.
*40 Princeton St East Boston Mass*Date of Certificate, *April 4* 190*1*.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

April 4

No. 16

RETURN OF THE DEATH

OF

Caleb Harding Smith

at *22 Centre Street*

Date, *April 4* 1901.

Filed, *April 5* 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

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, Blanche Elizabeth Lord Sex, F Color, W
 Date of Death, April 6 1901; Age, 3 Years, 6 Months, 2 Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 also state fully. _____
 Place of Birth, West Somerville Mass
 *Place of Death, 75 Lincoln Street Winthrop Mass
 Name and Birthplace of Father, Walter L. Lord = Ipswich Mass
 Maiden Name and Birthplace of Mother, Jennie W. Robbins = Burlington Vt
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on April 7 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Blanche Elizabeth Lord Age, 3 Y. 6 M. 2 D.
 Place and Date of Death, died at Winthrop April 6 1901.
 Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 10 days
 { Secondary, _____ Duration, _____

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

Signature and Residence of Certifying Physician, { H. J. Soule M. D.
Winthrop Mass

Date of Certificate, April 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

April 5

No. 17

RETURN OF THE DEATH

OF

Blanche E. Lord

at

75. Lincoln Street

Date,

April 6 190*1*.

Filed,

April 7 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Thomas E. Johnston Sex, _____ Color, _____
 Date of Death, April 14 1901; Age, 71 Years, 5 Months, 5 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Carpenter
 *Residence, { If out of town, } Winthrop Mass.
 Place of Birth, New Brunswick
 *Place of Death, 35 Marshall Street
 Name and Birthplace of Father, Andrew Johnston - Scotland
 Maiden Name and Birthplace of Mother, Ann Spencer - Ireland
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop
 on April 15 1901 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Thomas E. Johnston Age, 71 Y. 5 M. 5 D.
 Place and Date of Death, died at Winthrop No 35 Marshall St April 14 1901
 Disease or Cause of Death, ‡ { Primary, Tuberculosis Duration, _____
 { Secondary, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.W. J. Soule

M. D.

Winthrop MassDate of Certificate, April 16 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

April 14

No. 18

RETURN OF THE DEATH

Thomas E. Johnson
at *35 Marshall Street*

Date, *April 14* 190*1*.

Filed, *April 15* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

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, William Addison Benedict, Sex, M, Color, N
 Date of Death, April 19 1901; Age, 79 Years, 24 Months, 24 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Clergyman
 *Residence, { If out of town, also state fully. } Winthrop Mass
 Place of Birth, Otego N.Y.
 *Place of Death, 107 Myrtle Avenue
 Name and Birthplace of Father, William Benedict Dunstable N.Y.
 Maiden Name and Birthplace of Mother, Adeline Fellows - Durham N.Y.
 Place of Interment, (Give name of Cemetery), Durham N.Y.
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on April 20 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Rev William Addison Benedict Name and Age of Deceased, † 79 Y. M. 24 D.
 Place and Date of Death, died at Winthrop April 19 1901.
 Disease or Cause of Death, † { Primary, Cystitis (Inflammation of Bladder) Duration, _____
 { Secondary, _____ Duration, _____

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

Signature and Residence
 of
 Certifying Physician.

J. M. Putnam M. D.
Chelsea Mass

Date of Certificate, Apr. 20 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

April 19

No. 19

RETURN OF THE DEATH

OF

William Addison Benedi^c

at

Wynette Avenue

Date,

April 19th 190*1*.

Filed,

April 20 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.**BOSTON.** *Winthrop*

Date of death { Year, *1901* } Birth { Year, *1894* } Age { Years, *6*
 Month, *April* } Month, *Aug* } Months, *8*
 Day, *25* } Day, *3* } Days, *22*

Name in full, *Harrison Gray Otis Jr* Residence, *2 Cottage Ave*

Maiden name,

Sex { Male. } Conjugal condition { Single. } Color { White.
 Female. } Married. } Black (Negro or mixed).
 Widowed. } Indian.
 Divorced. } Chinese.
 Japanese.

Wife of Widow of

Place of death { Street, } *2 Cottage Ave*
 Number,Place of birth, *Winthrop Mass*

Occupation,

Name of Father, *Harrison Jr* Maiden Name of Mother, *Louise Mc Namara*Birthplace of Father, *Nahant Mass* Birthplace of Mother, *Charlestown Mass*Place of interment, *Holyhood Cemetery (Brookline)**A. L. Eastman*
 Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *April 25* 1901Name and age of deceased, *Harrison Gray Otis Jr* Age, *6* years.Date and place of death, * *April 25 - 1901 2 Cottage Ave Winthrop Mass*Disease { Chief cause,
 Contributing cause,Duration { Chief cause,
 Contributing cause,

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

Name and residence { M.D.
 of physician,

* If in an institution, state how long an inmate and previous residence.

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.

April 25

Manikhaay Co. Inc.
^{Inc.}
April 25th 1901
2 Cottage Avenue

No 20
April 25/1901

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, Gerald Lamont Gilbert Sex, m Color, WDate of Death, May 9 1901; Age, 16 Years, 9 Months, 13 Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, { Winthrop Mass (Sea Foam Ave)Place of Birth, Richmond Va*Place of Death, Point ShirleyName and Birthplace of Father, Gerald Barry Gilbert - England -Maiden Name and Birthplace of Mother, Flora Isadore Liechtenstein - Richmond VaPlace of Interment, (Give name of Cemetery), Winthrop CemeteryDated at Winthrop Signature and place of business of Undertaker, { Spencer Floyd
on May 10 1901 Winthrop, Mass**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Gerald Lamont Gilbert Age, 16 Y. 9 M. 13 D.Place and Date of Death, died at Winthrop May 9th 1901.Disease or Cause of Death, † { Primary, Heart failure Duration, Instant
Secondary, _____ Duration, _____

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, Mass.Date of Certificate, May 11th 1901.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

May 9

RETURN OF THE DEATH

OF
Gerald Lavmont Gilder

at

Wentworth, Mass

Date,

May 9, 190*1*.

Filed,

May 10, 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Martha Louise Belanger Sex, F Color, W

Date of Death, May 13 1901; Age, 8 Years, 8 Months, — Days.

Maiden Name, { If married, widowed or divorced. } —

Husband's Name, —

Single, Married, Widowed or Divorced, — Occupation, —

* Residence, { If out of town, } Winthrop Mass
also state fully. }

Place of Birth, 32 Putnam Street

* Place of Death, 32 Putnam Street

Name and Birthplace of Father, Joseph Belanger, Canada

Maiden Name and Birthplace of Mother, Alfreda Dupont Canada

Place of Interment, (Give name of Cemetery), Salem Mass (Catholic Cemetery)

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on May 13 1901 making return 18 Orlin Street Winthrop

PHYSICIAN'S CERTIFICATE. for Salem Mass

Name and Age of Deceased, † — Age, — Y. — M. — D. —

Place and Date of Death, — died at — 190 —

Disease or Cause of Death, † { Primary, — Duration, —
Secondary, — Duration, —

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

Signature and Residence of Certifying Physician. { — M. D. —

Date of Certificate, — 190 —

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Martha Louise Planger
 at *32 Fulton Street -*

Date, *May 13* " 190*1*.

Filed, *May 13* " 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death: When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, *Clarence A. Belcher* Sex, *M* Color, *W*
 Date of Death, *May 15* 1901; Age, *44* Years, *6* Months, *18* Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, *Street Superintendent*
 *Residence, { If out of town, { *46 Bowdoin Street Winthrop*
 also state fully. }
 Place of Birth, *Winthrop Mass*
 *Place of Death, *46 Bowdoin Street - Winthrop*
 Name and Birthplace of Father, *Francis N. Belcher (Winthrop Mass)*
 Maiden Name and Birthplace of Mother, *Adelita Shute*
 Place of Interment, (Give name of Cemetery), _____ *Winthrop Mass*
 Dated at *Winthrop*
 on *May 16* 1901 Signature and place of business of Undertaker, { *Summer Floyd*
18 O'Brien Street
Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Clarence A. Belcher* Age, *44* Y. *6* M. *18* D.
 Place and Date of Death, died at *Winthrop May 15* 1901.
 Disease or Cause of Death, ‡ { Primary, *Diffuse Nephritis* Duration, _____
 Secondary, *Mitral regurgitation* Duration, *2 years*

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, *May 18* 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Clarence A. Deleher

at Wintthrop Mass

Date, May 15th 1901.Filed, May 16th 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

RETURN OF DEATH.

BOSTON.

Wintthrop

Date of death { Year, *1901.* Birth { Year, *?* Age { Years, *64.*
 { Month, *May* { Month, *?* { Months, *3.*
 { Day, *17* { Day, *?* { Days, *?*

Name in full, *Victorine M. Knowlton* Residence, *Wintthrop*
 Maiden name, *Spear.*

Sex { ~~Male.~~ Conjugal condition { ~~Single.~~ Color { ~~White.~~
 { ~~Female.~~ { ~~Married.~~ { ~~Black (Negro or mixed).~~
 { ~~Widowed.~~ { ~~Indian.~~
 { ~~Divorced.~~ { ~~Chinese.~~
 { ~~Japanese.~~

Wife of Widow of *Charles M.*

Place of death { Street, *Bellvue Ave.*
 { Number, *Rockland M.C.*

Place of birth, *at home.*

Occupation, *Wright*

Name of Father, *John* Maiden Name of Mother, *Thankful B.*

Birthplace of Father, *M.C.* Birthplace of Mother, *Dover M.C.*

Place of interment, *Rockland M.C.*

E. G. Brown.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop
 Boston, *May 17* 1901.

Name and age of decedent, *Victorine M. Knowlton*, *64* years.

Date and place of death, *May 17 1901 - Bellvue Ave. Wintthrop*

Disease { Chief cause, *Cerebral Apoplexy*
 { Contributing cause,

Duration { Chief cause, *Immediate*
 { Contributing cause,

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

Name and residence { *J. E. Johnson* M.D.
 of physician, { *Wintthrop*

* If in an institution, state how long an inmate and previous residence.

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.

May 17

Victoria O. Arnold

Belleme Avenue

May 17th 1901

F.I.E.D. = May 18th 1901

1061st Avenue

4-2 ML

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, Stephen R. Cole Sex, M Color, W
 Date of Death, May 24 1901; Age, 79 Years, 11 Months, ~ Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Machinist
 *Residence, { If out of town, also state fully. } 26 Almont St Winthrop
 Place of Birth, Brookline Vermont
 *Place of Death, Winthrop (26 Almont St)
 Name and Birthplace of Father, Simon Cole (Vermont)
 Maiden Name and Birthplace of Mother, Ethel Robbins (Vermont)
 Place of Interment, (Give name of Cemetery) Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
 on May 25 1901 { 18 Hermon Street
Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † _____ Age, _____ Y. _____ M. _____ D. _____
 Place and Date of Death, _____ died at _____ 1901
 Disease or Cause of Death, † { Primary, apoplexy Duration, suddenly
 { Secondary, _____ Duration, _____

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 26th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

May 24

RETURN OF THE DEATH

OF
Stephen R. Cole
 at *26 Almond Street*

Date, *May 24* 190*7*.

Filed, *May 25* 190*7*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Edwin Weeks Sex, M Color, W

Date of Death, May 29 1901; Age, 72 Years, Months, Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name,

Single, Married, Widowed or Divorced, Occupation, Boysen

*Residence, { If out of town, also state fully. } Winthrop, Mass

Place of Birth, North Vallow Me

*Place of Death, 10 Thonon Park

Name and Birthplace of Father, Butler Weeks (Unknown)

Maiden Name and Birthplace of Mother, Eliza Macy Nantucket (Mass)

Place of Interment, (Give name of Cemetery), North Bellingham Mass

Dated at Winthrop on May 29 1901 Signature and place of business of Undertaker, { Sumner Mass }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edwin Weeks Age, 72 Y. — M. — D.

Place and Date of Death, died at Winthrop Mass May 29 1901.

Disease or Cause of Death,† { Primary, Cerebral Tumor Duration, acute symptoms Secondary, 2 wks }

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

Signature and Residence of Certifying Physician, { M. D. }

Date of Certificate, May 30 1901.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

May 29

RETURN OF THE DEATH

OF

Edwin Neelke

at 10 Thornton Park

Date, May 29th 1901.

Filed, May 30 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

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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, Nancy A. Wilson Sex, F Color, N
Date of Death, May 30 1901; Age, 66 Years, 0 Months, 0 Days.
Maiden Name, { If married, widowed or divorced. } Nancy A. Anderson
Husband's Name, Patrick Wilson
Single, Married, Widowed or Divorced, _____ Occupation, _____
* Residence, { If out of town, also state fully. } Winthrop Mass
Place of Birth, Ireland
* Place of Death, 11 Cottage Avenue (Cottage Hill)
Name and Birthplace of Father, William Anderson (Unknown)
Maiden Name and Birthplace of Mother, Unknown
Place of Interment, (Give name of Cemetery), Oakwood Cemetery (Troy N.Y.)
Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on May 31 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Nancy A. Wilson Age, 66 Y. M. D.
Place and Date of Death, died at Winthrop May 30. 1901.
Disease or Cause of Death, ‡ { Primary, General Tuberculosis Duration, Uncertain
Secondary, _____ Duration, _____

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 Mass.

Date of Certificate, May 31st 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

May 31

RETURN OF THE DEATH

OF

Nancy A. Wilson
at 11 Cottage Avenue
at Helleboro

Date, May 30 1901.

Filed, May 31 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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.

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

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[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

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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, Hannah Belcher Sex, F Color, W
 Date of Death, June 25 1901; Age, 88 Years, 5 Months, 20 Days.
 Maiden Name, { If married, widowed } Hannah Floyd
 or divorced.
 Husband's Name, David Belcher
 Single, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 also state fully.
 Place of Birth, Winthrop Mass
 *Place of Death, 99 Winthrop Street
 Name and Birthplace of Father, David Floyd
 Maiden Name and Birthplace of Mother, Hannah Tenbury
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Sumner Floyd
 on June 25 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Hannah Belcher Age, 88 Y. 5 M. 20 D.
 Place and Date of Death, died at Winthrop Mass June 25 1901.
 Disease or Cause of Death, ‡ { Primary, Cerebral Apoplexy Duration, Immediate
 { Secondary, _____ Duration, _____

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.
Winthrop Mass
Date of Certificate, June 26 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

June 25

RETURN OF THE DEATH

OF

Sannah Delcher

at

99 Wentworth Street

Date,

June 25th 1901.

Filed,

June 26 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Carl Metcalf Eberman Sex, M Color, W.
 Date of Death, June 27 190 1; Age, 1 Year, 4 Months, 19 Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 also state fully. _____
 Place of Birth, Winthrop Mass
 *Place of Death, Orlando Ave off Bartlett Road
 Name and Birthplace of Father, Charles L. Eberman Patterson Pa
 Maiden Name and Birthplace of Mother, Ethel Wheel Metcalf -
Winthrop Cemetery
 Place of Interment, (Give name of Cemetery), _____
 Dated at Winthrop
 on June 28 190 1 Signature and place of business { Sumner Floyd
 of Undertaker. Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Carl Metcalf Eberman Age, 1 Y. 4 M. 11 D.
 Place and Date of Death, died at Winthrop Mass June 27 190 1.
 Disease or Cause { Primary, Infantile Convulsions Duration, 5 hours
 of Death,‡ { Secondary, _____ Duration, _____

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.
Gas Ave

Date of Certificate,

June 29 190 1 Winthrop Mass

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

June 27

RETURN OF THE DEATH

OF

Carl McTeay Erman
at *Orlando Avenue*

Date, *June 27* 190*1*.

Filed, *June 28* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Frederick Munday Sex, M Color, W.
Date of Death, June 30 1901; Age, 27 Years, ~ Months, ~ Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Plumber
*Residence, { If out of town, also state fully. } Shiley Steel Winthrop
Place of Birth, England
*Place of Death, Winthrop Mass
Name and Birthplace of Father, Unknown
Maiden Name and Birthplace of Mother, Unknown
Place of Interment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on June 30 1901 { 182 Hemmell Washhop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Frederick Munday Age, 27 Y. ~ M. ~ D.
Place and Date of Death, died at Winthrop June 30 1901.
Disease or Cause of Death, ‡ { Primary, Drowning Duration, _____
Secondary, accident Duration, _____

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

Signature and Residence of Certifying Physician. { L. A. Harub M. D.
Med. Examiner

Date of Certificate, July 25 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

June 30

RETURN OF THE DEATH

OF

Frederick Munday

at

Quincy Deserte

Date,

June 30, 190*1*.

Filed,

July 1, 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Penalty for violation not exceeding fifty dollars.

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, Martha Phipps Brown Sex, F Color, W
 Date of Death, July 1, 1901; Age, 58 Years, 6 Months, 2 Days.
 Maiden Name, { If married, widowed } Martha Phipps Tupper
 or divorced.
 Husband's Name, Frederic Brown
 Single, Married, Widowed or Divorced, _____ Occupation, Housewife
 *Residence, { If out of town, } Winthrop Mass
 also state fully.
 Place of Birth, Boston Mass
 *Place of Death, Terrace Avenue Winthrop
 Name and Birthplace of Father, John C. Tupper
 Maiden Name and Birthplace of Mother, Jane Rozcoe
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business { Summer Floyd
 on July 2nd 1901 of Undertaker. { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Martha Phipps Brown Age, 58 Y. 6 M. 2 D.
 Place and Date of Death, died at Terrace Avenue Winthrop July 1 1901.
 Disease or Cause { Primary, Synaxis Duration, _____
 of Death, ‡ { Secondary, Synaxis Duration, 3 hours

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

Signature and Residence { Horace J. South M. D.
 of
 Certifying Physician. { Winthrop Mass
 Date of Certificate, July 3rd 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
July 1

RETURN OF THE DEATH

OF

Martha Phifer *Brown*
at *Cerrace Avenue*

Date, *July 1* 190*1*.

Filed, *July 2* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier 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. Penalty for neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the acts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1901 } Birth { Year, 1827 } Age { Years, 74 }
 { Month, July } { Month, Unknown } { Months, Unknown }
 { Day, 2 } { Day, Unknown } { Days, Unknown }
 Name in full, John Whalen Residence, Boston
 Maiden name, -
 Sex { Male. } Conjugal condition { Single. } Color { White. }
 { Female. } { Married. } { Black (Negro or mixed). }
 { } { Widowed. } { Indian }
 { } { Divorced. } { Chinese }
 { } { } { Japanese }
 Wife of - Widow of -
 Place of death { Street, } 61 Locust St Winthrop
 { Number, } Ireland
 Place of birth, Ireland
 Occupation, Labourer
 Name of Father, Unknown Maiden Name of Mother, Unknown
 Birthplace of Father, Ireland Birthplace of Mother, Ireland
 Place of interment, Holy Cross Malden
Bernard J. McNamee
61 Sumner Street Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 2 1901.
 Name and age of deceased, John Whalen Age, 74 years.
 Date and place of death, * Winthrop Mass July 2 1901
 Disease { Chief cause, Cerebral Apoplexy }
 { Contributing cause, Senility }
 Duration { Chief cause, 36 hours }
 { Contributing cause, - }

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

Name and residence }
 of physician, } E. Johnson M.D.
Winthrop Mass

* If in an institution, state how long an inmate and previous residence.

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.

Died July 2nd 1901
61 Queen Street

Fleet July 3rd 1901

106 1/2 Street
25 ML

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, *John Whitman Chamblin*, Sex, *Male*, Color, *White*
Date of Death, *July 5th* 190*1*; Age, *6* Years, Months, 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, *Ocean Ave. Winthrop Beach, Winthrop*
* Place of Death, *Ocean Ave Winthrop Beach Winthrop*
Name and Birthplace of Father, *Horton N. Chamblin Jamaica Plain Mass*
Maiden Name and Birthplace of Mother, *Rhetal B. Goding St. John N. C.*
Place of Interment, (Give name of Cemetery), *Forest Hills Cemetery*
Dated at *Winthrop*
on *July 6th* 190*1* Signature and place of business of Undertaker. *Summer Floyd Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Chamblin* Age, *6* Y. *0* M. *1* D.
Place and Date of Death, died at *Winthrop* *July 5* 190*1*.
Disease or Cause of Death,† *Cerebral birth* Duration,
Primary, Secondary, Duration,

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

Signature and Residence of Certifying Physician. *Fred + Bernice* M. D.
28 Locust St. E. 13
Date of Certificate, *July 6* 190*1*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 5

RETURN OF THE DEATH

OF
John Whelan
 at *Wintrop Mass*
(Ocean Avenue)
 Date, *July 5th* 190*1*.
 Filed, *July 6* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Eliza Arbella Matthews Sex, F Color, P
 Date of Death, July 17 1901; Age, 53 Years, 1 Month, 24 Days.
 Maiden Name, { If married, widowed or divorced. } Eliza A. Hudson
 Husband's Name, Henry Matthews
 Single, Married, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, also state fully. } Winthrop Mass
 Place of Birth, P. B. Deland
 *Place of Death, 135 Shirley Street
 Name and Birthplace of Father, William B. Hudson
 Maiden Name and Birthplace of Mother, Barbara Nickelson
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on July 18 1901 { Winthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eliza Arbella Matthews Age, 53 Y. 1 M. 24 D.
 Place and Date of Death, died at Winthrop July 17 1901.
 Disease or Cause of Death, ‡ { Primary, Neuralgia causing Duration, Several Years
 { Secondary, Heart Disease Duration, 1 year

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.
#181 Chest cone

Date of Certificate, July 19 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 17

RETURN OF THE DEATH

OF

Eliza Arvilla Matthews
 at *135 Shirley Street*

Date, *July 17* 190*1*.

Filed, *July 18* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Annie Matthews Sex, F Color, N
 Date of Death, July 21 1901; Age, 24 Years, ~ Months, ~ Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Domestic
 *Residence, { If out of town, } Winthrop Mass
 also state fully. { } _____
 Place of Birth, Boston Mass
 *Place of Death, 182 Winthrop Street. Winthrop
 Name and Birthplace of Father, Wadsworth Matthewsbury Me
 Maiden Name and Birthplace of Mother, Hannah L. Goyd Lynn Mass
 Place of Interment, (Give name of Cemetery), Fitzwilliam N. O.
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on July 22 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Annie Matthews Age, 24 Y. — M. — D.
 Place and Date of Death, died at Winthrop Mass July 21 1901.
 Disease or Cause of Death, ‡ { Primary, Quick Consumption Duration, 2 mos
 { Secondary, _____ Duration, _____

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.
Winthrop Mass

Date of Certificate, July 20 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 21

RETURN OF THE DEATH

OF

*Annie W. Athene*at *Winthrop, Mass.*Date, *July 21* 190*1*.Filed, *July 22* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Phyllis Pierce Sex, Female Color, White

Date of Death, July 23 1901; Age, 1 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, } Charles St. Winthrop Mass
also state fully. _____

Place of Birth, Boston Mass. 22 Coolidge St.

* Place of Death, Charles St. Winthrop Mass

Name and Birthplace of Father, Edward J. Pierce Somerville Mass

Maiden Name and Birthplace of Mother, Margaret S. Moran Boston Mass

Place of Interment, (Give name of Cemetery), Dell Park Cemetery Hattick Mass

Dated at Winthrop Signature and place of business of Undertaker, Summer Floyd Winthrop Mass
on July 24 1901

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Phyllis Pierce Age, 1 Y. — 5 M. 5 D.

Place and Date of Death, died at Winthrop Mass July 23 1901.

Disease or Cause of Death, ‡ { Primary, Broncho-pneumonia Duration, 5 days
Secondary, Cholera Infantum Duration, 4 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.
Winthrop Mass

Date of Certificate, July 24 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
July 23

RETURN OF THE DEATH

OF
Phyllis Force
 at *Charles Street*

Date, *July 23* 190*1*.

Filed, *July 24* " 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Fred. A. Johnson Sex, Male Color, White
 Date of Death, July 26 1901; Age, 21 Years, — Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced. { }
 Husband's Name, —
 Single, Married, Widowed or Divorced, Single Occupation, Soldier
 *Residence, { If out of town, } Fort Banks, Winthrop, Mass.
 { also state fully. } Maine
 Place of Birth, —
 *Place of Death, Fort Banks, Winthrop, Mass.
 Name and Birthplace of Father, Unknown
 Maiden Name and Birthplace of Mother, Unknown
 Place of Interment, (Give name of Cemetery), Sherburne N. H.
 Dated at Winthrop, Mass Signature and place of business of Undertaker, { Summer Floyd
 on July 26 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Fred A. Johnson Age, 21 Y. — M. — D.
 Place and Date of Death, died at Fort Banks, Mass. July 26 1901.
 Disease or Cause of Death, ‡ { Primary, Acute appendicitis, with peritonitis Duration, 5 days
 { Secondary, fulminating Duration, —

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

Signature and Residence of Certifying Physician, { E. W. Pinkham M. D.
1st Lieut & Asst. Surgeon U.S.A.
 Date of Certificate, July 26 — 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 26

No. 37

RETURN OF THE DEATH

OF
Evel A. Johnson
at *Fort Paulle Winthrop*

Date, *July 26* 190*1*.

Filed, *July 26* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, *Eliza Freeman Fowler* Sex, *F* Color, *W*

Date of Death, *July 30* 190*1*; Age, *57* Years, *9* Months, *8* Days.

Maiden Name, { If married, widowed or divorced. } *Eliza Freeman Walcott*

Husband's Name, *John Q. Fowler*

Single, Married, Widowed or Divorced, _____ Occupation, _____

* Residence, { If out of town, { also state fully. } *Dorchester Mass Edison Street*

Place of Birth, *Barnard VT*

* Place of Death, *19 Washington Avenue Winthrop*

Name and Birthplace of Father, *James F. Walcott Barnard VT*

Maiden Name and Birthplace of Mother, *Rebecca Freeman Barnard VT*

Place of Interment, (Give name of Cemetery), *Royalston VT*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
18. Herman Street
Winthrop

on *July 31* " 190*1*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Eliza Freeman Fowler* Age, *57* Y. *9* M. *8* D.

Place and Date of Death, died at *Winthrop Mass* *July 30* 190*1*.

Disease or Cause of Death, ‡ { Primary, *Tuberculosis of the Bowels* Duration, *year*
Secondary, _____ Duration, _____

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.
Winthrop

Date of Certificate, *Aug 1* 190*1*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 30

RETURN OF THE DEATH

OF

Elizabeth Fowles
19 Nash Avenue
Winthrop Mass

at

Date, *July 30* 190*1*.

Filed, *July 31* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. Name, in full *George Gourley* Name of Husband, (If widowed, married, or divorced.)
2. Color: *WHITE* ☒ *BLACK* (Negro or mixed.) ☐ *CHINA* ☐ *CHINESE* ☐ *JAPANESE* ☐
3. Sex: *MALE* ☒ *FEMALE* ☐
4. Conjugal Condition: *SINGLE* ☒ *MARRIED* ☐ *WIDOWED* ☐ *DIVORCED* ☐

NOTE.—For Questions 2, 3, and 4, strike out words not applicable.

5. Date of Death { Year, *1901* } 6. Date of Birth if obtainable { Year, *1861* } 7. Supposed Age { Years, *40* }
 { Month, *August* } { Month, *June* } { Months, *1* }
 { Day, *2* } { Day, *19* } { Days, *14* }
8. Occupation, *Freight Agent* (Return occupation for all persons 10 years of age and over—if under one year return occupation of father.)
9. Place of Birth, *Boston* (City or Town.) 10. Name of Father, *John Gourley* (Full name.)
11. Birthplace of Father, *Glasgow, Scotland* (State or Country.) 12. Name of Mother, *Eliza Knight* (Maiden name.)
13. Birthplace of Mother, *Ireland* (State or Country.)
14. Place of Death, No. *Winthrop - Mass - Pearl Ave.* STREET, CAMBRIDGE.

If death occurred in an institution, give the name of same,

Length of time deceased was an inmate,

, and previous residence,

15. Late Residence, No. *21 Home St.* Street, *Somerville* (City or Town)

LENGTH OF RESIDENCE (in city or town), *Eight years*

16. Place of Interment, *Woodlawn* (City or Town and State.)

SIGNATURE OF UNDERTAKER (or other person making the return), *C. H. Lockhart*RESIDENCE, No. *Somerville Mass.* Street, (City or Town.)

NO. OF BURIAL PERMIT.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

Name of Deceased* *George Gourley* Supposed Age, *40* Years, *14* Months, *14* Days.

Place and Date of Death, No. *Pearl Ave, Winthrop, Cambridge, Aug 2* 1901

Disease or Cause of Death:

Chief Cause, *Carcinoma*

Contributing Cause†

Place where disease was contracted, if other than death, *Somerville*

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

Signature of Physician, *Frederick S. Smith* M.D.Residence, No. *49 Cross* Street, *Somerville* (City or Town.)

* Or Sex of Infant (not named).

† If a soldier or sailor who served in the War of the Rebellion, Chief and Contributing causes must be given.

SECTION 1. 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, except as provided in section two of this act, until he shall have received a permit so to do from the board of health, other than the selectmen, or its agent duly appointed for the purpose of issuing such permits, or if there is no such board from the clerk of the city or town in which the person died; and no undertaker or other person shall exhume and remove a human body from a city or town, or from one cemetery to another, until he shall have received a permit so to do from the board of health or its agent aforesaid, or from the clerk of the city or town in which the body is buried. No such permit shall be issued until there shall have been duly delivered to such board, or agent, or clerk, as the case may be, a satisfactory written statement containing the 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.

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 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 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.

George County
 Spaul Avenue
 August 2, 1901
 Filed Aug 4, 1901

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, Stella Chapin Read Sex, female Color, white
 Date of Death, August 5 1901; Age, 52 Years, 1 Months, 19 Days.
 Maiden Name, { ~~If married, widowed~~ Stella Chapin Read
 Husband's Name, Jayette Dexter Read
 Single, Married, Widowed or Divorced, Widowed Occupation, _____
 *Residence, { If out of town, { Jamaica, Vermont
 also state fully. {
 Place of Birth, Jamaica, Vermont
 *Place of Death, Winthrop, Mass. Moore St.
 Name and Birthplace of Father, Clark Young Jamaica, Vt.
 Maiden Name and Birthplace of Mother, Lura Anna Chapin, Jamaica, Vt.
 Place of Interment, (Give name of Cemetery), Jamaica, Vermont.
 Dated at Winthrop, Vt. Signature and place of business { Ernest Floyd
 on August 5 1901 of Undertaker. { Winthrop, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Stella C. Read Age, 52 Y. 1 M. 19 D.
 Place and Date of Death, died at Winthrop, August 5 1901.
 Disease or Cause of Death, ‡ { Primary, Carcinoma of Stomach Duration, 3 years
 { Secondary, Septicæmia Duration, 10 days

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

Signature and Residence
of
Certifying Physician.

Wm H. Priard M. D.
Winthrop - Mass.

Date of Certificate, August 5 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Aug 5

No. 40

RETURN OF THE DEATH

OF

Stella Chapin Read
More Street
at *Wintthrop, Mass*

Date, *August 5* " 190*1*.

Filed, *August 6* " 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

~~BOSTON.~~*Winthrop*

Date of death { Year, *1901.* Birth { Year, *1854.* Age { Years, *47.*
 Month, *Aug.* Month, *June* Months, *1.*
 Day, *5* Day, *10* Days, *26.*

Name in full, *John A. Lane* Residence, *Winthrop*
 Maiden name,

Sex { Male. Conjugal condition { Single. Color { White.
 Female. Married. Black (Negro or mixed).
 Widowed. Indian.
 Divorced. Chinese.
 Japanese.

Wife of Widow of
 Place of death { Street, } *48 Winthrop St. Winthrop*
 Number, } *East Boston Mass.*
 Place of birth,
 Occupation, *Broker. & Roofer*
 Name of Father, *John D.* Maiden Name of Mother, *Margaret Dow*
 Birthplace of Father, *Portsmouth N.H.* Birthplace of Mother, *Portsmouth N.H.*
 Place of interment, *Portsmouth N.H.*
C. E. Brown.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Winthrop**Boston,**Aug 5 1901.*

Name and age of deceased, *John A. Lane* Age, *47* years.

Date and place of death, *Aug. 5 1901. 48 Winthrop St Winthrop*

Disease { Chief cause, *Thrombus of leg -*
 Contributing cause, *Valvular Heart Disease -*

Duration { Chief cause, *3 wks -*
 Contributing cause, *Two years -*

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

Name and residence { M.D.
 of physician, } *John A. Johnson*
Winthrop Mass

* If in an institution, state how long an inmate and previous residence.

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.

Aug 5

John & Jane
Haitings Street
August 5th 1901

Aug 5th 1901
144-1

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, Edward F. McMaugh Sex, M Color, W
Date of Death, August 6 1901; Age, 31 Years, 5 Months, 17 Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
~~Single~~, Married, Widowed or Divorced, _____ Occupation, Trav Salesman
*Residence, { If out of town, also state fully. } Winthrop Mass (15 Lewis Avenue)
Place of Birth, Malden Mass
*Place of Death, 15 Lewis Avenue Winthrop Mass
Name and Birthplace of Father, Stephen F. McMaugh, Ireland
Maiden Name and Birthplace of Mother, Annie Corran Ireland
Place of Interment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on Aug 8 1901 { 18 Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward F. McMaugh Age, 31 Y. 5 M. 17 D.
Place and Date of Death, died at 15 Lewis Ave Aug 6 1901.
Disease or Cause of Death,† { Primary, Ptomaine Poisoning Duration, 10 days
Secondary, Chronic Ulcerative Colitis Duration, 2 yrs
Bruce

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

Signature and Residence of Certifying Physician, { B. D. Metcalf M. D.
Winthrop Mass
Date of Certificate, Aug 8 1901.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Aug 6

No. 42

RETURN OF THE DEATH

OF
Edward F. McManis
at *15 Louis Avenue*

Date, *August 6* 190*1*.

Filed, *August 7* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Jeanette Hope Gupper Sex, F Color, W

Date of Death, August 7 1901; Age, 86 Years, 10 Months, 22 Days.

Maiden Name, { If married, widowed or divorced. } Jeanette Hope Roscoe

Husband's Name, John B. Gupper

~~Single, Married, Widowed or Divorced,~~ Occupation, _____

* Residence, { If out of town, also state fully. } Terrace Avenue, Winthrop Mass

Place of Birth, Biltown N. C.

* Place of Death, Terrace Avenue Winthrop Mass

Name and Birthplace of Father, James Roscoe, Massachusetts

Maiden Name and Birthplace of Mother, Isabelle Robinson - Scotland

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on August 7 1901 { 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Jeanette Hope Gupper Age, 86 Y. 10 M. 22 D.

Place and Date of Death, Winthrop died at Terrace Avenue August 7 1901.

Disease or Cause of Death, ‡ { Primary, Arterio Sclerosis Duration, 3 yrs
Secondary, Dysentery Duration, 10 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.
August 11th 1901

Date of Certificate, Winthrop 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Aug 7

RETURN OF THE DEATH

OF

Jeanette Hope Supper
at *Winthrop (Terrace Avenue)*

Date, *August 7* 190*1*.

Filed, *August 8* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, William Winthrop Roberts Sex, m Color, w
 Date of Death, August 16 1901; Age, Years, Months, Days.
 Maiden Name, { If married, widowed } Stillborn Infant
 or divorced.
 Husband's Name,
 Single, Married, Widowed or Divorced, Occupation,
 *Residence, { If out of town, } Winthrop Mass
 also state fully.
 Place of Birth, Read Street Winthrop Mass
 *Place of Death, " " " "
 Name and Birthplace of Father, Dough W. Roberts Jr
 Maiden Name and Birthplace of Mother, Minnie F Cunningham (Boston)
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop
 on August 17 1901 Signature and place of business of Undertaker, { Summer Floyd
18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† William Winthrop Roberts Age, Y. M. D.
 Place and Date of Death, died at Winthrop Mass - Read St Aug 16 1901
Stillborn
 Disease or Cause of Death,† { Primary, Duration,
 Secondary, Duration,

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

Signature and Residence
of
Certifying Physician.W B J Soule
Winthrop

M. D.

Date of Certificate, Aug 16 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Wentworth Potter
at *Wentworth (Read Street)*

Date, *August 16th* 190*1*.

Filed, *August 17th* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

Commonwealth of Massachusetts.

No. 44

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, Herbert Alfred Garrabee Sex, M Color, W
 Date of Death, August 28 1901; Age, 39 Years, — Months, — Days
 Maiden Name, { If married, widowed or divorced. } —
 Husband's Name, —
 Single, Married, Widowed or Divorced, — Occupation, Merchant
 *Residence, { If out of town, also state fully. } 15, Prospect Avenue (Cottage Hill)
 Place of Birth, Portland Maine
 *Place of Death, 15 Prospect Avenue (Cottage Hill)
 Name and Birthplace of Father, Robert Garrabee (Portland Maine)
 Maiden Name and Birthplace of Mother, Lydia Smith, Litchfield Me
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on August 29 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Herbert A. Garrabee Age, 34 Y. M. D.
 Place and Date of Death, died at Winthrop Aug. 28th 1901.
 Disease or Cause of Death, † { Primary, Pyle-phlegitis (Suppuration) Duration, 6 days
 { Secondary, Peritonitis Duration, 24 hrs.

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

Signature and Residence of
Certifying Physician.

H. J. Porter M. D.
Winthrop

Date of Certificate, Aug. 30 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Aug 28

No. 44

RETURN OF THE DEATH

OF

Ernest A. Layabed
at *15 Prospect Ave "Capitol Hill"*

Date, *August 28th 1901.*

Filed, *August 29th 1901.*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Commonwealth of Massachusetts.

No. 45

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, Sylvanus Payne Sex, M Color, W
Date of Death, August 28 1901; Age, 80 Years, 1 Months, ~ Days.
Maiden Name, { If married, widowed or divorced. } ~~~~~
Husband's Name, ~~~~~
Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, ~~~~~ Occupation, Currier
*Residence, { If out of town, also state fully. } Winthrop Mass
Place of Birth, Brewster Mass
*Place of Death, No 3 Winthrop St Winthrop Mass
Name and Birthplace of Father, Barney Payne - Brewster Mass
Maiden Name and Birthplace of Mother, Sarah Ridley - Point Shirley
Place of Internment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop
on August 29 1901 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sylvanus Payne Age, 80Y. / M. — D.
Place and Date of Death, died at Winthrop Mass Aug 28 1901.
Disease or Cause of Death, ‡ { Primary, Arterio-sclerosis Duration, 1 year
Secondary, Heart-failure Duration, ~~~~~

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

Signature and Residence of Certifying Physician. { H. J. Soule M. D.
Winthrop

Date of Certificate, Aug 29 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
Aug 28

RETURN OF THE DEATH

OF

Sylvanus Payne
 at *No 3 Northrup Street*

Date, *August 28* 190*1*.

Filed, *August 29* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Owen McCarthy Sex, M Color, W

Date of Death, September 8 1901; Age, 56 Years, ~ Months, ~ Days.

Maiden Name, { If married, widowed or divorced. } ~ ~ ~ ~ ~

Husband's Name, ~ ~ ~ ~ ~

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~ Occupation, Labourer

*Residence, { If out of town, } 35 Fremont Street
also state fully. }

Place of Birth, Cork, Ireland Wintthrop

*Place of Death, 35 Fremont Street Wintthrop.

Name and Birthplace of Father, Timothy McCarthy

Maiden Name and Birthplace of Mother, Ellen Rhordan

Place of Interment, (Give name of Cemetery), Holy Cross Cemetery (Malden)

Dated at Wintthrop Signature and place of business of Undertaker. { Summer Floyd
on September 9 1901 { Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Owen McCarthy Age, 56 Y. — M. — D.

Place and Date of Death, died at 35 Fremont St September 8 1901.

Disease or Cause of Death, ‡ { Primary, Haemophysis Duration, 5 min
Secondary, Phthisis Pulmonaris Duration, 2 yrs

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

Signature and Residence of Certifying Physician. { B. Metcalf M. D.
Wintthrop Mass.

Date of Certificate, Sept 10 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
Sept 8

RETURN OF THE DEATH

OF

Over M. E. Carthy
at *35 Fremont Street*

Date, *September 8th 1901.*

Filed, *September 10 1901.*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Henry G. Shaneck Sex, M Color, W
 Date of Death, September 14 1901; Age, 53 Years, (— Months, 25 Days.
 Maiden Name, { If married, widowed or divorced. } — — — — —
 Husband's Name, — — — — —
 Single, Married, Widowed or Divorced, — Occupation, Grocer
 *Residence, { If out of town, { 67 Main Street Winthrop Mass
 also state fully. }
 Place of Birth, Germany
 *Place of Death, 67 Main Street Winthrop Mass
 Name and Birthplace of Father, German Johann Shaneck - Germany
 Maiden Name and Birthplace of Mother, Katharine Germany
 Place of Interment, (Give name of Cemetery), Woodlawn Cemetery
 Dated at Winthrop Signature and place of business { Summer Floyd
 on September 16 " 1901 of Undertaker. { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Henry G. Shaneck Age, 53 Y. M. 25 D.
 Place and Date of Death, died at 67 Main St Winthrop Mass Sept 14 1901.
 Disease or Cause of Death, ‡ { Primary, uraemia Duration, —
 { Secondary, Chronic Interstitial Nephritis Duration, 2 yrs

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

Signature and Residence
 of
 Certifying Physician.

B. B. Metcalf M. D.
Winthrop Mass

Date of Certificate, Sept 14 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Sept 14

RETURN OF THE DEATH

OF

*Henry F. Shavel*at *67 Main Street*Date, *September 14* 190*1*.Filed, *September 16* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

registration. No fee for registration not exceeding fifty dollars.

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, Mary Ann Heard Sex, F Color, N
 Date of Death, September 14 1901; Age, 36 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } Mary Ann O'Leough.
 Husband's Name, William Heard
 Single, Married, Widowed or Divorced, — Occupation, Housewife
 *Residence, { If out of town, } Centre Sandwich N.H.
 Place of Birth, —
 *Place of Death, No 9. Sunnyside Avenue
 Name and Birthplace of Father, William O'Leough Nova Scotia
 Maiden Name and Birthplace of Mother, Elizabeth B. McHeffie Nova Scotia
 Place of Interment, (Give name of Cemetery), Centre Sandwich N.H.
 Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
 on September 16 1901 { Winthrop, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Ann Heard Age, 36 Y. — M. — D.
 Place and Date of Death, died at 9 Sunnyside Av. Sep. 14th 1901.
 Disease or Cause of Death, ‡ { Primary, — Duration, —
 { Secondary, Nasal Hemorrhage Duration, one hour

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.
Winthrop, Mass.
 Date of Certificate, Sep. 16th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.
Sept 14

RETURN OF THE DEATH

OF

Mary Ann Heard

at No 9 Sunnyside Ave

Date, September 14" 1901.

Filed, September 16" 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

RETURN OF A DEATH.

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

Dated at Sturthrops
on September 25 1901

Signature and
place of business
of Undertaker. { Sumner Floyd
Sturthrops Mass

PHYSICIAN'S CERTIFICATE.

Disease or Cause of Death, ‡	{	Primary,	Carcinoma of breast	Duration, 23 yrs.
		Secondary,	Diarrhoea	Duration, 5 days

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

Date of Certificate, Sept 27th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Agent of Board
Sept 24

RETURN OF THE DEATH

OF

Marinda Brooke

at No. 5. Perkins Street

Date, September 24th 1901.

Filed, September 25 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Commonwealth of
Massachusetts

CITY OF CAMBRIDGE.

NO. OF BURIAL PERMIT.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

1. Name, in full *Miriam Poole* Name of Husband, *Calvin Poole*
(If widowed, married, or divorced.)

2. Color:
WHITE.
~~BLACK~~ (Negro or mixed).
~~INDIAN~~
~~CHINESE~~
~~JAPANESE~~

3. Sex:
~~Males~~
FEMALE.

4. Conjugal Condition:
~~SINGLE~~
~~MARRIED~~
WIDOWED.
~~DIVORCED~~

NOTE.—For Questions 2, 3, and 4, strike out words not applicable.

5. Date of Death { Year, *1901*
Month, *Sept*
Day, *28* 6. Date of Birth if obtainable { Year, *1825*
Month, *May*
Day, *21* 7. Supposed Age { Years, *76*
Months, *4*
Days, *7*

8. Occupation, *none*
(Return occupation for all persons 10 years of age and over—if under one year return occupation of father.)

9. Place of Birth, *Falmouth Me* 10. Name of Father, *Nicholas Hall*
(City or Town.) (Full name.)

11. Birthplace of Father, *Falmouth Maine* 12. Name of Mother, *Hannah Hall*
(State or Country.) (Maiden name.)

13. Birthplace of Mother, *Falmouth Maine*
(State or Country.)

14. Place of Death, No. *28 Cottage Ave. Winthrop Beach* STREET, CAMBRIDGE.
Winthrop Mass

If death occurred in an institution, give the name of same,

Length of time deceased was an inmate, , and previous residence,

15. Late Residence, No. *60* , *Austin* Street, *Cambridge*
(City or Town)

LENGTH OF RESIDENCE (in city or town), *25 Years*

16. Place of Interment, *Cambridge Cemetery* *Cambridge*
(Cemetery.) (City or Town and State.)

SIGNATURE OF UNDERTAKER (or other person making the return), *Judson Litchfield*

RESIDENCE, No. *544* , *Mass. Ave* Street, *Cambridge*
(City or Town.)

NO. OF BURIAL PERMIT.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

Name of Deceased* *Miriam Poole* ~~CAMBRIDGE~~ *Winthrop. Sept. 28* 1901
Supposed Age, *76* Years, *4* Months, *7* Days.
Place and Date of Death, No. *28 Cottage Ave, Winthrop* ~~Street, Cambridge,~~ *Sept. 28* 1901
Disease or Cause of Death:

Chief Cause, *Ovarian Cyst*
Contributing Cause† *Senility*

DURATION.
Uncertain

Place where disease was contracted, if other than death,

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

Signature of Physician, *William J. Porter* M. D.
Residence, No. *148 Crest Ave* Street, *Winthrop*
(City or Town.)

* Or Sex of Infant (not named).

† If a soldier or sailor who served in the War of the Rebellion, Chief and Contributing causes must be given.

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]

FILL OUT WITH INK ONLY, AND WRITE PLAINLY.
MARGIN RESERVED FOR BINDING.

SECTION 1. 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, except as provided in section two of this act, until he shall have received a permit so to do from the board of health, other than the selectmen, or its agent duly appointed for the purpose of issuing such permits, or if there is no such board from the clerk of the city or town in which the person died; and no undertaker or other person shall exhume and remove a human body from a city or town, or from one cemetery to another, until he shall have received a permit so to do from the board of health or its agent aforesaid, or from the clerk of the city or town in which the body is buried. No such permit shall be issued until there shall have been duly delivered to such board, or agent, or clerk, as the case may be, a satisfactory written statement containing the 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 the 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.

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 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 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.

Miriam Spole

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1901
Month, Oct
Day, 6th } Birth { Year, 1838
Month, Dec
Day, 25 } Age { Years, 64
Months, 9
Days, 6 }

Name in full, Edward D. Ryan Residence, Putnam St
Maiden name, _____

Sex { Male.
Female. } Conjugal condition { Single.
Married.
Widowed.
Divorced. } Color { White.
Black (Negro or mixed).
Indian.
Chinese.
Japanese. }

Wife of _____ Widow of _____

Place of death { Street, Putnam St. Winterop
Number, }
Place of birth, Canada
Occupation, Laborer
Name of Father, Philip Maiden Name of Mother, Budget Whittemore
Birthplace of Father, Canada Birthplace of Mother, Canada
Place of interment, Holy Cross, Malden
Thos. J. Lane
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Oct 7th

1901

Name and age of deceased, Edward D. Ryan Age, 64 years.
Date and place of death, October 6th 1901 Putnam St Winterop Mass
Disease { Chief cause, Mitral & aortic regurgitation
Contributing cause, }
Duration { Chief cause, 2 yrs
Contributing cause, }

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

Name and residence {
of physician, }

B. Mitcalf

M.D.

* If in an institution, state how long an inmate and previous residence.

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.

006

Edward W. Ryan
Johnnie Lee
date Oct 6 " 1901
Filed Oct 4 " 1901

1061 " 1901
1001

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, Mary Ellen Pierce Sex, F Color, N
Date of Death, October 7 1901; Age, 38 Years, 3 Months, 16 Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, At home
*Residence, { If out of town, also state fully. } 5 Vine Avenue Winthrop
Place of Birth, Winthrop Mass
*Place of Death, 5 Vine Avenue Winthrop Mass
Name and Birthplace of Father, Henry Alfred Pierce - Malden
Maiden Name and Birthplace of Mother, Ellen V. Pierce - Charleston
Place of Interment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Gloyd
on October 8 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Ellen Pierce Age, 38 Y. 3 M. 16 D.
Place and Date of Death, died at 5-Vine Ave Oct 7 1901.
Disease or Cause of Death, † { Primary, Symbolism Duration, 3 hours
Secondary, Chronic Endocarditis Duration, 22 yrs

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

Signature and Residence of Certifying Physician, { B. H. Mearns M. D.
Winthrop Mass
Date of Certificate, Oct 9 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Oct 7

RETURN OF THE DEATH

OF
Mary Ellen Price
 at *715 Vine Avenue*

Date, *October 7* 190*1*.

Filed, *October 8* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

registration. *Penalty for not exceeding fifty dollars.*

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, George King Parroy Sex, M Color, W
Date of Death, October 15 1901; Age, 62 Years, 7 Months, — Days.
Maiden Name, { If married, widowed or divorced } _____
Husband's Name, _____
~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Sheriff's Keeper
*Residence, { If out of town, also state fully. } Madison Avenue Winthrop
Place of Birth, Boston Mass
*Place of Death, Madison Avenue Winthrop Mass
Name and Birthplace of Father, Daniel F. Parroy Boston
Maiden Name and Birthplace of Mother, Rebecca R. Holliday Bstn
Place of Interment, (Give name of Cemetery), Woodlawn Cemetery
Dated at Winthrop, Mass Signature and place of business of Undertaker, { Summer Floyd
on October 16 1901 { Winthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † George King Parroy Age, 62 Y. 7 M. — D.
Place and Date of Death, died at Madison Avenue Oct 15 1901.
Disease or Cause of Death, ‡ { Primary, Secondary contracted kidney Duration, 3 years
Secondary, Mitral insufficiency Duration, 2

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

Signature and Residence of Certifying Physician, { Norman J. Soule M. D.
Winthrop

Date of Certificate, Oct 18 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Oct 15

RETURN OF THE DEATH

OF
George Ding Joroy
 at *Madison Avenue*

Date, *October 15th* 190*1*.

Filed, *October 16* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Lorenzo Richardson Sex, M Color, W
 Date of Death, October 23 1901; Age, 58 Years, 3 Months, 3 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Oil Manuf
 *Residence, { If out of town, { 55 Pleasant Street Winthrop Mass
 also state fully. }
 Place of Birth, Moultonboro N. H.
 *Place of Death, 55 Pleasant Street Winthrop Mass
 Name and Birthplace of Father, John Richardson Moultonboro N. H.
 Maiden Name and Birthplace of Mother, Elizabeth Burfant Newfield Me
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery Winthrop Mass
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on October 24 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lorenzo Richardson Age, 58 Y. 3 M. 3 D.
 Place and Date of Death, died at Winthrop Mass October 23 1901.
 Disease or Cause of Death, † { Primary, Valvular Heart Disease Duration, 1 year
 { Secondary, _____ Duration, _____

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

Signature and Residence of
 Certifying Physician. {

A. E. Johnson M. D.
Winthrop

Date of Certificate, October 27 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Oct 23

RETURN OF THE DEATH

OF
Leung Richardson
 at *55 Pleasant Street*

Date, *October 23^d* 190*1*.

Filed, *October 24* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Rosa Clara Corinha Sex, F Color, N

Date of Death, November 2 1901; Age, 58 Years, 5 Months, 8 Days.

Maiden Name, { If married, widowed or divorced. } Rosa C. Rebello

Husband's Name, Antonio Verra Corinha

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, also state fully. } 26 Sunnyside Avenue

Place of Birth, Fayal

*Place of Death, 26 Sunnyside Avenue Winthrop Mass

Name and Birthplace of Father, Michael Rebello Fayal

Maiden Name and Birthplace of Mother, Anacia Louie Rebello Fayal

Place of Interment, (Give name of Cemetery), Holy Cross Cemetery (Malden)

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on November 3 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Rosa Clara Corinha Age, 58 Y. 5 M. 8 D.

Place and Date of Death, died at Winthrop Mass Nov 2 1901.

Disease or Cause of Death, ‡ { Primary, Bright's Duration, One year.
Secondary, Dropsey Duration, _____

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

Signature and Residence of Certifying Physician, { C. Delaney Charni M. D.
The Cedars. Roxbury

Date of Certificate, Nov. 4th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Nov 2

RETURN OF THE DEATH

OF
Paul Clara Cornish
 (at *26 Sunnyside Avenue*
Himelroff)

Date, *November 2nd* 190*1*.

Filed, *November 4th* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Penalty for violation not exceeding fifty dollars.

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, Edgar Roy Curry Sex, M Color, W.
 Date of Death, November 3 1901; Age, 2 Years, 1 Months, 6 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, } 4 Read Street Winthrop Mass
 { also state fully. }
 Place of Birth, Winthrop Mass
 *Place of Death, 4 Read Street Winthrop Mass
 Name and Birthplace of Father, Victor M. Curry - Nora Scott
 Maiden Name and Birthplace of Mother, Alice M. Stipeson - Nora Scott
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Edmund Floyd
 on November 4 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Edgar Roy Curry Age, 2 Y. 1 M. 6 D.
 Place and Date of Death, died at 4 Read St November 3 1901.
 Disease or Cause of Death, ‡ { Primary, Burns of face Duration, _____
 { Secondary, arms body & thighs Duration, 8 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.
Winthrop
Mass
Date of Certificate, Nov 5 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Nov 3

RETURN OF THE DEATH

OF
Edgar Roy Curry
 at *4 Read Street*
 Date, *November 3rd* 190*1*.
 Filed, *November 5th* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, William F. O'Leary Sex, M Color, N

Date of Death, November 6 1901 ; Age, 5 Years, 17 Months, 17 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. Belcher Street

Place of Birth, Winthrop Mass

* Place of Death, Belcher Street

Name and Birthplace of Father, William H. O'Leary

Maiden Name and Birthplace of Mother, Maggie McLean

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop
on November 7 1901 Signature and place of business of Undertaker. { Samuel Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William F O'Leary Age, 5 Y. 17 M. 17 D.

Place and Date of Death, died at Winthrop Mass November 6 1901.

Disease or Cause of Death, ‡ { Primary, Enterocolitis Duration, 2 1/2 mos
Secondary, meningitis Duration, 1 wk

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

Signature and Residence of Certifying Physician. { B. J. Mellett M. D.
Winthrop Mass

Date of Certificate, Nov 7 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Nov 6

RETURN OF THE DEATH

OF

William H Hanley

at

*Winthrop Mass
Belcher Street*Date, *November 6* " 190*1*.Filed, *November 7* " 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Ellen Lighthill Sex, Female Color, White
 Date of Death, November 19 1901; Age, 64 Years, 3 Months, 22 Days.
 Maiden Name, { If married, widowed or divorced, } Ellen Fleming - married
 Husband's Name, August Porham Lighthill
~~Single~~, Married, Widowed or Divorced, _____ Occupation, _____
 *Residence, { If out of town, also state fully. } Winthrop - Mass West Cor. Myrtle Ave
 Place of Birth, Boston -
 *Place of Death, Winthrop - West Avenue & Myrtle Ave
 Name and Birthplace of Father, Unknown
 Maiden Name and Birthplace of Mother, Unknown
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on November 19 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ellen Lighthill Age, 64 Y. 3 M. 22 D.
 Place and Date of Death, died at Winthrop Nov. 19th 1901.
 Disease or Cause of Death, ‡ { Primary, Uterin. Epithelioma Duration, 21 months
 { Secondary, Septicæmia Duration, 4 months

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

Signature and Residence of Certifying Physician, { August P. Lighthill M. D.
Winthrop Mass

Date of Certificate, November 19th 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Nov 19

RETURN OF THE DEATH

OF
Ellen Lightville
 at *Coast Avenue*

Date, *November 19th 1901.*

Filed, *November 19 1901.*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the

Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1901.
 Month, Nov.
 Day, 20. Birth { Year, 1812.
 Month, May
 Day, 14 Age { Years, 89.
 Months, 6.
 Days, 6.

Name in full, Repsibeth B. Sprague Residence, Wintthrop
 Maiden name, Folger

Sex { ~~Male.~~
 Female. Conjugal condition { ~~Single.~~
~~Married.~~
~~Widowed.~~
~~Divorced.~~ Color { ~~White.~~
~~Black (Negro or mixed).~~
~~Indian.~~
~~Chinese.~~
~~Japanese.~~

Wife of Widow of Nathaniel A.

Place of death { Street, 46 Cottage Park Road
 Number, Wintthrop

Place of birth, Nantucket Mass.

Occupation, at home

Name of Father, Benjamin Maiden Name of Mother, Ruth Bunker

Birthplace of Father, Nantucket Birthplace of Mother, Nantucket Mass.

Place of interment, Nantucket Mass.

E. J. Brown.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov. 20 1901.

Name and age of deceased, Repsibeth B. Sprague Age, 89 years.

Date and place of death, Nov. 20 1901. 46 Cottage Park Road
Wintthrop

Disease { Chief cause, Apoplexy
 Contributing cause, Arterial Sclerosis

Duration { Chief cause, Eight days
 Contributing cause, Indefinite

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

Name and residence {
 of physician, Ruby L. Brown M.D.
25 Salisbury St.

* If in an Institution, state how long an inmate and previous residence.

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.

Nov 20

Repaired in 10 June
November 20th 1901

Nov 29
Nov 28-1901

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1901
Month, Dec
Day, 6 } Birth { Year, 1900
Month, June
Day, 2 } Age { Years, 1
Months, 6
Days, 4 }

Name in full, Charles Welch Residence, Cora st
Maiden name, _____

Sex { Male.
Female. } Conjugal condition { Single.
Married.
Widowed.
Divorced. } Color { White.
Black (Negro or mixed).
Indian.
Chinese.
Japanese. }

Wife of _____ Widow of _____

Place of death { Street, Cora st
Number, _____ }
Place of birth, E. Boston
Occupation, _____

Name of Father, Thomas H. Maiden Name of Mother, Elizabeth Smith
Birthplace of Father, E. Boston Birthplace of Mother, E. Boston
Place of interment, Holy Cross Malden
Thos. J. Lane.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 7th 1901.

Name and age of deceased, Charles Welch Age, 1-6 mo - 4 ds years.

Date and place of death, * December 6th 1901 Wintthrop Mass

Disease { Chief cause, ... Scarlet Fever
Contributing cause, ...

Duration { Chief cause, ... 8 days.
Contributing cause, ...

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

Name and residence }
of physician, } *Gen H. Metcalf. M.D.*

* If in an institution, state how long an inmate and previous residence.

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.

206

No 60.
Charles H. H. H.

December 6th 1901

Dr. H. H. H.
December 6th 1901

Permit No. _____

RETURN OF DEATH.**BOSTON.**

Date of death { Year, 1901 } Birth { Year, 1854 } Age { Years, 47
 Month, Dec Month, Oct Months, 1
 Day, 12 Day, 4 Days, 8

Name in full, Susan E. Dixon Residence, Winthrop Mass.
 Maiden name, Clapp

Sex { Male. } Conjugal condition { Single. } Color { White.
 Female. Married. Black (Negro or mixed) _____
 Widowed. Indian.
 Divorced. Chinese.
 Japanese.

Wife of _____ Widow of _____
 Place of death { Street, } 60 Spring Marshall St. Winthrop Mass.
 Number, _____
 Place of birth, Marblehead Mass.
 Occupation, Housewife
 Name of Father, Orbel H. Maiden Name of Mother, Ann E. Heath
 Birthplace of Father, Boston Birthplace of Mother, West Concord Va.
 Place of interment, Winthrop
WARD J. GILMORE,
UNDERTAKER,
Tremont Street, Edward Gilmore Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Scribe, _____ Boston, Dec 12 1901.
 Name and age of deceased, Susan E. Dixon Age, 47 years.
 Date and place of death, * Dec, 12 1901, in Spring Marshall St.
 Disease { Chief cause, Consumption
 Contributing cause, _____
 Duration { Chief cause, two years
 Contributing cause, _____

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

Name and residence } H. J. Soule Winthrop Mass. M.D.
 of physician, _____

* If in an institution, state how long an inmate and previous residence.

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.

Dec 12

Dean E. Wilson
December 12th 1901

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, Frederick William Walsh Sex, male Color, white
 Date of Death, December 13 1901; Age, 72 Years, 7 Months, 9 Days.
 Maiden Name, { If married, widowed }
 or divorced.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Married Occupation, Retired
 *Residence, { If out of town, } Bartlett Road Winthrop Mass
 { also state fully. }
 Place of Birth, Macclesfield - Lancashire - England
 *Place of Death, Winthrop Mass
 Name and Birthplace of Father, Rev John Walsh - Ormskirk England
 Maiden Name and Birthplace of Mother, Elizabeth Lamb - Lancaster England
 Place of Interment, (Give name of Cemetery), Winthrop Cemetery
 Dated at Winthrop Mass
 on Dec 13 1901 Signature and place of business { Frederick Walsh
 of Undertaker. }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Frederick William Walsh Age, 72 Y. 7 M. 9 D.
 Place and Date of Death, died at Winthrop Mass December 13 1901.
 Disease or Cause { Primary, Bright's disease Duration, 9 yrs
 of Death, ‡ { Secondary, Uræmia Duration, Six months

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

Signature and Residence { H. J. Gould M. D.
 of
 Certifying Physician. { Winthrop Mass

Date of Certificate, Dec 14 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Dec 13

RETURN OF THE DEATH

OF
Frederick William Nabel

at
Bartlett Road

Date, December 13 1901.

Filed, December 14 1901.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 occurred.

of health or to the clerk of the city or town within the requirements of sections 6 and 7, five dollars.

SECTION 8. Penalty for neglect to comply with the requirements of sections 9 and 10, above contained.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, cause to be procured and filed in the office of the registrar a certificate setting forth the required facts.

person, upon request, furnish for registration a certificate setting forth the request made by the person, upon request, give both the primary and the secondary reasons for refusal or neglect, ten dollars.

the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Harry W. Johnson Sex, M Color, W
Date of Death, Dec 15 1901; Age, 11 Years, 4 Months, 17 Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, _____
* Residence, { If out of town, { 151 Winthrop St Winthrop also state fully. } _____
Place of Birth, _____
* Place of Death, Winthrop Mass
Name and Birthplace of Father, Thomas W. Johnson E. Boston
Maiden Name and Birthplace of Mother, Willetta Richardson Brooklyn N.Y.
Place of Interment, (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on December 16 1901 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Harry W. Johnson Age, 11 Y. 4 M. 17 D.
Place and Date of Death, died at Winthrop Dec 15 1901.
Disease or Cause of Death, ‡ { Primary, Valvula Heart Disease Duration, 3 years
Secondary, _____ Duration, _____

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.
_____ Winthrop.
Date of Certificate, Dec. 17 1901. Mass.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Harry W. Johnson
 at *157 Winthrop Street*

Date, *December 15th* 190*1*.

Filed, *December 16* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Harry E. Fowle Sex, M Color, W
 Date of Death, December 26 1901; Age, 38 Years, ~ Months, ~ Days.
 Maiden Name, { If married, widowed }
 or divorced.
Wife's
 Husband's Name, Bertha F. Fowle
 Single, Married, Widowed or Divorced, _____ Occupation, Book-keeper
 *Residence, { If out of town, } 15. Perkins Street Winthrop
 also state fully.
 Place of Birth, Boston Mass
 *Place of Death, 15 Perkins Street - Winthrop Mass
 Name and Birthplace of Father, George Fowle - Shirley Mass
 Maiden Name and Birthplace of Mother, Susan M Fowle
 Place of Interment, (Give name of Cemetery), Forest Hills Cemetery
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on December 26 1901 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Harry E. Fowle Age, 38 Y. ~ M. ~ D.
 Place and Date of Death, died at 15 Perkins St Dec 26 1901.
 Disease or Cause { Primary, Phthisis Pulmonaris Duration, 2 yrs
 of Death, ‡ { Secondary, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.

B. Melcatt M. D.
Winthrop Mass

Date of Certificate, December 27 1901.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Dec 26

Agent of Board of Health.

RETURN OF THE DEATH

OF
Harry L. Fowler
 at *15 Perkins Street*

Date, *December 26* 190*1*.

Filed, *December 27* 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.





Commonwealth of Massachusetts.

1902

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, Edith G. McDonald Sex, Female Color, White
Date of Death, Jan. 2nd. 1902; Age, 8 Years, 8 Months, 4 Days.
Maiden Name, { If married, widowed or divorced. } Single
Husband's Name, _____
Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
*Residence, { If out of town, } 7 Marshall St.
also state fully. { _____
Place of Birth, Wintthrop, Mass.
*Place of Death, Wintthrop, 7 Marshall St.
Name and Birthplace of Father, John A. McDonald - Medford, Mass.
Maiden Name and Birthplace of Mother, Mary E. Carey - Coalchester, Conn.
Place of Interment, (Give name of Cemetery), Holy Cro. Ch. - Malden.
Dated at Wintthrop, Mass. Signature and place of business of Undertaker, { Frank L. Maloney
on Tues. day Jan. 1902 { 146 Wintthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edith G. McDonald Age, 8 Y. 8 M. 4 D.
Place and Date of Death, died at 7 Marshall St. Jan. 2nd. 1902.
Disease or Cause of Death,† { Primary, Double Pneumonia Duration, 2 Days
Secondary, _____ Duration, _____

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

Signature and Residence of Certifying Physician, { C. E. Johnson M. D.
of Wintthrop
Certifying Physician. { Mass
Date of Certificate, Jan 2 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Edith E. McConale

at

7 Washburn Street

Date,

January 2 190*1*.

Filed,

January 3 190*1*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1902 Birth { Year, 1842 Age { Years, 59
 { Month, Jan { Month, Dec { Months, 7
 { Day, 5 { Day, 25 { Days, 11

Name in full, Christopher Cavanagh Residence, Winthrop
 Maiden name, _____

Sex { Male. _____ Conjugal condition { Single. _____ Color { White. _____
 { Female. _____ { Married. _____ { Black (Negro or mixed). _____
 { _____ { Widowed. _____ { Indian. _____
 { _____ { Divorced. _____ { Chinese. _____
 { _____ { _____ { Japanese. _____

Wife of _____ Widow of _____

Place of death { Street, _____
 { Number, _____
 Place of birth, Ireland
 Occupation, laborer
 Name of Father, Unknown Maiden Name of Mother, Unknown
 Birthplace of Father, Ireland Birthplace of Mother, Ireland
 Place of interment, St. Mary's
Jas. P. Crogan. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, Jan 6 1902.

Name and age of deceased, Christopher Cavanagh Age, 59 years.

Date and place of death, * 34 Read St.

Disease { Chief cause, Anaemic Necrosis
 { Contributing cause, Arterio Sclerosis

Duration { Chief cause, _____
 { Contributing cause, _____

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

Name and residence { Winthrop H. J. Soule M.D.
 of physician, _____

* If in an institution, state how long an inmate and previous residence.

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.

Christophel Caranagh
Jan 5th 1902

Jan 24

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, Harriet Elvira Bickner Sex, F Color, W

Date of Death, January 24 1902, Age, 70 Years, 9 Months, 16 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. } 44 Winthrop St Winthrop Mass

Place of Birth, _____

*Place of Death, 44 Winthrop St Winthrop Mass

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), Deering Tomb Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
Winthrop Mass

on January 25 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Harriet E. Bickner Age, 70 Y. 9 M. 16 D.

Place and Date of Death, died at Winthrop 44 Winthrop St Jan 24 1902.

Disease or Cause of Death, ‡ { Primary, Cardio-Sclerosis Duration, 6 hours
Secondary, Myocarditis Duration, _____

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

Signature and Residence of Certifying Physician. {

W. J. Soule

M. D.

Winthrop MassDate of Certificate, Jan 26 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 1905.

RETURN OF THE DEATH

Samuel Eliza Pickner
at *Winthrop 44 North St.*

Date, *January 24* 190*2*.

Filed, *January 25* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

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, William Henry England Sex, m Color, W

Date of Death, January 29 1902; Age, 48 Years, 5 Months, 3 Days.

Maiden Name, { If married, widowed
or divorced. }

Husband's Name,

~~Single, Married, Widowed or Divorced,~~ Occupation, *Laborer*

* Residence, { If out of town, }
 also state fully. Winthrop Mass

Place of Birth, *Oxfordshire England*

*Place of Death, 30, River Street - Wintrop, Mass

Name and Birthplace of Father, Thomas England - Exfordshire Eng

Maiden Name and Birthplace of Mother, Anna Simpson Wyndehoe

Place of Interment, (Give name of Cemetery), Winthrop Cemetery - Winthrop Mass

Dated at Winthrop Signature and place of business Summer Floyd

Signature and place of business of Undertaker.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *William Henry England* Age, *48* Y. *5* M. *3* D.

Place and Date of Death, died at Montreal 30 Rue St-Jas 29 1902

Disease or Cause of Death, ‡	Primary,	Cerebral hemorrhage	Duration, 12 hours
	Secondary,	Arterio Sclerosis	Duration,

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

Signature and Residence { W. J. Souer M. D.
of
Certifying Physician. { Winthrop Mass

Date of Certificate, Jan 29 - 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Henry England

at

Winthrop Mass
30 Revere Street

Date,

January 29 1902.

Filed,

January 30 1902.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

BOSTON.

Feb 6

Date of death { Year, 1902
Month, 2
Day, 6 } Birth { Year, _____
Month, _____
Day, _____ } Age { Years, 92
Months, 6
Days, 18 }

Name in full, Eunice Kincaid Residence, 92 Lincoln Street
Maiden name, Eunice King

Sex { ~~Male~~
Female. } Conjugal condition { ~~Single~~
~~Married~~
~~Widowed~~
~~Divorced~~ } Color { ~~White~~
~~Black (Negro or mixed)~~
~~Indian~~
~~Chinese~~
~~Japanese~~ }

Wife of _____ Widow of Isaac Kincaid

Place of death { Street, 92 Lincoln St
Number, _____ } Ward, North
Place of birth, Whitefield Me
Occupation, _____

Name of Father, John King Maiden Name of Mother, Mary Clidden
Birthplace of Father, Whitefield Me Birthplace of Mother, Whitefield Me
Place of interment, Whitefield Me

Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

February 7, 1902.

Name and age of deceased, Eunice Kincaid Age, 92 years.

Date and place of death, Whitefield Maine Feb 6, 1902

Disease { Chief cause, Senility
Contributing cause, _____ }

Duration { Chief cause, _____
Contributing cause, _____ }

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

Name and residence }
of physician, }

O. E. Johnson M.D.

* If in an institution, state how long an inmate and previous residence.

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.

Quinlan Meade

February 6th 1902

Feb 17

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, Eva Gertrude Matthews Sex, F Color, W

Date of Death, February 17 1902; Age, 4 Years, 8 Months, 0 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. } Reserve Street Winthrop

Place of Birth, Taylor Street (Winthrop)

* Place of Death, Reserve Street (Winthrop)

Name and Birthplace of Father, Loring W. Matthews

Maiden Name and Birthplace of Mother, Belina S. Matthews

Place of Interment, (Give name of Cemetery), Winthrop (Receiving Tomb Temporary)

Dated at Winthrop on February 18 1902 Signature and place of business of Undertaker. { Summer Floyd
18 Vernon St Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eva G. Matthews Age, 5 Y. 8 M. 0 D.

Place and Date of Death, died at Winthrop Feb 17 1902

Disease or Cause of Death, ‡ { Primary, Tuberculosis Duration, Unknown
Secondary, Pneumonia Duration, 9 days.

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

Signature and Residence of Certifying Physician. { Frank A. Lillian M. D.
15 Princeton St.
East Boston

Date of Certificate, Feb 18 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Anna Gertrude Matthews

at

Revere Street

Date, February 17th 1902.Filed, February 18th 1902.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

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, Anna R. McKinley Sex, F Color, White
 Date of Death, Feb 25 1902; Age 3 Years, 5 Months, _____ Days.
 Maiden Name, { If married, widowed or divorced. } Single
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, (Teacher) Clerk
 *Residence, { If out of town, } 109 Main St Winthrop
 Place of Birth, Winthrop
 *Place of Death, 109 Main St Winthrop
 Name and Birthplace of Father, David D. Somerville Mass
 Maiden Name and Birthplace of Mother, Catherine A. Gilrairie
 Place of Interment, (Give name of Cemetery), Woodlawn Cemetery East Boston
 Dated at East Boston Signature and place of business of Undertaker, { E. J. Brown
 on Feb 26 1902 { 286 Meridian St
East Boston

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Anna R. McKinley Age, 3 Y. 5 M. D.
 Place and Date of Death, died at 109 Main St Feb 25 1902
 Disease or Cause of Death, ‡ { Primary, laryngeal diphtheria Duration, 48 hours
 { Secondary, _____ Duration, _____

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

Signature and Residence of
Certifying Physician. {B. H. Mitcat

M. D.

Winthrop MassDate of Certificate, Feb 261902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Anna C. W. Kinney
109 Main Street
 at *February 25, 1902*

Date, *February 25, 1902.*

Filed, *February 26, 1902.*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Feb 28

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, *Francis Henry Poole* Sex, *M* Color, *W*
 Date of Death, *February 28* 190*2*; Age, *71* Years, *6* Months, *24* Days.
 Maiden Name, { If married, widowed } _____
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, *Blank Book Manuf.*
 * Residence, { If out of town, } *25 Somerset Avenue*
 also state fully. _____
 Place of Birth, *Woodstock Maine*
 * Place of Death, *25 Somerset Avenue Wintthrop Mass*
 Name and Birthplace of Father, *Melvin Poole - Norway Me*
 Maiden Name and Birthplace of Mother, *Abigail Bryant*
 Place of Interment, (Give name of Cemetery), *Aldham Mass Norway Me*
 Dated, at *Wintthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *February 28* 190*2* { *Wintthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Francis Henry Poole* Age, *71* Y. *6* M. *24* D.
 Place and Date of Death, died at *Wintthrop Mass* *Feb 28 1902*.
 Disease or Cause of Death, ‡ { Primary, *Cerebral Softening* Duration, *3 wks*
 { Secondary, *following Cerebral Apoplexy* Duration, *2 yrs ago*

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

Signature and Residence
 of
 Certifying Physician.

C. E. Johnson . M. D.
March 1, 1902

Date of Certificate, _____ 190 .

Wintthrop
Mass

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Francis W. Poole
at 25 Somerset Avenue

Date, February 28 1902.

Filed, February 29 1902.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, William M. Eachus Sex, male Color, White
 Date of Death, Mar 1 1902; Age, 23 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Painter
 *Residence, { If out of town, } 14 Taylor St. Winthrop Mass.
 { also state fully. } Antigonish N.S.
 Place of Birth, _____
 *Place of Death, Winthrop Mass. Taylor St. #14
 Name and Birthplace of Father, John M. Eachus, Post Road, C.D.
 Maiden Name and Birthplace of Mother, Mary W. Gleason Antigonish N.S.
 Place of Interment, (Give name of Cemetery), Holy Cross, Malden
 Dated at Winthrop Mass. Signature and place of business of Undertaker, Frank J. Maloney
 on 1st March 1902 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William M. Eachus Age, 23 Y. _____ M. _____ D. _____
 Place and Date of Death, died at Winthrop Mar 1 1902.
 Disease or Cause of Death, ‡ { Primary, Phthis Pulmonalis Duration, 2 yrs
 { Secondary, Gangrene of lung Duration, 3 weeks

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

Signature and Residence of
Certifying Physician.H. J. Soule

M. D.

Winthrop MassDate of Certificate, March 1st 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William M. Bachern

at *14 Taylor Street*

Date, *March 1st* 190*2*

Filed, *March 2* 190*2*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

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[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

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SECTION 5. Penalty for violation not exceeding fifty dollars.

Recd 7

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, Joseph E. R. Peirce Sex, M Color, W

Date of Death, March 7 1902; Age, 90 Years, ~ Months, ~ Days.

Maiden Name, { If married, widowed } _____
or divorced. _____

Husband's Name, _____

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, Carpenter

*Residence, { If out of town, } Winthrop Mass
also state fully. _____

Place of Birth, Rindge N. H.

*Place of Death, 16 Dolphin Avenue Winthrop

Name and Birthplace of Father, Joseph H. Peirce - Boston Mass

Maiden Name and Birthplace of Mother, Halestat Rosanna New Mass

Place of Interment, (Give name of Cemetery), Hope Cemetery Worcester Mass

Dated at Winthrop
on March 8 1902 Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Joseph E. R. Peirce Age, 90 Y. ~ M. ~ D.

Place and Date of Death, died at Winthrop (16 Dolphin Ave) March 7 1902

Disease or Cause of Death, ‡ { Primary, Cancer Duration, One year
Secondary, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { R. J. Soule M. D.
Winthrop Mass

Date of Certificate, Mar 8 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Joseph E. P. Perée
at *16 Dolphin Avenue*

Date, *March 7th* 1902.

Filed, *March 8th* 1902.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, Paul Cousin Donaldson Sex, M Color, W.
 Date of Death, March 9th 1902 ; Age, 23 Years, 9 Months, 9 Days.
 Maiden Name, { If married, widowed or divorced. } _____
 Husband's Name, _____
 Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____ Occupation, _____
 *Residence, { If out of town, } Winthrop Mass
 Place of Birth, Worcester Mass
 *Place of Death, No 9. Locust Street
 Name and Birthplace of Father, Wiles J. Donaldson New York
 Maiden Name and Birthplace of Mother, Susan Frances Burton
 Place of Interment, (Give name of Cemetery), Hope Cemetery (Worcester Mass)
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on March 10 1902 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Paul Cousin Donaldson Age, 23 Y. 9 M. 9 D.
 Place and Date of Death, died at 9 Locust Street Winthrop Mar 9 1902.
 Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Secondary, Epilepsy Duration, _____

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

 Signature and Residence of
 Certifying Physician. {

W. J. Soule M. D.
Winthrop
Date of Certificate, Mar 12 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

*Paul Lawrence Malden*at *No 9 Locust Street*Date, *March 9* 190*2*.Filed, *March 18* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

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, William Shannon Sex, M Color, WDate of Death, March 16 1902; Age, 59 Years, 7 Months, 4 Days.Maiden Name, { If married, widowed }
or divorced. _____

Husband's Name, _____

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~,Occupation, Produce Dealer*Residence, { If out of town, }
also state fully. _____Place of Birth, Londonderry Ireland

*Place of Death, _____

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Interment, (Give name of Cemetery), _____

Dated at Winthrop
on March 17 1902Signature and
place of business
of Undertaker. { Summer Boyd
18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

William Shannon Age, 59 Y. 7 M. 4 D.

Place and Date of Death,

died at Winthrop March 16 1902Disease or Cause { Primary,
of Death, ‡ Secondary,Cancer of Throat Duration, 1 1/2 years
Cancer of Throat Duration, 1 1/2 years

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

Signature and Residence
of
Certifying Physician. { C. E. Johnson
Winthrop

M. D.

Date of Certificate, _____

March 17 1902Mass* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
William Shannon

at *22 Lead Street*

Date, *March 16* 190*2*.

Filed, *March 17* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No. 11 CH 25

RETURN OF DEATH. BOSTON.

Date of death { Year, 1902 Birth { Year, 1899 Age { Years, 2
 Month, April Month, May Months, 10
 Day, 25 Day, 24 Days, 1

Name in full, Dorothy Mabony Residence, 30 Washington Ave
 Maiden name, _____

Sex { ~~Male.~~ Conjugal condition { Single. Color { White.
 Female. Married. ~~Black (Negro or mixed).~~
Widowed. Indian.
Divorced. Chinese.
Japanese.

Wife of _____ Widow of _____

Place of death { Street, 30 Washington Ave.
 Number, _____
 Place of birth, E. Boston

Occupation, _____

Name of Father, David J. Mabony Maiden Name of Mother, Hannah Boye
Randolph
 Birthplace of Father, Cambridge Mass Birthplace of Mother, Cambridge Mass
 Place of interment, "Holy Cross" Walden
Thomas J. Dore
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 26 1902

Name and age of deceased, Dorothy Mabony Age, 2 years, 10 months

Date and place of death, * May 26 1902 Washington Ave

Disease { Chief cause, Septicemia
 Contributing cause, Septicemia

Duration { Chief cause, 16
 Contributing cause, 16

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

Name and residence { _____ M.D.
 of physician, _____

* If in an institution, state how long an inmate and previous residence.

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.

Dorothy Maloney
March 25th 1902

March 30

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, *Mary Ellen Doherty* Sex, *F* Color, *N*

Date of Death, *March 30* 190*2*, Age, *42* Years, *8* Months, *9* Days.

Maiden Name, { If married, widowed or divorced. } *Mary Ellen Lockwood*

Husband's Name, *John F. Doherty*

Single, Married, Widowed or Divorced, _____ Occupation, _____

*Residence, { If out of town, also state fully. } *Winthrop Mass*

Place of Birth, *Charlestown Mass*

*Place of Death, *75 Pauline Street Winthrop Mass*

Name and Birthplace of Father, *James Lockwood England*

Maiden Name and Birthplace of Mother, *Elizabeth Boylan*

Place of Interment, (Give name of Cemetery) *Holy Cross Cemetery Malden*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd Winthrop Mass* }

on *March 31* 190*2*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Mary Ellen Doherty* Age, *42* Y. *8* M. *9* D.

Place and Date of Death, died at *Winthrop March 30* 190*2*

Disease or Cause of Death, ‡ { Primary, *Cancer of Uterus* Duration, *one year* }
 { Secondary, _____ Duration, _____ }

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

Signature and Residence of Certifying Physician, { *B. J. Mellett* M. D. }
Winthrop Mass

Date of Certificate, *March 31st* 190*2*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Mary Ellen Cheney
at *70 Pauline Street*

Date, *March 30* 190*2*.

Filed, *April 1st* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

April 24

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, Emma Jane Bador Sex, F Color, White
Date of Death, April 24 1902; Age, 55 Years, Months, 1 Days, 10
Maiden Name, { If married, widowed or divorced. } Emma Jane St Louis
Husband's Name, Victor A Bador
Single, Married, Widowed or Divorced, Married Occupation, Housewife
*Residence, { If out of town, } 114 Sheldon St Lynn Mass
Place of Birth, Fairfax VT
*Place of Death, 11 Locust St Winthrop Mass
Name and Birthplace of Father, George St Louis Fairfax VT
Maiden Name and Birthplace of Mother, Sarah Kling Fairfax VT
Place of Interment, (Give name of Cemetery), Pine Grove Lynn Mass
Dated at Winthrop
on April 24 1902 Signature and place of business of Undertaker, { Sumner Floyd 185 Central Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Emma J. Bador Age, 55 Y. 1 M. 10 D.
Place and Date of Death, died at Winthrop April 24 1902.
Disease or Cause of Death,† { Primary, Poisoning from some drug taken for relief of pain Duration,
Secondary, Heart failure Duration, short time

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

Signature and Residence of Certifying Physician, { No. 1 - Soule M. D. Winthrop Mass

Date of Certificate, April 25 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Permit to Son of deceased see club

RETURN OF THE DEATH

OF

Emma Jane Bador

at

11 Laurel St Wintthrop

Date,

April 24

1902

Filed,

April 24

1902

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON.

Date of death { Year, *1902* Birth { Year, *1837* Age { Years, *65*
 Month, *May* Month, *Unknown* Months, *Unknown*
 Day, *2* Day, Day, Days...

Name in full, *Mary A. Flynn* Residence, *Lincoln st*
 Maiden name, *Mary A. Ryan*

Sex { ~~Male~~. Conjugal condition { ~~Single~~. Color { ~~White~~.
 Female. Married. Black (Negro or mixed).
 Widowed. Indian.
 Divorced. Chinese.
 Japanese.

Wife of *Timothy* Widow of
 Place of death { Street, *Lincoln st.*
 Number, *Ireland*
 Place of birth, *Ireland*
 Occupation,

Name of Father, *James* Maiden Name of Mother *Bridget Costello*
 Birthplace of Father, *Ireland* Birthplace of Mother, *Ireland*
 Place of interment, *"Holyhood" Brookline Mass*
Thos. J. Lane
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, 190 .

Name and age of deceased, *Mary A Flynn* Age, *65* years.
 Date and place of death, * *May 2 1902* *Lincoln st*

Disease { Chief cause, *Central Degeneration*
 Contributing cause, *(Regurgitation)*

Duration { Chief cause, *2 or 3 years*
 Contributing cause,

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

Name and residence { *B. H. Mutchall M.D.* M.D.
 of physician, }

* If in an institution, state how long an inmate and previous residence.

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.

Mary A. Higgins
May 2, 1902

May 3

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, James G. Kirkpatrick Sex, M Color, W

Date of Death, May 3 1902; Age, 48 Years, 6 Months, 27 Days.

Maiden Name, { If married, widowed or divorced. }

Husband's Name,

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, Occupation, Manager

*Residence, { If out of town, also state fully. } 18 Washington Avenue

Place of Birth, New York

*Place of Death, 18 Washington Ave Winthrop

Name and Birthplace of Father, James Kirkpatrick - (Ireland)

Maiden Name and Birthplace of Mother, Jane Torrance

Place of Interment, (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on May 3 1902 Signature and place of business of Undertaker. { Summer Floyd
18. Franklin Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James G. Kirkpatrick Age, 48 Y. 6 M. 27 D.

Place and Date of Death, died at Winthrop May 3 1902.

Disease or Cause of Death, † { Primary, Injury to the head over the Duration,
Secondary, temporal bone, the result Duration,
of a fall.

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.
Winthrop, Mass.

Date of Certificate, May 6th 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
James J. Kirkpatrick

at *18 Washington Avenue*

Date, *May 3* 190*2*.

Filed, *May 5* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

May 8

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, Almira Sale Pomroy Sex, F Color, N
Date of Death, May 8 1902; Age, 63 Years, 5 Months, 22 Days.
Maiden Name, { Almira Sale Belcher (Widow) }
Husband's Name, George King Pomroy
Single, Married, Widowed or Divorced, _____ Occupation, _____
*Residence, { Madison Avenue Wintthrop Mass }
Place of Birth, North Chelsea Mass. now Revere
*Place of Death, Madison Avenue Wintthrop
Name and Birthplace of Father, James M. Belcher (Chelsea)
Maiden Name and Birthplace of Mother, Larisa Sale (Chelsea)
Place of Interment, (Give name of Cemetery), Woodlawn Cemetery
Dated at Wintthrop
on May 9 1902 Signature and place of business of Undertaker. { Summer Floyd
180 Hermon Street
Wintthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Almira S Pomroy Age, 63 Y. 5 M. 22 D.
Place and Date of Death, died at Wintthrop May 8 1902.
Disease or Cause of Death, ‡ { Primary, Heart Disease Duration, _____
Secondary, Heart Disease Duration, 3 years

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

Signature and Residence of Certifying Physician. { C. J. Soule M. D.
Wintthrop Mass

Date of Certificate, May 10 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Almira Gale Pomroy

at *Madison Avenue*

Date, *May 8th* 190*2*.

Filed, *May 9th* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

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SECTION 5. Penalty for violation not exceeding fifty dollars.

May 22

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, Eliphalet Harrington Sex, m Color, W
Date of Death, May 9 1902, Age, 73 Years, 5 Months, 10 Days.
Maiden Name, { If married, widowed or divorced. } _____
Husband's Name, _____
Single, Married, Widowed or Divorced, _____ Occupation, Engineer
* Residence, { If out of town, { 73 Pauline Street Wintthrop Mass
also state fully. } _____
Place of Birth, Eastport Me
* Place of Death, 73 Pauline Street Wintthrop - Mass
Name and Birthplace of Father, Andrew Harrington Eastport Me
Maiden Name and Birthplace of Mother, Unknown
Place of Interment, (Give name of Cemetery), Eastport Me
Dated at Wintthrop Signature and place of business of Undertaker. { Summer Floyd
on May 10 1902 { 18 German Street
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eliphalet Harrington Age, 73 Y. 5 M. 10 D.
Place and Date of Death, died at Wintthrop (73 Pauline St) May 9 1902
Disease or Cause of Death, ‡ { Primary, Mitral Insufficiency Duration, 3 weeks
Secondary, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { B. J. Metcalf M. D.
Wintthrop Mass
Date of Certificate, May 10 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Cliphale Harrington

at

43 Pauline Street

Date,

May 9 1902.

Filed,

May 10 1902.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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.

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

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May 14

FILL EVERY BLANK, AND WITH INK ONLY, WRITE VERY PLAINLY.

No. of Death

UNDERTAKER'S RETURN OF A DEATH

SOMERVILLE, MASSACHUSETTS

Date of Death } *May 14* 190*2* Full Name } *Mary Jane Sturgis*
Maiden Name } * *Gray* Full Name of Husband } * *Charles R.*
Sex } *F* Color } *W* Single, Married, Widowed, or Divorced } *W*
Supposed Age } *83* Yrs. — Mos. — Days. Date of Birth } if obtainable }
Residence } *Main St. Winthrop, Mass.* Duration of Residence }
(No.) (Street) (Town or City, and State)
Place of Death (and Number) } *Main St. Winthrop* ~~Somerville~~, Ward
(Street) (Town or City, and State)
Name of Institution, if any, }
in which Death Occurred }
Length of Time Deceased }
was an Inmate }
And Previous Residence }
Occupation } *none* Place of Birth } *Bowdoinham Maine*
Name of } *Unknown* Maiden Name of Mother } *Sarah Walker*
Father } Birthplace of Mother } *Freeport Maine*
Birthplace of Father } *Boston, Mass.*
Place of Interment } *Forest Hills Cem.* (Cemetery) (Town or City, and State)
Signature of Undertaker } *Francis M. Wilson*
Residence } *103 Cross St. Somerville*
(No.) (Street) (Town or City)

* If a married woman, or a widow, or divorced. } Whether White, Black (Negro or Mixed), Indian, Chinese, Japanese.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

Name of Deceased } *Mary Jane Sturgis* Supposed Age } *83* Yrs. — Mos. — Days.
Place and Date of Death } *Main St. Winthrop, Mass. May 14* 190*2*
(No.) (Street) (Town or City, and State) DURATION
Disease or Cause of Death } Primary or Immediate Cause } *asthma*
Secondary or Contributing Cause } *old age*
Duration } *one week*

Place where Disease was Contracted, }
if other than place of death }

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

Signature of Physician

Residence

52 Winthrop
(No.) (Street)

W. B. Metcalf
Winthrop Mass
(Town or City)

M. D.

† If a Soldier who served in the War of the Rebellion, both the primary and secondary causes of death must be given.

The Office of the Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A. M. to 12 M.; other days (Sundays and Legal Holidays excepted), 8 A. M. to 4 P. M.

Mary D. Olmsted
May 14" 1902

Permit No. May 17

RETURN OF DEATH.

BOSTON.

Winthrop

Date of death { Year, 1902 Birth { Year, 1899 { Years, 3
 { Month, May { Month, May { Months, 6
 { Day, 17 { Day, 1 { Days, 17
 Name in full, Charles Boutin Residence, 10 Marshall St
 Maiden name, _____

Sex { Male. _____ Conjugal condition { Single. _____ Color { White. _____
 { Female. _____ { Married. _____ { Black (Negro or mixed). _____
 _____ { Widowed. _____ { Indian. _____
 _____ { Divorced. _____ { Chinese. _____
 _____ { Japanese. _____

Wife of _____ Widow of _____

Place of death { Street, 10 Marshall StPlace of birth, Winthrop

Occupation, _____

Name of Father, Ezra Maiden Name of Mother, Ella LavoixBirthplace of Father, St. John P. Q. Birthplace of Mother, Chelsea MassPlace of interment, Holy Cross MaldenM. J. Kelly

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

190 .

Name and age of deceased, Charles Boutin Age, 3 years.Date and place of death, * Winthrop MassDisease { Chief cause, Diphtheria
 { Contributing cause, Blood poisonDuration { Chief cause, Two weeks
 { Contributing cause, 4 days

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

Name and residence { Winthrop W. J. Soule M.D.
 of physician, _____

* If in an Institution, state how long an inmate and previous residence.

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.

Charles Boutin

May 14th 1902

Commonwealth of Massachusetts.

May 18

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.)

Date of Death, London May 18th 190 2

Full Name of Deceased, Amanda Melboma Davis

{ If a married or divorced woman or a widow give also } Maiden Name, Amanda M Roper
 { } Name of Husband, Thomas Davis

Sex, Female Color, White Single, Married, Widowed or ~~Divorced~~

Age, 73 Years, 3 Months, 22 Days. Occupation, _____

* Residence { If out of town, } Winthrop (22 Winthrop Street)
 { also state fully. }

Place of Death, Winthrop (22 Winthrop Street)

Place of Birth, Stirling Mass

Name and Birthplace of Father, (Stirling Mass) Lucian Roper

Maiden Name and Birthplace of Mother, " " Betsey Roper

Place of Burial (Give name of Cemetery), Stirling Mass

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on May 19 190 2 { Winthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Amanda Melboma Davis Age, 73 Y. 3 M. 22 D.

Place and Date of Death, died at 22 Winthrop St May 18 190 2

Disease or Cause of Death, † { Primary, Chronic Pulmonary of the lungs Duration, 8 yrs
 { Immediate, _____ Duration, _____

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

Signature and Residence
 of
 Certifying Physician.

(21 Melrose) M. D.
Winthrop May

Date of Certificate, May 20 190 2

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Amanda M. Davé

at *22 Withrop Street*

Date, *May 18* 190*2*.

Filed, *May 19* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith acknowledge and transmit it to the clerk of the city or town for registration. *Penalty for violation not exceeding fifty dollars.*

Commonwealth of Massachusetts.

May 22

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.)

Date of Death, May 22 1902

Full Name of Deceased, Hannah B. Alger

{ If a married or divorced woman or a widow give also } Maiden Name, Hannah B. Malcolm
 { } Name of Husband, David Alger

Sex, Female Color, N Single, Married, Widowed or Divorced, _____

Age, 83 Years, 30 Months, 5 Days. Occupation, _____

* Residence { If out of town, } Barton Mass
 { also state fully. }

Place of Death, 10 North Avenue Wintthrop Mass

Place of Birth, China Me

Name and Birthplace of Father, David Malcolm (China Me)

Maiden Name and Birthplace of Mother, Lydia Studey (China Me)

Place of Burial (Give name of Cemetery) Milford New Haverhill

Dated at Wintthrop Signature and place of business of Undertaker, { Summer Floyd
May 23 1902 { 18 Oerman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Hannah B. Alger Age, 83 Y. ~ M. 3 D.

Place and Date of Death, died at Wintthrop May 22 1902

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Immediate, Senility Duration, _____

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.
Wintthrop. Mass.

Date of Certificate, May 24 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Hannah S. Alger

at *10 North Avenue*

Date, *May 22* 190 *2*

Filed, *May 23* 190 *2*

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

May 22

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.)

Date of Death,

May 22 " 1902

Full Name of Deceased,

Phoebe Jane Burgher

{ If a married or divorced woman or a widow give also

Maiden Name, " " Fountain

Name of Husband,

Stephen K. Burgher

Sex, F

Color, W

Single, Married, Widowed or Divorced, _____

Age, 76 Years, _____ Months, 12 Days. Occupation, _____

* Residence { If out of town, also state fully. }

Garrettsville Staten Island N.Y.

Place of Death,

4 Quincy Avenue - Winthrop Highlands

Place of Birth,

New Dorp, Staten Island

Name and Birthplace of Father,

Anthony Burgher (Unknown)

Maiden Name and Birthplace of Mother,

Unknown

Place of Burial (Give name of Cemetery)

New Dorp, Staten Island

Dated at

Winthrop

on May 22 " 1902

Signature and place of business of Undertaker.

Summer Floyd

18 Herman Street Winthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Phoebe Jane Burgher

Age, 76 Y. — M. 12 D.

Place and Date of Death,

died at 4 Quincy Ave

May 22, 1902.

Disease or Cause of Death, ‡

Primary,

Pneumonia

Duration, 5 days

Immediate,

Duration, _____

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

Signature and Residence of Certifying Physician.

Thomas E. Rigott

M. D.

42 Quincy Ave, Winthrop Hgls.

Date of Certificate,

May 22

1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Charles Jane Burgher

at 4 Drury Avenue

Date, May 22, 1902

Filed, May 23 1902

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue the check of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON.

Date of death { Year *1902* Birth { Year, *18* Age { Years, *36*
 { Month, *May* { Month, *Dec* { Months,
 { Day, *28* { Day, *16* { Days,
 Name in full, *Fred. W. Bumpus* Residence, *Lewis Block Quincy St*
 Maiden name,

Sex { Male. Conjugal condition { *Single*. Color { White.
 { Female. { Married. { Black (Negro or mixed).
 { Widowed. { Indian.
 { Divorced. { Chinese.
 { Japanese.

Wife of..... Widow of.....
 Place of death { Street, } *Shirley St*
 { Number, }
 Place of birth, *Boston*
 Occupation, *Colesman*
 Name of Father, *Albert* Maiden Name of Mother *Heleen Stoddard*
 Birthplace of Father, *Brockton Mass* Birthplace of Mother, *Brockton*
 Place of interment, *Winthrop Cemetery*
Thos. J. Dwyer
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *May 28th* 190*2*.
 Name and age of deceased, *Fred. W. Bumpus* Age, *36* years.
 Date and place of death, * *May 28th, Lewis Block, Winthrop.*
 Disease { Chief cause, *Pleuro-pneumonia*
 { Contributing cause, *Cirrhosis (Biliary) of the Liver*
 Duration { Chief cause, *Eight days*
 { Contributing cause, *Indefinite*

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

Name and residence { *Am. J. Porter, 250 Shirley St, Winthrop* M.D.
 of physician, }

* If in an institution, state how long an inmate and previous residence.

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.

Frank M. Bunker
May 28th 1902

Commonwealth of Massachusetts.

May 28

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.)

Date of Death, May 28 190 2

Full Name of Deceased, William Henry Weld

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, Single M

Age, 77 Years, _____ Months, _____ Days. Occupation, Costumer

* Residence {If out of town, also state fully.} Mermaid Avenue (Ocean Spray)

Place of Death, _____

Place of Birth, Boston Mass

Name and Birthplace of Father, Frederick Weld (Boston)

Maiden Name and Birthplace of Mother, Sarah Discock (Hopkinton Mass)

Place of Burial (Give name of Cemetery) Forest Hills Cemetery

Dated at Wentworth Signature and place of business of Undertaker, { Summer Floyd
on May 29 190 2 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William H. Weld Age, 77 Y. _____ M. _____ D.

Place and Date of Death, died at Mermaid Avenue May 28 190 2

Disease of _____ { Primary, Cerebral Apoplexy Duration, 6 years
of Death { Immediate, Paralysis Duration, 6 years

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

Signature and Residence of Certifying Physician, { C. E. Johnson M. D.
Date of Certificate, Wentworth Mass May 30 190 2

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Henry Weld

at *Mermaid Avenue*

Date, *May 28th* 190*2*.

Filed, *May 29th* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

with a fee not exceeding fifty dollars.

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.)

Date of Death, May 31 " 1902.

Full Name of Deceased, Alora Harding

{ If a married or divorced woman or a widow give also } Maiden Name, Alora Perry
 Name of Husband, Chianatha Harding

Sex, F Color, N ~~Single~~ Married, ~~Widowed or Divorced~~

Age, 43 Years, 6 Months, 7 Days. Occupation, _____

* Residence { If out of town, } No 8 James Avenue
 { also state fully. }

Place of Death, 8. James Avenue

Place of Birth, Carlton Nova Scotia

Name and Birthplace of Father, John Perry Yarmouth N.S.

Maiden Name and Birthplace of Mother, Elizabeth Hilton

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on June 1 " 1902 { 18 German Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Alora Harding Age, 43 Y. 6 M. 7 D.

Place and Date of Death, died at Winthrop, May 1902

Disease or Cause of Death, ‡ { Primary, Heart disease (Supposedly) Duration, _____
 { Immediate, Natural causes Duration, _____

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

Signature and Residence of
 Certifying Physician.

as I have viewed the body as medical examiner
No. 18 German Street M. D.
Winthrop

Date of Certificate, June 12 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Mrs Alva Standing

at 8 James Avenue

Date, May 31 1902.

Filed, June 1 1902.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith acceptation and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, May 31 1902

Full Name of Deceased, Elizabeth C. Davis

{ If a married or divorced woman or a widow give also } Maiden Name, " " Crane
 { } Name of Husband, Samuel H. Davis

Sex, F Color, W ~~Single, Married, Widowed or Divorced~~

Age, 82 Years, 2 Months, 2 Days. Occupation, _____

* Residence { If out of town, } Wintthrop Mass
 { also state fully. }

Place of Death, 10 North Avenue Wintthrop Mass

Place of Birth, Wintthrop Mass

Name and Birthplace of Father, Cheney Crane Canton Mass

Maiden Name and Birthplace of Mother, Betsy Paul Dedham Mass

Place of Burial (Give name of Cemetery) Mount Laurel Hill Cemetery Fitchburg Mass

Dated at Wintthrop Signature and place of business of Undertaker, { Summer Lloyd
June 1 1902 { 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Elizabeth C. Davis Age, 82 Y. 2 M. 2 D.

Place and Date of Death, died at Wintthrop No. Avenue May 31 1902

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Immediate, Pneumonia Duration, 4 days

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

Signature and Residence of
 Certifying Physician. {

C. E. Johnson M. D.
Wintthrop

Date of Certificate, June 2 1902 Mass

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Elizabeth C Davis

at

18 North Avenue

Date,--

May 31 190

Filed,

June 1 190

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

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.)

Date of Death, June 1st 1902

Full Name of Deceased, George Henry Tucker

If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M

Color, W

Single, Married, Widowed or Divorced, Married

Age, 52 Years, 9 Months, 17 Days. Occupation, Expressman

* Residence {If out of town, also state fully.} Shirley St

Place of Death, _____

Place of Birth, Lockport, N.Y.

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, Mary A. Daniels

Place of Burial (Give name of Cemetery), Cold Springs N. Y.

Dated at Northrop

on June 2 1902

Signature and place of business of Undertaker.

Summer Floyd
180 Vermont Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † George Henry Tucker

Age, 52 Y. 9 M. 17 D.

Place and Date of Death, died at Northrop (Shirley Street) June 2 1902

Disease or Cause of Death, †

Primary, _____

Duration, _____

Immediate, _____

Duration, 3h 40m

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

Signature and Residence of Certifying Physician.

A. B. Doman

M. D.

Northrop, Mass

Date of Certificate, June 2nd 1902* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

George Henry Tucker
 at *Whitings (Shirley St)*

Date, *June 21* 190*2*.

Filed, *June 21* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

June 4

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.)

Date of Death, June 4th 1907
Full Name of Deceased, Edwin A. Verrill
Maiden Name, _____
If a married or divorced woman or a widow give also Name of Husband, _____
Sex, Male Color, White Single, Married, Widowed or Divorced, Single
Age, 77 Years, _____ Months, _____ Days. Occupation, Ret. Dir.
* Residence { If out of town, also state fully. } House 100 Wm. Cape Elizabeth, Me. St. Banks Mass.
Place of Death, Last Hospital, Fort Banks, Mass.
Place of Birth, Portland, Me.
Name and Birthplace of Father, not known
Maiden Name and Birthplace of Mother, not known
Place of Burial (Give name of Cemetery) _____
Dated at Fort Banks, Westbrook Mass Signature and place of business of Undertaker. { Summer Floyd
June 4th 1907 Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Edwin A. Verrill Age, 77 Y. _____ M. _____ D. _____
Place and Date of Death, died at Fort Banks, Mass. June 4 1907
Disease or Cause of Death, ‡ { Primary, Pleuritis Duration, 5 day
Immediate, acute lobar pneumonia Duration, 5 day

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

Signature and Residence of Certifying Physician. { B. H. Melcalf M. D.
Winthrop Mass
Date of Certificate, June 11th 1907

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

Edwin K. Verule
at Fort Bank

Date, *June 4* 190*2*.

Filed, *June 4* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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, (Steedman) Delory Sex, Female Color, White

Date of Death, June 18 1902; Age, — Years, — Months, — 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. } 81 Ocean View St.

Place of Birth, Winthrop Mass.

* Place of Death, "

Name and Birthplace of Father, David S. Delory Trachaday St.

Maiden Name and Birthplace of Mother, Catherine Pitts " "

Place of Interment, (Give name of Cemetery), Old Cambridge Lane

Dated at Winthrop Signature and place of business of Undertaker, Frank S. Maloney
 on June 18th 1902, 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Delory Age, — Y. — M. — D.

Place and Date of Death, died at Winthrop June 18th 1902

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 Secondary, Still born Duration, _____

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.
Winthrop, Mass.

Date of Certificate, June 18th 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Stevenson Sanford
at *1 Ocean View Street*

Date, *June 18* 190*2*.

Filed, *June 19* 190*2*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the

Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON.

Winthrop

Date of death { Year, 1902 { Year, ...
 Month, June Birth { Month, ...
 Day, 22nd Day, ...
 Age { Years, 40
 Months, ...
 Days, ...
 Name in full, Mary V. Corbett Residence, 123 Shirley St. Winthrop
 Maiden name, Manning
 Sex { ~~Male.~~ Conjugal condition { ~~Single.~~
 Female. Married.
 Widowed.
 Divorced.
 Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.
 Wife of Thomas P. Corbett Widow of ...
 Place of death { Street, } 123 Shirley St. Winthrop
 Number, ...
 Place of birth, Haverdale Pa
 Occupation, Housewife
 Name of Father, Patrick Manning Maiden Name of Mother Hannah English
 Birthplace of Father, Ireland Birthplace of Mother, Ireland
 Place of interment, St. Benedict Cemetery
 Nicholas M. Williams
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Winthrop June 24th 1902.

Name and age of deceased, Mary V. Corbett Age, 40 years.
 Date and place of death, June 22nd 1902 123 Shirley St. Winthrop
 Disease { Chief cause, Angina Pectoris
 Contributing cause, Neurasthenia
 Duration { Chief cause, The attack lasted from afternoon to nearly
 Contributing cause, midnight

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

Name and residence { Frank N. Allen M.D.
 of physician, 223 Shirley St. Winthrop.

* If in an institution, state how long an inmate and previous residence.

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.

Mary S. Corbett
June 23rd 1902

RETURN OF THE DEATH

OF

Mary A. Durham
Morehead
 at ...

Date, *July 9* " 190*2*.

Filed, *July 10* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

Winthrop
(SEE TERMS TO BE AVOIDED, ON THE OTHER SIDE.)

July 11



THIS IS TO CERTIFY,

To the best of my knowledge and belief,

Name of deceased in full.

That

Horatio G. Nutter

age *64* years *1* months *11* days, died on the *11* day of *July* A. D. *189-1902*

Give briefly disease or other cause of death. If deceased was a soldier in the war of rebellion give both primary and secondary or immediate cause of death.

of

Cerebral Apoplexy

Its duration* was

5 days

There was also

Its duration* was

Was there an autopsy?

no

Was death unexpected?

no

Signed at

Winthrop

, Mass.,

July 11 189-1902

O. E. Johnson M. D.

* Reckoned from time of invasion to death.

UNDERTAKER'S RETURN OF DEATH.

Name of deceased in full.

Horatio G. Nutter

Date of death.

July 11 1902 189-

Maiden name.

Condition (1)

Single

Married

Widow

Divorced

Age, *64* years, *1* months, *11* days.

Wife or widow of

Place of death (2)

Point Shirley Winthrop

Sex

†Color

— male, *W*

Residence, *131 Warren Ave Boston* Street, Ward

Occupation

Place of birth (2)

Barnstead N.H.

Father's name

Nathaniel

His birth place (2)

Barnstead N.H.

Mother's maiden name

Eliza Billings

Her birth place (2)

Boston

Interment at

Pittsfield N.H.

Date

July 14 1902

This return is made by Undertaker

Joseph Waterman

Dated

July 11 1902

Of

Boston

1 Erase the words which do not indicate the condition.

2 Insert town and state.

† W., White. B., Black.

Countersigned and approved this *11* day of *July* 189*02*

Agent Board of Health.

[SEE BACK.]

Extract from Report of Committee on Certificates of Death, of the Massachusetts Association of Boards of Health.

"The following list comprises the principal terms which your committee believe should be either avoided or modified or further explained when employed in certificates of death."

- | | |
|---|--|
| Accident—Specify the method or form. | Dropsy—Synonym of anascara; state source or cause. |
| Albuminuria—A symptom only. | Dystocia—(See Childbirth). |
| Anascara—A symptom of dropsy, and usually a symptom only; specify the source or cause. | Eclampsia—(See Convulsions). |
| Anthrax—A vague term; if carbuncle is meant, use preferably the English word "carbuncle;" if malignant pustule, use this term. | Exhaustion—Too obscure. |
| Apoplexy—Specify the part affected. | Fever—Specify what sort of fever. |
| Asphyxia—Specify the method. | Heart failure, paralysis of heart, cardiac exhaustion—Avoid these terms, if a more definite term can be given. |
| Asthenia—Too vague. | Hemorrhage—Specify. |
| Atrophy—Too obscure; use specific term if possible. | Inanition—Too obscure. |
| Cardialgia—Too vague. | Indigestion—Too obscure. |
| Cephalitis—Too vague. | Malformation—Specify as to form, or part affected. |
| Childbirth—Specify as follows: (1) Was the death due to some disease of pregnancy; (2) to some disease or accident incident to delivery; or (3) to some disease following delivery. | Marasmus—Too obscure. |
| Colic—Specify; rarely fatal. | Miscarriage—Specify. |
| Coma—Specify. | Natural causes—Specify. |
| Concussion of the Brain—State whether accidental, suicidal, or homicidal. | Old age—This term should never be used when the exact nature of the cause of death can be stated. |
| Convulsions—State the cause, if possible. | Palsy, Paralysis—Symptoms; specify the cause; state whether due to cerebral hemorrhage, lead poisoning, traumatic or other causes. |
| Debility—Too obscure. | Premature birth—Specify. |
| Dentition—Avoid this term, if possible to be more specific. | Shock—Specify. |
| | Sore throat—Specify. |
| | Syncope—Too obscure. |
| | Tumor—State location and character. |

Extracts from Public Statutes.

A physician who has attended a person during his last illness shall, when requested, forthwith furnish, for registration a certificate stating to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. * * * * If a physician neglects or refuses to make a certificate, as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars.

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.

Extracts from Regulations: Board of Health, City of Newton.

RULE 12. When any person dies of any of the diseases specified in rule 10, section b, (*i. e.* cholera, yellow fever, small pox varioloid, diphtheria, membranous croup, scarlet fever, typhus fever, or measles) the body shall be buried in accordance with the following instructions: No public conveyance shall be used unless the same shall be afterwards fumigated under the direction of the Board of Health, or its agent; if placed in a receiving tomb it shall be enclosed in a metallic casket and hermetically sealed; no draperies shall be used; every undertaker or person acting as such shall immediately notify the Board of Health upon receiving notice of a death from any of the above diseases, and it shall be his duty to see that the instructions of the Board of Health are complied with.

RULE 33. The person having charge of the body of any person who has died of scarlet fever or diphtheria, shall cause such body to be immediately washed with a solution of corrosive sublimate (2 drachms to 1 gallon of water), wrapped in a sheet saturated with a solution of corrosive sublimate, same strength, and immediately placed in a tightly sealed coffin.

Received July 11th 1902
 Board of Health
 City of Newton

Commonwealth of Massachusetts.

July 13

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.)

Date of Death, July 13 1902
 Full Name of Deceased, James Dunley
 { If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____
 Sex, W. Color, W. Single, Married, Widowed or Divorced, _____
 Age, 76 Years, _____ Months, _____ Days. Occupation, Retired
 * Residence { If out of town, also state fully. } Commercial St. Marblehead Mass
 Place of Death, 34 Beal St. Winthrop
 Place of Birth, Ireland
 Name and Birthplace of Father, Not known
 Maiden Name and Birthplace of Mother, " "
 Place of Burial (Give name of Cemetery), Marblehead, Mass. (Catholic)
 Dated at Winthrop Signature and place of business of Undertaker, John Donovan
 on 14th July 1902 Lyons, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James Dunley Age, 76 Y. _____ M. _____ D. _____
 Place and Date of Death, died at 34 Beal St July 13 1902
 Disease or Cause of Death, ‡ { Primary, Chronic Mitral Insufficiency Duration, yrs
 { Immediate, _____ Duration, _____

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.
Winthrop Mass

Date of Certificate, July 14 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

James Dunlay
at *34 Beal St (Winthrop)*

Date, *July 13* 190*2*

Filed, *July 14* 190*2*

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

transmit the statement and certificate to the board of health.

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.)

Date of Death, July 20 1902
 Full Name of Deceased, Bessie J Driscoll
 { If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____
 Sex, F Color, W Single, Married, Widowed or Divorced, _____
 Age, 22 Years, _____ Months, _____ Days. Occupation, _____
 * Residence { If out of town, } Cambridge Mass
 { also state fully. }
 Place of Death, 28 Fremont Street Winthrop, Mass
 Place of Birth, Boston Mass
 Name and Birthplace of Father, Timothy Driscoll
 Maiden Name and Birthplace of Mother, Rosanna Fannerman
 Place of Burial (Give name of Cemetery), Calvary Cemetery N. Rolbury
 Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on July 20 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Bessie J Driscoll Age, 22 Y. 7 M. 20 D.
 Place and Date of Death, died at Winthrop 28 Fremont St July 20 1902
 Disease or Cause of Death, ‡ { Primary, Tuberculosis of Lungs Duration, one year
 { Immediate, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.B. B. McCall

M. D.

Winthrop MassDate of Certificate, July 20 " 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Ernie J. O'Connell

at *28 Fremont Street*

Date, *July 28*, 190*2*.

Filed, *July 28*, 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

Penalty for violation not exceeding fifty dollars.

July 31

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.)

Date of Death, July 31 1902
Full Name of Deceased, James O. Beal
Maiden Name, _____
Name of Husband, _____
Sex, M Color, W Single, Married, Widowed or Divorced, _____
Age, 60 Years, 6 Months, ~ Days. Occupation, Master Mariner
* Residence { If out of town, } 2 Douglas Street Cor Bonden Winthrop
also state fully. _____
Place of Death, 2 Douglas Street, Cor Bonden Winthrop
Place of Birth, Georgetown Me
Name and Birthplace of Father, William Beal - Georgetown Me
Maiden Name and Birthplace of Mother, Eliza C. Jewett Westport Me
Place of Burial (Give name of Cemetery) Mount Hope Cemetery
Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on July 31 1902 18 Orman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James O. Beal Age, 60 Y. 6 M. ~ D.
Place and Date of Death, died at Winthrop 2 Douglas St July 31 1902
Disease or Cause of Death, ‡ { Primary, Cancer of stomach Duration, 2 yrs
Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { B. Metcalf M. D.
Winthrop

Date of Certificate, _____ 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
James O. Deal
at *2 Langlae Street*
Date, *July 31* " 190*2*.
Filed, *Aug 1* " 190*2*.
[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

Commonwealth of Massachusetts.

July 31

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.)

Date of Death, July 31 1902.Full Name of Deceased, Theresa Rosenbaum{ If a married or divorced woman or a widow give also } Maiden Name, Theresa Lighthill{ If a married or divorced woman or a widow give also } Name of Husband, Simon RosenbaumSex, _____ Color, white Single, Married, Widowed or Divorced, _____Age, 74 Years, 4 Months, 19 Days. Occupation, _____* Residence { If out of town, } Winthrop Mass
also state fully.Place of Death, _____ " " " Chest AvenuePlace of Birth, Wittenberg Germany

Name and Birthplace of Father, _____ " " _____

Maiden Name and Birthplace of Mother, _____ " " _____

Place of Burial (Give name of Cemetery) Cypress Hill St. JohnDated at Winthrop Signature and place of business { Summer Floydon July 31 1902 of Undertaker. { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Theresa Rosenbaum Age, 74 Y. 4 M. 19 D.Place and Date of Death, Winthrop died at Winthrop Co Chest Street July 31 1902Disease or Cause of Death, ‡ { Primary, Cholelithiasis Duration, 10 months
Immediate, ascitis Duration, 2 months

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

Signature and Residence
of
Certifying Physician. {A P Lighthill M. D.
Winthrop MassDate of Certificate, July 31 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Theresa Rosenbaum

at *Winthrop (Brooklyn) Ave*

Date, *July 31* 190*2*.

Filed, *July 31* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith

Aug 3

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.)

Date of Death, Aug 3rd 1902
Full Name of Deceased, Dora John Hall
Maiden Name, Dora John
Name of Husband, Chas. W. Hall
Sex, F Color, W Single, Married, Widowed or Divorced, _____
Age, 48 Years, 5 Months, 12 Days. Occupation, Housewife
* Residence {If out of town, { Lewis Park Shirley St Wintthrop Mass
also state fully. }
Place of Death, _____
Place of Birth, Oser Creek Township Tazewell Co Ill.
Name and Birthplace of Father, Wm M. John Cochocta County Ohio
Maiden Name and Birthplace of Mother, Hannah Harvey John Lickney Co Ohio
Place of Burial (Give name of Cemetery) Wintthrop Cemetery
Dated at Wintthrop Mass Signature and place of business of Undertaker. Chas. R. Pennequin
on 5th day of Aug 1902 Wintthrop Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Dora John Hall Age, 48 Y. 5 M. 12 D.
Place and Date of Death, died at Wintthrop, Mass Aug. 3 1902.
Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
Immediate, Apoplexy Duration, 3 weeks

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.
Wintthrop, Massachusetts

Date of Certificate, Aug 16th 1902.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Dea John Hall

August 3" 1902

Date,-- *August 3" 1902*

Filed, .. *August 3" 1902*

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit not exceeding five dollars.

Permit No. Aug 3

RETURN OF DEATH. BOSTON.

Date of death { Year, 1902 } Birth { Year, Aug } Age { Years, 30 }
 { Month, Aug } { Month, Aug } { Months, 30 }
 { Day, 30 } { Day, 30 } { Days, 30 }

Name in full, Unknown Residence, Unknown

Maiden name, Unknown

Sex { Male. } Conjugal condition { Single. } Color { White. }
 { Female. } { Married. } { Black (Negro or mixed). }
 { Widowed. } { Indian. }
 { Divorced. } { Chinese. }
 { Japanese. }

Wife of Unknown Widow of Unknown

Place of death { Street, Unknown } (Found on Beach at Cottage) 1460
 { Number, Unknown }

Place of birth, Unknown

Occupation, Unknown

Name of Father, Unknown Maiden Name of Mother, Unknown

Birthplace of Father, Unknown Birthplace of Mother, Unknown

Place of interment, Wintthrop Cemetery (Eileen Lot)
Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug. 3^d

1902.

Name and age of deceased, Found Aug. 2^d Age, 30 years.

Date and place of death, Wintthrop Beach

Disease { Chief cause, Fall from }
 { Contributing cause, — }

Duration { Chief cause, — }
 { Contributing cause, — }

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

Name and residence } Francis A. Harris M.D.
 of physician, } Alfred E. Harris

* If in an institution, state how long an inmate and previous residence.

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.

Found on Beach "Cat Hill"

August 3rd 1902

" "

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.)

Date of Death, Aug 8th 1902.

Full Name of Deceased, Sarah Elizabeth Griffin

{ If a married or divorced woman or a widow give also } Maiden Name, Lamont
 { } Name of Husband, Isaac Griffin

Sex, Female Color, White Single, Married, Widowed or Divorced, Widowed

Age, 79 Years, 10 Months, 26 Days. Occupation, _____

* Residence { If out of town, } 19 Washington Ave. Wintthrop
 { also state fully. } _____

Place of Death, 19 Washington Avenue Wintthrop

Place of Birth, Bath Me.

Name and Birthplace of Father, Samuel Lamont Bath Me.

Maiden Name and Birthplace of Mother, Roxanna Muritt Scituate

Place of Burial (Give name of Cemetery), Wintthrop Cemetery

Dated at Wintthrop _____
 on August 8th 1902 Signature and place of business of Undertaker, { Summer Floyd
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah Elizabeth Griffin Age, 79 Y. 10 M. 26 D.

Place and Date of Death, died at Wintthrop Aug 8th 1902.

Disease or Cause of Death, ‡ { Primary, Chronic Brights Disease Duration, 2 years
 { Immediate, Chronic Brights Disease Duration, _____

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

Signature and Residence of
 Certifying Physician. {

C. E. Johnson M. D.
Wintthrop
Mass.

Date of Certificate, Aug 9 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Sarah Elizabeth English

at

19 Washington Ave.

Date,

August 8th 1902

Filed,

August 9th 1902

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Aug 11

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, Fannie Nelson Sex, F Color, W
Date of Death, August 11 1902; Age, 43 Years, 3 Months, 20 Days.
Maiden Name, { If married, widowed } Fannie Raby
or divorced. {
Husband's Name, James Christian Nelson
Single, Married, Widowed or Divorced, Married Occupation, Housewife
*Residence, { If out of town, } 82 Lincoln St. Winthrop, Mass.
also state fully. {
Place of Birth, East Cambridge, Mass
*Place of Death, Winthrop, Mass.
Name and Birthplace of Father, Francis Raby
Maiden Name and Birthplace of Mother, Catherine Boosie
Place of Interment, (Give name of Cemetery), Winthrop Cemetery - Winthrop Mass
Dated at Winthrop Signature and place of business { Summer Floyd
on August 12 1902 of Undertaker. { 18. Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Fannie Nelson Age, 43 Y. 3 M. 20 D.
Place and Date of Death, died at Winthrop August 11th 1902.
Disease or Cause { Primary, Multiple Sarcoma Duration, 6 months
of Death, ‡ { Secondary, Valvular heart disease Duration, _____

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

Signature and Residence { H. J. Soule M. D.
of {
Certifying Physician. { Winthrop Mass

Date of Certificate, Aug-12th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Eddie Nelson
at *82 Lincoln Street*
Date, *August 11* 190*2*
Filed, *August 12* 190*2*

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Commonwealth of Massachusetts.

Aug 15

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.)

Date of Death, August 15 1902

Full Name of Deceased, Olivia H. Lewis

{ If a married or divorced woman or a widow give also } Maiden Name, Olivia H. Lewis

Name of Husband, _____

Sex, F Color, N Single, Married, ~~Widowed or Divorced~~

Age, 47 Years, _____ Months, _____ Days. Occupation, Nurse

* Residence { If out of town, } 10 River Road Wintthrop
 { also state fully. } 10 River Road Wintthrop

Place of Death, _____

Place of Birth, Stonington

Name and Birthplace of Father, Rice Lewis

Maiden Name and Birthplace of Mother, Olivia Harlow

Place of Burial (Give name of Cemetery), Wintthrop Cemetery

Dated at Wintthrop Signature and place of business of Undertaker, { Summer Floyd
August 16 1902 { 180 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Olivia H. Lewis Age, 47 Y. ~ M. ~ D.

Place and Date of Death, died at Wintthrop 10 River Road Aug 15 1902

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Immediate, Valvula Heart Disease Duration, Several years

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.
Wintthrop Mass

Date of Certificate, Aug 17 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Olivia H. Lewis
at *10 Pieter Road*

Date, *August 15th* 190*2*.

Filed, *August 16th* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

Aug 15

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.)

Date of Death, August 15 1902

Full Name of Deceased, William Albert Turner

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced,

Age, 8 Years, 8 Months, _____ Days. Occupation, _____

* Residence { If out of town, } Harvard St off Rensselaer St
{ also state fully. }

Place of Death, _____

Place of Birth, Winthrop, Mass

Name and Birthplace of Father, James J. Turner Lewiston Me

Maiden Name and Birthplace of Mother, Lillie Wand Woodside

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on August 16 1902 { 18 Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William Albert Turner Age, 8 Y. 8 M. 8 D.

Place and Date of Death, died at Winthrop (Harvard St) Aug 15 1902

Disease or Cause of Death, ‡ { Primary, Gastro-enteritis Duration, 24 hrs
Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { _____

M. D. _____

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Albert Turner

at

*Harvard Street
Off River St*

Date, *August 15* 190*2*.

Filed,

August 16 190*2*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

Aug 15

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.)

Date of Death, August 15 1902.
 Full Name of Deceased, Harvey Alexander Hogue
 { If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____
 Sex, Male Color, White Single, Married, Widowed or Divorced, _____
 Age, 70 Years, 1 Months, 9 Days. Occupation, Retired
 * Residence { If out of town, } 4 Beacon St Wintthrop Mass
 { also state fully. }
 Place of Death, 4 Beacon St Wintthrop Mass
 Place of Birth, Pineola Indian
 Name and Birthplace of Father, James F. Hogue
 Maiden Name and Birthplace of Mother, Sarah Phinney
 Place of Burial (Give name of Cemetery), Lone Fir Cemetery Portland Oregon
 Dated at Wintthrop Mass Signature and place of business of Undertaker, C. R. Bennett Wintthrop Mass
 on 16th Aug 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Harvey A Hogue Age, 70 Y. 1 M. 9 D.
 Place and Date of Death, died at 4 Beacon St Aug 15 - 1902.
 Disease or Cause of Death, † { Primary, Hypertrophy of Prostate Gland Duration, 10 years
 { Immediate, Chronic Cystitis Duration, 2 years

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

Signature and Residence of Certifying Physician, { Clarence Crane M. D.
228 Huntington Ave
Boston

Date of Certificate, Aug 16 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

RETURN OF THE DEATH

OF

Harvey A. Hoague
at 4 Bacon Street

Date, August 15th 1902.

Filed, August 16th 1902.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON.

Wintthrop

Date of death { Year, *1902*. Birth { Year, *1820*. { Years, *82*.
 { Month, *Aug.* { Month, *June* { Months, *2*.
 { Day, *18*. { Day, *16*. { Days, *2*.

Name in full, *George Wm. Bartley* Residence, *Wintthrop*
 Maiden name, _____

Sex { Male. Conjugal condition { Single. Color { White.
 { Female. { Married. { Black (Negro or mixed).
 { Widowed. { Indian.
 { Divorced. { Chinese.
 { Japanese.

Wife of _____ Widow of _____
 Place of death { Street, *Comer Court* { Circuit Roads.
 { Number, _____
 Place of birth, *New York City*.
 Occupation, *Retired*.
 Name of Father, *George* Maiden Name of Mother, *Mary* —
 Birthplace of Father, *N.Y.* Birthplace of Mother, *N.Y.*
 Place of interment, *Woodlawn Cmt.*
E. J. Brown.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Aug. 18* 190*2*.

Name and age of deceased, *George Wm. Bartley* Age, *82* years.
 Date and place of death, *Aug. 18 1902* *Comer Court* *Circuit Roads*.
 Disease { Chief cause, *Embolism from ather. Degener.* *Wintthrop*
 { Contributing cause, *Cholera morbus*.
 Duration { Chief cause, _____
 { Contributing cause, _____

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

Name and residence { *W. B. McMichael* M.D.
 of physician, { *East Boston*

* If in an institution, state how long an inmate and previous residence.

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.

George W. Stone 1892
August 18th 1902
Court & House (Circuit Road)
Filed Aug 20th 1902

No. of Permit,

UNDERTAKER'S RETURN.—Boston.

Aug 19

Date of death, Aug 18th 1902 ~~1892~~ Name, Chas. F. Hatfield
 Maiden name,* _____ Sex, Male
 Married, single, or widow of _____ wife of _____
 Color, W. Age, 37 years, 2 mos., 12 days. Residence, Weyfleet-Cott. Coral Ave
 Place of death (street and number), Weyfleet-Cott. Coral Ave Wintham Mass
 Place of birth, Dalton - Ohio Occupation, Salesman
 Name of father, Wm P. Maiden name of mother, Susan - Fletcher
 Birthplace of father, Richmond Pa Birthplace of mother, Dalton - Ohio
 Place of interment,† Temporary Deposit, Receiving Tomb ?
 * If a married woman or a widow. † Give the name of the burialground. (Dalton) Milton Conn
C. A. Permon Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug. 20th 1902

Name and age of deceased, Chas. F. Hatfield Age, 37 yrs., 2 mos., 12 dys.
 Date and place of death: Aug. 18th 1902 Wintham Mass
 Disease or cause of death: Distal wound of head
Suicide

Duration of disease: *

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

 Name and residence
 of physician.

Frederick Harris M.D.
1141 Beacon St

* 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.

August 19th 1902

Fried Aug 21st 1902

Ernae Cae-Deam Perry

Commonwealth of Massachusetts.

Aug 28

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.)

Date of Death, August 28 1902

Full Name of Deceased, Lucretia Floyd

{ If a married or divorced woman or a widow give also } Maiden Name, Lucretia Penikese
 { } Name of Husband, Edward Floyd

Sex, F Color, N ~~Single, Married, Widowed or Divorced,~~

Age, 79 Years, 11 Months, 3 Days. Occupation, Housewife

* Residence { If out of town, } 74 Main Street (Winthrop Mass)
 { also state fully. }

Place of Death, 74 Main Street

Place of Birth, Chelsea Mass

Name and Birthplace of Father, John W. Penikese (Chelsea Mass)

Maiden Name and Birthplace of Mother, Abigail L. Burgess

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
August 29 1902 { 18 Ockerman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lucretia Floyd Age, 79 Y. 11 M. 3 D.

Place and Date of Death, died at Winthrop Aug 28 1902.

Disease or Cause of Death, ‡ { Primary, Arteriosclerosis Duration, long
 { Immediate, Ch. Myocarditis Duration, short

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

Signature and Residence of Certifying Physician, { Reuben S. Brown M. D.
27 Academy St. (Butt)

Date of Certificate, Aug 29 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Quenea Floyd
at ... *Wm. Sweet*

Date, - *August 28*, 190*2*.

Filed, - *August 29*, 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

Aug 28

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.)

Date of Death, August 28 1902Full Name of Deceased, Lowell A Look

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, M Color, W Single, Married, ~~Widowed or Divorced~~,Age, 65 Years, 6 Months, 4 Days. Occupation, _____* Residence { If out of town, } Melrose Mass
 { also state fully. }Place of Death, Trident Avenue Winthrop MassPlace of Birth, Addison MaineName and Birthplace of Father, Oliver Look Addison MaineMaiden Name and Birthplace of Mother, Fannie Norton Plymouth MassPlace of Burial (Give name of Cemetery), Harrington Maine

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on August 29 1902 { 18 Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lowell A. Look Age, 65 Y. 6 M. 4 D.Place and Date of Death, died at Winthrop Trident Ave Aug 28 1902

Disease or Cause of Death, ‡ { Primary, Cerebral Hemorrhage Duration, Four weeks
 { Immediate, Paralysis Duration, Two weeks

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

Signature and Residence of Certifying Physician, { Edward F. Fage M. D.
131. Crest Ave Winthrop

Date of Certificate, Aug 29 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Louella A. Loop
at *Prident Avenue*

Date, *August 28* 190*2*.

Filed, *August 29* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith examination and transmit it to the clerk of the city or town for registration. Penalties for violation not exceeding five dollars.

Aug 29

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.)

Date of Death, Aug 29 1902.
Full Name of Deceased, Hennietta Amelia Johnson
{ If a married or divorced woman or a widow give also } Maiden Name, Hennietta Amelia Carter
Name of Husband, John Hooper Johnson
Sex, Female Color, White Single, Married, Widowed or Divorced, Widowed
Age, 83 Years, 10 Months, 19 Days. Occupation,
* Residence { If out of town, } 114 Woodland St. Hartford, Conn
also state fully. {
Place of Death, Hotel Loring, Winthrop, Mass
Place of Birth, London, England
Name and Birthplace of Father, James Carter, London, England
Maiden Name and Birthplace of Mother, Ried, Kent, England
Place of Burial (Give name of Cemetery) Oakwood Cemetery, Chicago, Ill
Dated at Winthrop, Mass Signature and place of business of Undertaker. {
on August 30th 1902 }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased Hennietta Amelia Johnson Age, 83 Y. 10 M. 19 D.
Place and Date of Death, died at Loring Hotel Const Road Aug 29 1902
Disease or Cause of Death, { Primary, Duration,
Immediate, Apoplexy Duration, 36 hours

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.
Winthrop, Mass
Date of Certificate, Aug. 30th 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Henrietta Amelia Johnson

at *Hotel Loring East Road*

Date, *August 29* 190*2*.

Filed, *August 30* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Sept 4

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.)

Date of Death, Sept- 4th 190 2Full Name of Deceased, John F. Lewis

{ If a married or divorced woman or a widow give also	Maiden Name, _____
	Name of Husband, _____

Sex, M . Color, W . Single, Married, Widowed or Divorced, _____Age, 26 Years, X Months, 28 Days. Occupation, Clerk* Residence { If out of town, also state fully. } #17 Halden St. Methuen Mass.

Place of Death, _____

Place of Birth, Methuen MassName and Birthplace of Father, Frank F. Lewis Boston MassMaiden Name and Birthplace of Mother, Annie Draffin Ipswich MassPlace of Burial (Give name of Cemetery), Reading CemeteryDated at Methuen Masson Friday Sept. 5th 190 2

Signature and place of business of Undertaker.

Chas. R. Burman Methuen Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † John F. Lewis Age, 26 Y. M28 D.Place and Date of Death, died at 17 Halden St Sept 4th 190 2

Disease or Cause of Death, ‡	{ Primary, <u>Phthisis Pulmonaris</u>	Duration, <u>2 yrs</u>
	{ Immediate, _____	Duration, _____

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.
Methuen MassDate of Certificate, Sept 5th 190 2

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
John F. Lewis
 at *174 Hutchinson Street*

Date, *Sept 14*, 190*2*.

Filed, *Sept 5*, 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial. *Penalty for violation not exceeding five dollars.*

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.)

Date of Death, September 9 1902Full Name of Deceased, Norman Davis Belcher

{ If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____Age, 10 Years, 10 Months, 7 Days. Occupation, _____* Residence { If out of town, also state fully. } Winthrop MassPlace of Death, 70 Pauline StreetPlace of Birth, 70 Pauline StreetName and Birthplace of Father, Charles D. BelcherMaiden Name and Birthplace of Mother, Katherine Borden Nova Scotia

Place of Burial (Give name of Cemetery) _____

Winthrop CemeteryDated at Winthropon Sept 10 1902

Signature and place of business of Undertaker.

Sumner FloydHerman Chee**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Norman Davis Belcher Age, Y. 10 M. 7 D.Place and Date of Death, died at Winthrop 70 Pauline St Sept 9 1902

Disease or Cause of Death, ‡

{ Primary,

{ Immediate,

Cholera InfantumDuration, 7 days

Duration, _____

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

Signature and Residence of Certifying Physician.

N. J. Soule

M. D.

Winthrop MassDate of Certificate, Sept 10 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Woman Davie Belcher

at ... *70 Pauline Street*

Date, *September 9th* 190*2*....

Filed, *September 10th* 190*2*....

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Sept 9
Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1902 } Birth { Year, ... }
 { Month, Sept } { Month, ... }
 { Day, 9 } { Day, ... }
 Age { Years, 20 }
 { Months, 2 }
 { Days, ... }
 Name in full, Chester L. Whitmore Residence, 68 Huntington Ave
 Maiden name, Boston
 Sex { Male. } Conjugal condition { Single. } Color { White. }
 { Female. } { Married. } { Black (Negro or mixed). }
 { Widowed. } { Indian. }
 { Divorced. } { Chinese. }
 { Japanese. }
 Wife of ... Widow of ...
 Place of death { Street, } Winthrop Beach.
 { Number, }
 Place of birth, Cambridge Mass.
 Occupation, Student
 Name of Father, Swanton C.E. Maiden Name of Mother, Abella Lamborn
 Birthplace of Father, Lynn Mass Birthplace of Mother, Brunswick Me
 Place of interment, Lynn Mass
 Frederick L. Briggs
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept. 10th 1902.

Name and age of deceased, Chester L. Whitmore Age, 20 years.

Date and place of death, * Sept. 10th Winthrop Beach

Disease { Chief cause, Asphyxia }
 { Contributing cause, Forehead drowned. }

Duration { Chief cause, }
 { Contributing cause, }

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.
 Fred. L. Briggs

* If in an institution, state how long an inmate and previous residence.

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.

Winthrop

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1902
 Month, Sept
 Day, 12

Birth { Year, 1844
 Month, Nov
 Day, 16

Age { Years, 58 57
 Months, 10
 Days, 3 2

Name in full, Manning Lent Residence, 18 Fremont St. Winthrop

Maiden name,

Sex { Male.
 Female.

Conjugal condition { Single.
 Married.
 Widowed.
 Divorced.

Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.

Wife of _____ Widow of _____

Place of death { Street, 18 Fremont St. Winthrop
 Number,

Place of birth, Freeport N.S.

Occupation, Sea Captain

Name of Father, James Maiden Name of Mother Sarah Brinton

Birthplace of Father, Freeport N.S. Birthplace of Mother, Port Isaac N.S.

Place of interment, Winthrop Cemetery
 E. G. Brown

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 12 1902

Name and age of deceased, Manning Lent Age, 58 years.

Date and place of death, Sept 12 1902 Fremont St. Winthrop

Disease { Chief cause, Cerebral Hemorrhage.
 Contributing cause,

Duration { Chief cause, few moments.
 Contributing cause,

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

Name and residence {
 of physician,

James H. Till M.D.
 15 Princeton St.

*If in an institution, state how long an inmate and previous residence.

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.

Manning, Kent
September 12th 1902
Returned Sept 15th 1902

Sept 24

Permit No.

Wintuop

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1902. Month, Sept. Day, 24. Birth { Year, 1841. Month, Apr. Day, 28. Age { Years, 61. Months, 4. Days, 26.

Name in full, Sophonia J. Irish Residence, 2 Wave Way Ave. Riley.

Maiden name, Riley.

Sex { Male. Female. Conjugal condition { Single. Married. Widowed. Divorced. Color { White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of Richard H. Widow of

Place of death { Street, 2 Wave Way Ave. Number, Wintuop.

Place of birth, Kittery Me.

Occupation, Housewife

Name of Father, Mose Maiden Name of Mother, Mary Weeks.

Birthplace of Father, Me. Birthplace of Mother, Me.

Place of interment, Woodlawn (int. B.S. Brown.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintuop
Boston, Sept. 24' 1902.

Name and age of deceased, Sophonia J. Irish Age, 61 years.

Date and place of death, Sept. 24 1902. # 2 Wave Way Ave. Wintuop

Disease { Chief cause, Pneumonia
Contributing cause, Embolism of the Heart

Duration { Chief cause, 8 days
Contributing cause, about 2 days

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

Name and residence of physician, D. F. Campbell C. Boston M.D.

* If in an institution, state how long an inmate and previous residence.

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.

FILL EVERY BLANK, AND WITH INK ONLY, WRITE VERY PLAINLY.

No. of Death

UNDERTAKER'S RETURN OF A DEATH

W. Pierce SOMERVILLE, MASSACHUSETTS

Date of Death } *Sept - 28* 190*2* Full Name } *Bessy S Bullen*
Maiden Name } * *Bessy S Hamble* Full Name of Husband } * *David R*
Sex } *Female* Color } *White* Single, Married, Widowed, or Divorced } *Married*
Supposed Age } *33* Yrs. } Mos. } Days. } Date of Birth if obtainable }
Residence } *No 19 A Warrthrop St* Duration of Residence } *40 years*
(No.) (Street) (Town or City, and State)
Place of Death (Street and Number) } *19 A Warrthrop St* } *Somerville* Ward
Name of Institution, if any, in which Death Occurred }
Length of Time Deceased }
was an Inmate }
And Previous Residence }
Occupation } *at home* Place of Birth } *Boston*
Name of Father } *William J Pierce* Maiden Name of Mother } *Sarah A Burdett*
Birthplace of Father } *Boston Mass* Birthplace of Mother }
Place of Interment } *Newton Cemetery* (Town or City, and State)
Signature of Undertaker } *W. L. Lockhart*
Residence } *88 College Ave* (No.) (Street) (Town or City)
*If a married woman, or a widow, or divorced. †Whether White, Black (Negro or Mixed), Indian, Chinese, Japanese.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH

Name of Deceased } *Bessy S Bullen* Supposed Age } *33* Yrs. } Mos. } Days.
Place and Date of Death } *No 19 A Warrthrop St* } *Somerville* } *Sept - 28* 190*2*
(No.) (Street) (Town or City)
Disease or Cause of Death } Primary or Immediate Cause } *Peritonitis*
Secondary or Contributing Cause } *Confinement*
Place where Disease was Contracted, if other than place of death }
I certify that the above is true, to the best of my knowledge and belief.
Signature of Physician } *W. L. Metcalf* M. D.
Residence } *Warrthrop St* } *Warrthrop* } *Mass.*
(No.) (Street) (Town or City)

‡ If a Soldier who served in the War of the Rebellion, both the primary and secondary causes of death must be given.

The Office of the Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A. M. to 12 M.; other days (Sundays and Legal Holidays excepted), 8 A. M. to 4 P. M.

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.)

Date of Death, October 3 1902Full Name of Deceased, Verna DeForest Ray

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, Fe Color, W Single, Married, Widowed or Divorced, _____Age, 7 Years, 11 Months, 3 Days. Occupation, _____* Residence { If out of town, } Somerset Avenue Wintthrop
also state fully.Place of Death, Winthrop Mass.Place of Birth, Winthrop Mass.Name and Birthplace of Father, Walter Scott Ray W. Harrington MeMaiden Name and Birthplace of Mother, Mary Addie Alexander Walpole MassPlace of Burial (Give name of Cemetery), Winthrop Cemetery Wintthrop MassDated at October 3on _____ 1902Signature and
place of business
of Undertaker.Fleming Floyd
18. Derman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Verna DeForest Ray Age, 7 Y. 11 M. 3 D.Place and Date of Death, died at Winthrop Somerset Ave Oct 3 1902

Disease or Cause of Death, †	Primary, <u>Diphtheria</u>	Duration, <u>4 days</u>
	Immediate, _____	Duration, _____

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.
Winthrop Mass.Date of Certificate, Oct. 4th 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

Vernad E Forest-Ray
at Somerset Avenue

Date, *October 3rd* 190*2*.

Filed, *October 3rd* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Permit No.

RETURN OF DEATH.

~~BOSTON.~~*Winthrop Mass.*

Date of death { Year, *1902*
 Month, *Oct.*
 Day, *13th* } Birth { Year, *1815*
 Month, *Oct.*
 Day, *13th* } Age { Years, *87*
 Months, *—*
 Days, *—*

Name in full, *Michael J. Walsh* Residence, *Winthrop Mass*

Maiden name, *—*

Sex { Male. *—*
 Female. *—* } Conjugal condition { Single. *—*
 Married. *—*
 Widowed. *—*
 Divorced. *—* } Color { White. *—*
 Black (Negro or mixed). *—*
 Indian. *—*
 Chinese. *—*
 Japanese. *—*

Wife of *—*Widow of *—*

Place of death { Street, *18 Cottage Ave*
 Number, *Winthrop Mass*
 Place of birth, *Galway Ireland.*
 Occupation, *Mason*

Name of Father, *Patrick* Maiden Name of Mother, *Winifred Kane*
 Birthplace of Father, *Galway Ireland* Birthplace of Mother, *Galway Ireland*
 Place of interment, *Calvary Cemetery Portland Maine*

John Bryants. Son.
 Undertaker, *♂*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Oct. 13th* 1902.
 Name and age of deceased, *Michael J. Walsh* Age, *87* years.
 Date and place of death, * *Oct. 13th 18 Cottage Ave*
 Disease { Chief cause, *Arthritic Bronchitis*
 Contributing cause, *Senility*
 Duration { Chief cause, *Three years.*
 Contributing cause, *—*

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

Name and residence { *H. J. Porter, Winthrop, Mass.* M.D.
 of physician, }

* If in an institution, state how long an inmate and previous residence.

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.



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.)

Date of Death, October 15 1902

Full Name of Deceased, Warion P. Barker

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, F Color, N Single, Married, Widowed or Divorced, _____

Age, 11 Years, 6 Months, 20 Days. Occupation, _____

* Residence { If out of town, also state fully. } Revere Street - Winthrop, Mass

Place of Death, Revere Street (Floyd Court) Winthrop Mass

Place of Birth, Winthrop Mass

Name and Birthplace of Father, William W. Barker - Washington 10, D.

Maiden Name and Birthplace of Mother, Mary E. Larkin Boston Mass

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop on October 16 1902

Signature and place of business of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Warion P. Barker Age, 11 Y. 6 M. 20 D.

Place and Date of Death, died at Winthrop Oct 15 1902

Disease or Cause of Death, ‡ { Primary, Anaemia Duration, 3 or 4 months.
 { Immediate, Follicular tonsillitis Duration, 7 or 8 days.

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

Signature and Residence of Certifying Physician.

A. B. Duncan M. D.
Winthrop, Mass

Date of Certificate, Oct 17th 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Marion F. Barker

at *Winthrop Mass*

Date, *October 15* 190*2*.

Filed, *October 16* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit to the clerk of the city or town for interment. Penalty for violation not exceeding ten dollars.

Oct 18

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.)

Date of Death, October 18 1902

Full Name of Deceased, Eadie Mabel McQuarrie

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, F Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____

Age, 25 Years, 4 Months, _____ Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
{ also state fully. } _____

Place of Death, 86 Lincoln Street

Place of Birth, Pictou Nova Scotia

Name and Birthplace of Father, James O. McQuarrie Nova Scotia

Maiden Name and Birthplace of Mother, Catherine Cameron Nova Scotia

Place of Burial (Give name of Cemetery) Pictou Nova Scotia

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on October 19 1902 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eadie Mabel McQuarrie Age, 25 Y. 4 M. — D.

Place and Date of Death, died at Winthrop 86 Lincoln St Oct 18 1902.

Disease or Cause of Death, ‡ { Primary, Tuberculosis Duration, 2 years
Immediate, Gangrene of lung Duration, 6 months

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

Signature and Residence { Wm. J. Soule M. D.
of Winthrop Mass
Certifying Physician. }

Date of Certificate, Oct 20 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Sadie Wabeen McJannet
at *West Larch Street*

Date, *October 18* 190*2*.

Filed, *October 19* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Oct 22

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.)

Date of Death, October 22 1902.

Full Name of Deceased, Mary Ore Hayden

{ If a married or divorced woman or a widow give also } Maiden Name, Mary Ore Harvey
 Name of Husband, Thomas Thompson Hayden

Sex, Female Color, W ~~Single~~, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, 82 Years, 3 Months, 7 Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
 { also state fully. }

Place of Death, 8, Thornton Park

Place of Birth, Bolton Mass

Name and Birthplace of Father, Edward Harvey - Scotland

Maiden Name and Birthplace of Mother, Sueannah B. Hutchinson

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
October 22 1902 { 180 Herald Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Ore Hayden Age, 82 Y. 3 M. 7 D.

Place and Date of Death, died at Winthrop Oct 22 1902.

Disease or Cause of Death, ‡ { Primary, Semipity Duration, 1 year
 Immediate, Arterio Sclerosis Duration, 3 mo

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

Signature and Residence of Certifying Physician, { W. J. Soule M. D.
Winthrop

Date of Certificate, Oct 24 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Mary Ore, Hayden
 at *8 Mountain Park*

Date, *October 15* 190*2*.

Filed, *October 16* 190*2*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue the permit. *Penalty for violation not exceeding fifty dollars.*

Interment Dec 6 - Grace No 13 Single grave Lot

Winthrop

Permit No.

001 26

RETURN OF DEATH.

~~BOSTON.~~

Date of death { Year, 1902
Month, Oct
Day, 26 } Birth { Year, 1894
Month, Feb
Day, 12 } Age { Years, 8
Months, 8
Days, 14 }

Name in full, Mary L. Greighton Residence, 29 Reed St. Winthrop
Maiden name, _____

Sex { ~~Male.~~
Female. } Conjugal condition { Single.
~~Married.~~
Widowed.
Divorced. } Color { White.
~~Black (Negro or mixed).~~
~~Indian.~~
~~Chinese.~~
~~Japanese.~~

Wife of _____ Widow of _____

Place of death { Street, } 29 Reed St. Winthrop
Number, }
Place of birth, East Boston
Occupation, Scholar

Name of Father, William H. Maiden Name of Mother, Mary J. Whittington
Birthplace of Father, Charlestown Mass Birthplace of Mother, Yarmouth N. S.
Place of interment, Winthrop Cemetery
E. G. Brown

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Oct 26

1902.

Name and age of deceased, Mary L. Greighton Age, 8 years.

Date and place of death, * Oct 26 1902 #29 Reed St. Winthrop

Disease { Chief cause, Pneumonia -
Contributing cause, Gastro Enteritis -

Duration { Chief cause, Two weeks, -
Contributing cause, One week, -

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

Name and residence }
of physician, }A. L. Gallivan M.D.
9 Princeton St.

* If in an institution, state how long an inmate and previous residence.

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.

Vol. 100, Part 1, 1970

Edited by J. H. REES

Published by the Royal Anthropological Institute, 21, BEDFORD SQUARE, LONDON, W.C.1

Subscription price (including postage) £12.00 per annum in advance

Single issues 3s. 6d. each

Orders, which must be accompanied by payment, may be sent to a bookseller or to the publishers

Printed by the University Press, Cambridge

Typeset by the University Press, Cambridge

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Second-class postage paid at New York, N.Y.

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RETURN OF DEATH.

BOSTON.

Date of death { Year, 1902 Birth { Year, 1829 Age { Years, 73
 Month, Nov. Month, Unknown Months, Unknown
 Day, 1st. Day, Unknown Days, Unknown

Name in full, Mary O'Connor. Residence, 28 Bowdoin St
 Maiden name, Mary Kelly.

Sex { Male. Conjugal condition { Single Color { White.
 { Female. { Married. { Black (Negro or mixed).
 { Widowed. { Indian.
 { Divorced. { Chinese.
 { Japanese.

Wife of Unknown Widow of Dennis

Place of death { Street, } 28 Bowdoin St Whitthrop
 { Number, } Ireland
 Place of birth, Ireland

Occupation, Unknown

Name of Father, Dennis Maiden Name of Mother, Margaret Gleason
 Birthplace of Father, Ireland Birthplace of Mother, Ireland
 Place of interment, St. Paul's Cemetery Arlington
Thos. J. Lane.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov 2 1902

Name and age of deceased, Mary O'Connor Age, 73 years.

Date and place of death, * 28 Bowdoin St Whitthrop, Nov. 1, 1902

Disease { Chief cause, Chronic Dementia
 { Contributing cause, Chr. Endocarditis

Duration { Chief cause, Chronic Dementia (deceased) on
 { Contributing cause, Chr. Endocarditis

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

Name and residence { Thos. J. Lane M.D.
 of physician, { St. Paul's Cemetery

* If in an institution, state how long an inmate and previous residence.

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.

THE HISTORY OF THE
CITY OF BOSTON

FROM 1630 TO 1830

BY

JOHN H. COLE

OF THE

CITY OF BOSTON

AND

OF THE

COMMONWEALTH OF MASSACHUSETTS

IN

CONJUNCTION WITH

THE

RECORDS OF THE

CITY OF BOSTON

AND

OF THE

COMMONWEALTH OF MASSACHUSETTS

IN

CONJUNCTION WITH

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COMMONWEALTH OF MASSACHUSETTS

IN

CONJUNCTION WITH

THE

RECORDS OF THE

CITY OF BOSTON

AND

OF THE

Nov 16

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.)

Date of Death, *November 16* 190 *2*Full Name of Deceased, *Mary J. Keating*Maiden Name, *Mary J. Gilbrath*Name of Husband, *John Keating*Sex, *F* Color, *N* Single, Married, Widowed or Divorced, *Single*Age, *70* Years, *~* Months, *~* Days. Occupation, *~*

* Residence {If out of town, also state fully.}

Place of Death, *Wintthrop Mass*Place of Birth, *Ireland*Name and Birthplace of Father, *Unknown Ireland*Maiden Name and Birthplace of Mother, *Catherine Keenan Ireland*Place of Burial (Give name of Cemetery) *Holy Cross Cemetery*Dated at *Wintthrop*on *November 16* 190 *2*Signature and place of business of Undertaker, *Summer Floyd 180 Otterman Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Place and Date of Death, *died at Wintthrop November 16* 190 *2*Disease or Cause of Death, ‡ { Primary, *Cancer of Stomach* Immediate, *Duration, 2 yrs*

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

Signature and Residence of Certifying Physician, *B. J. Metcalf*

M. D.

Date of Certificate, *November 17* 190 *2*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Mary J. Keating
at *Dr. Vanthrop Mass*

Date, *November 16* 190*2*.

Filed, *November 17* 190*2*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

Nov 24

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.)

Date of Death, *November 24* 190*2*Full Name of Deceased, *Ackland D. Gardiner*

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W.* Single, Married, Widowed or Divorced, *Widowed*Age, *51* Years, *6* Months, *12* Days. Occupation, *Electrician** Residence {If out of town,
also state fully.}*7 Thornton Park Winthrop Mass*

Place of Death,

*7 Thornton Park Winthrop Mass*Place of Birth, *Otisco (New York)*

Name and Birthplace of Father,

James C. Gardiner Lafayette N.Y.

Maiden Name and Birthplace of Mother,

Louisa M. Wood Otisco N.Y.

Place of Burial (Give name of Cemetery)

*Oakwood Cemetery Syracuse N.Y.*Dated at *Winthrop*on *November 25* 190*2*Signature and
place of business
of Undertaker.*Sumner Floyd**180 Fernon Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Ackland D. Gardiner Age, 51 Y. 6 M. 12 D.

Place and Date of Death,

*died at 7 Thornton Park Nov 24 1902*Disease or Cause
of Death,‡

Primary,

Immediate,

*Chronic Bright's Disease*Duration, *2 yrs**Hemorrhage in this locale*Duration, *4 wks*

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

Signature and Residence
of
Certifying Physician.*Blumenthal*

M. D.

Date of Certificate,

190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

No.

RETURN OF THE DEATH

OF

Alexander D. Gardiner

at ... *7 Thornton Park*

Date, - *November 24* " 190 *2*.

Filed, *November 25* 190 *2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

7-25

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.)

Date of Death, *November 25* 190*2*Full Name of Deceased, *Marjorie Jennings Reed*

{ If a married or divorced woman or a widow give also }

Maiden Name, _____

Name of Husband, _____

Sex, *W* Color, *W* Single, ~~Married~~, Widowed or Divorced, _____Age, _____ Years, _____ Months, *3* Days. Occupation, _____* Residence { If out of town, also state fully. } *84 Pauline Street Winthrop Mass*Place of Death, *84 Pauline Street Winthrop Mass*Place of Birth, *Winthrop Mass*Name and Birthplace of Father, *Herbert E A Reed Roxbury*Maiden Name and Birthplace of Mother, *Edith A. Jennings - Chelsea*Place of Burial (Give name of Cemetery) *Winthrop Cemetery*Dated at *Winthrop*
on *November 25* 190*2*Signature and
place of business
of Undertaker. { *Sumner Floyd*
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Marjorie Jennings Reed* Age, _____ Y. _____ M. *3* D.Place and Date of Death, died at *Winthrop Pauline* *Nov 25* 190*2*Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
Immediate, *Longerital hydrocephalus* Duration, *3 days*

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

Signature and Residence
of
Certifying Physician. { *A. B. Downer*

M. D.

Date of Certificate, *Jan 6th* 190*3*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

^{OF}
Walter Jennings Reed
at *24 Pauline Street*

Date, *November 2* 190 *2*.

Filed, *November 25* 190 *2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Dec 1 1902Name in full, Theobald M. McGowan

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M Color, W Condition, Married
(Single, Married, Widowed or Divorced.)Age, 48 Years, 2 Months, 2 Days. Occupation, GrocerResidence, 39 Main St Winthrop Ward, Place of Death, " " "

(State year, month and day.)

Place of Birth, Boston Date of Birth, Feb. 17 - 1854Name and Birthplace of Father, William R. McGowan IrelandMaiden Name and Birthplace of Mother, Mary A. Kennedy BostonPlace of Interment, Holy Cross MaldenUndertaker, Thomas J. Davis

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 3 1902Name and Age of Deceased, Theobald M McGowan Age, 48 years.Date and Place of Death, Dec 1 1902 39 Main St WinthropDisease { Chief cause, valvular disease of heart
Contributing cause, Orderway CoughDuration { Chief cause, 9 years
Contributing cause, 6 weeks

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

Name and Residence of Physician, W. Fraeger M.D.

* If an institution, state how long an inmate and previous residence.

408 Mendon St

Journal of George
Washington

Wm. M. W.

Dec 3

RETURN OF DEATH.
CHELSEA.

Date of Death { Year, 1902 Month, Dec. Day, 3 Birth { Year, 1848 Month, Apr. Day, 5 Age, { Years, 54 Months, 6 Days, 28

Name in full, Abelenia E. Blaisdell Maiden Name, Smith Residence, 215 Wash. av. Chelsea Mass.

Sex { Male. Female. Conjugal condition { Single. Married. Widowed. Divorced. Color { White. Black (Negro or mixed). Indian. Chinese. Japanese.

Wife of George R. Widow of

Place of death { Street, 6 Lewis av. Winthrop Number, Place of birth, Sudbury.

Occupation, domestic wife

Name of Father, Joseph. Maiden Name of Mother, Olive Moore

Birthplace of Father, Sudbury Birthplace of Mother, Sudbury.

Place of interment, Woodlawn Cem. Chelsea

Undertaker, C. H. Crane

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Dec. 4th 1902. Chelsea

Name and age of deceased, Abelenia E. Blaisdell Age, 54 years.

Date and place of death,* Dec. 3rd 1902 Winthrop Mass.

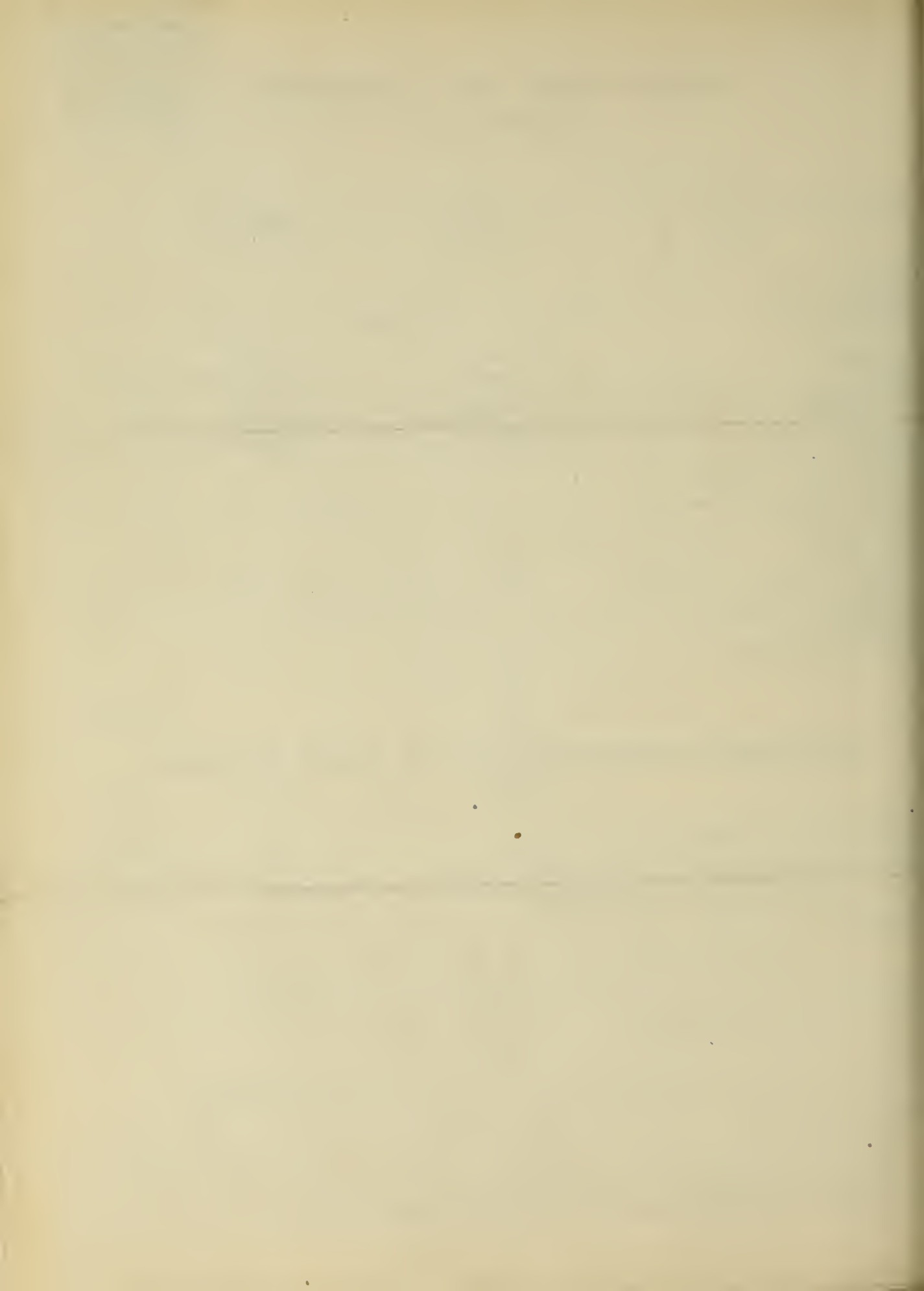
Disease† { Chief cause, Cancer Contributing cause,

Duration, { Chief cause, Probably several years Contributing cause,

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

Name and residence { of physician, A. B. Borman M. D.

*If in an institution, state how long an inmate and previous residence.
†If a Soldier or Sailor in the War of the Rebellion, give both Chief and Contributing Cause.
The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 8 A.M. till 1 P.M.; Sundays and Holidays, from 10 to 11 A.M.; other days, from 8 A.M. till 4 P.M.



Commonwealth of Massachusetts.

Dec 11

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.)

Date of Death, December 11 1902Full Name of Deceased, Lillian Louise Sheerin

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, F Color, W Single, Married, Widowed or Divorced,Age, 2 Years, 8 Months, 25 Days. Occupation, _____* Residence { If out of town, }
also state fully.Fremont Street Winthrop

Place of Death, _____

Place of Birth, Winthrop MassName and Birthplace of Father, Patrick Sheerin - IrelandMaiden Name and Birthplace of Mother, Susan Sheekey - IrelandPlace of Burial (Give name of Cemetery), Holy Cross Cemetery (Walden)Dated at Winthropon December 11 1902Signature and
place of business
of Undertaker.Summer FloydWinthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lillian Louise Sheerin Age, 2 Y. 8 M. 25 D.Place and Date of Death, died at Winthrop (Fremont St) Dec 11 1902

Disease or Cause of Death, ‡	Primary, <u>Pneumonia</u>	Duration, <u>3 mo</u>
	Immediate, <u>Menigitis acuta</u>	Duration, <u>24 hrs</u>

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

Signature and Residence
of
Certifying Physician.B. J. Mulcahy

M. D.

Winthrop MassDate of Certificate, Dec 12 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

William Louis Shoen
at *Permit A. Vail*

Date, *December 11* 190*2*

Filed, *December* 190*2*

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Dec. 15, 1902Name in full, Frederick H. Call

(If a married or divorced woman give maiden name, also name of husband.)

Sex, MColor, WhiteCondition, Single
(Single, Married, Widowed or Divorced.)Age, 19 Years, 2 Months, 19 Days. Occupation, ClerkResidence, 11 Taylor StWard, WinthropPlace of Death, 11 Taylor St, Winthrop

(State year, month and day.)

Place of Birth, East BostonDate of Birth, Sept. 26, 1883Name and Birthplace of Father, Edward P. MaineMaiden Name and Birthplace of Mother, Julia A. Donovan EnglandPlace of Interment, Holy Cross MaldenThos. J. Lane
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
BostonDec 151902Name and Age of Deceased, Frederick H. CallAge, 19 years.Date and Place of Death, 11 Taylor StDisease { Chief cause, Pulmonary Tuberculosis
Contributing cause, _____Duration { Chief cause, 2 yrs.
Contributing cause, _____

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

Name and Residence of Physician, B. J. Metcalf

M.D.

* If an institution, state how long an inmate and previous residence.

THE HISTORY OF THE
CITY OF BOSTON

1780

The city of Boston, situated on a neck of land between the harbor and the bay, has a long and interesting history. It was first settled by the English in 1630, and has since that time been a center of commerce and industry. The city has grown from a small fishing village to a large metropolis, and has played a prominent role in the history of the United States. The city is known for its many historical landmarks, including the Freedom Trail, the Boston Common, and the Old State House. The city is also known for its many cultural institutions, including the Boston Symphony Orchestra and the Museum of Fine Arts. The city is a beautiful and historic place, and is a must-visit for anyone interested in the history of the United States.

No. _____

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

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

Full Name of Deceased, James Bacon

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, Male Color, White ~~Single, Married, Widowed or Divorced,~~ Married

Age, 74 Years, 8 Months, 18 Days. Occupation, Retired

* Residence { If out of town, } 124 Huntington Street Huntington Mass.
also state fully.

Place of Death, *The Netherlands*

Place of Birth, *Charleston Sullivan Co New Hampshire*

Name and Birthplace of Father, John Bacon, Dudley, Mass.

Maiden Name and Birthplace of Mother, Fidena Royce - Charleston N. H.

Place of Burial (Give name of Cemetery) *Winterville Cemetery*

Dated at Winthrop
on December 16th 1902

Signature and
place of business
of Undertaker. { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *James Bacon* Age, *74* Y. *8* M. *18* D.

Place and Date of Death, *Waltham, December 16* 1902

Disease or Cause of Death, †	Primary,	Cancer of Bowels	Duration, 8 mos
	Immediate,	Cancer of Bowels	Duration, 8 mos

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

Signature and Residence } _____ M. D.
of
Certifying Physician. } _____

Date of Certificate, December 17 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
James Bacon
at *Northrop Mass*
Date, *December 16* 190*2*.
Filed, *December 17* 190*2*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith certify and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Dec 18

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.)

Date of Death, December 18 1902Full Name of Deceased, Maria A. Wales

{ If a married or divorced
woman or a widow give also }

Maiden Name, KellerName of Husband, Rev Ephraim WalesSex, F Color, W Single, Married, Widowed or Divorced, _____Age, 75 Years, 1 Months, 9 Days. Occupation, _____* Residence { If out of town, } 101 Northside Avenue
{ also state fully. }Place of Death, 101 " "Place of Birth, East Greenwich M.Name and Birthplace of Father, Ephraim Wales - Randolph MassMaiden Name and Birthplace of Mother, Dorcas PinneyPlace of Burial (Give name of Cemetery), Gravestone Cemetery - Randolph MassDated at Walthamon December 19 1902Signature and
place of business
of Undertaker.

Simmer Lloyd
18 Summit Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Maria A. Wales Age, 75 Y. 1 M. 9 D.Place and Date of Death, died at Waltham Dec 18 1902

Disease or Cause of Death, ‡ { Primary, Chronic Fibroid Ecthisis Duration, 12 yrs
Immediate, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.

Rey L. Brown M. D.
28 Laverenough E. Boston

Date of Certificate, Dec 19 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

*Waria A. Mabee*at *101 Woodside Avenue*Date, *December 18th* 190*2*.Filed, *December 19* 190*2*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *December 20* 190*2*.Full Name of Deceased, *Otto Becker*

{ If a married or divorced woman or a widow give also }

Maiden Name, _____

Name of Husband, _____

Sex, *Male* Color, *White* Single, Married, Widowed or Divorced, *Married*Age, *80* Years, *7* Months, *4* Days. Occupation, *retired** Residence { If out of town, also state fully. } *14 Orlando Ave.*Place of Death, *Winthrop Mass. (14 Orlando Ave)*Place of Birth, *Germany*

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Burial (Give name of Cemetery), _____

*Woodlawn Cemetery*Dated at *Winthrop*
on *December 20* 190*2*Signature and
place of business
of Undertaker.*Summer Floyd**18 Howard Street**Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *† Otto Becker* Age, *80* Y. *7* M. *4* D.

Place and Date of Death, died at _____ 190 .

Disease or Cause
of Death, *†*

Primary,

Immediate,

Carcinoma of Stomach Duration, *6 months*

Duration, _____

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

Signature and Residence
of
Certifying Physician.*W. F. B. F. Michael*

M. D.

*East Boston, Mass*Date of Certificate, *Dec 21* 190*2*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Otto Eeester

at 14 Orlando Avenue

Date, December 20 1902.

Filed, December 22 1902.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

2222

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.)

Date of Death, December 22 1902Full Name of Deceased, Eliza A. Williams

{ If a married or divorced woman or a widow give also }	Maiden Name, <u>Keller</u>
	Name of Husband, <u>John A. Williams</u>

Sex, F Color, W Single, Married, Widowed or Divorced;Age, 78 Years, — Months, — Days. Occupation, —* Residence { If out of town, } Winthrop Mass
{ also state fully. }Place of Death, 101. Woodside AvenuePlace of Birth, East Machias MaineName and Birthplace of Father, John KellerMaiden Name and Birthplace of Mother, Susan PhinneyPlace of Burial (Give name of Cemetery), Central Cemetery Randolph Mass

Dated at <u>Winthrop</u>	{ Signature and place of business of Undertaker. }
on <u>December 25</u> 190 <u>2</u>	
	<u>Sumner Floyd</u> <u>Winthrop Mass</u>

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Eliza A. Williams Age, 78 Y. — M. — D.Place and Date of Death, died at Winthrop Dec 22 1902

Disease or Cause of Death, ‡	{ Primary,	Duration, <u>—</u>
	{ Immediate,	Duration, <u>6 days</u>
	<u>Lobar Pneumonia</u>	

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

Signature and Residence of
Certifying Physician.
Ray J. Rime M. D.
28 State St. Bk. B
Date of Certificate, Dec 24 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *December 28*, 190*2*.Full Name of Deceased, *William E. Fitzgerald*

{ If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W* *Single*, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, *40* Years, *6* Months, *25* Days. Occupation, *Clerk** Residence { If out of town, } *25 Buchanan Street Wintthrop Mass*
{ also state fully. }Place of Death, *25 Buchanan Street* " "Place of Birth, *Boston Mass*Name and Birthplace of Father, *John Fitzgerald - Bpton*Maiden Name and Birthplace of Mother, *Catherine Larwin Ireland Conn*Place of Burial (Give name of Cemetery) *Holy Cross, Malden*Dated at *Wintthrop*on *December 29*, 190*2*Signature and
place of business
of Undertaker.*Summer Floyd**Wintthrop Mass***PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † *William E. Fitzgerald* Age, *40* Y. *6* M. *25* D.Place and Date of Death, died at *Wintthrop 25 Buchanan St Dec 28 1902*Disease or Cause of Death, ‡ { Primary, *Double Pneumonia* Duration, *11 days*
Immediate, _____ Duration, *11 days*

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

Signature and Residence
of
Certifying Physician.*R. Johnson* M. D.
Wintthrop
*(Mass)*Date of Certificate, *December 29*, 190*2*.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at ...

Date,—

190

Filed,

190

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.



Commonwealth of Massachusetts.

1903

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.)

Date of Death, January 4 1903.

Full Name of Deceased, Fanny Mc Kay

☒ If a married or divorced woman or a widow give also } Maiden Name, Fanny Houghton

Name of Husband, John Houghton

Sex, F Color, N Single, Married, Widowed or Divorced, _____

Age, 84 Years, _____ Months, _____ Days. Occupation, _____

* Residence {If out of town, } Terrace Avenue Winthrop Mass
also state fully.

Place of Death, _____

Place of Birth, Newfoundland

Name and Birthplace of Father, Unknown - Newfoundland

Maiden Name and Birthplace of Mother, Unknown - Newfoundland

Place of Burial (Give name of Cemetery), Winthrop Cemetery - Grave 3-See single graves

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on January 6 1902 { 18 Humboldt St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Fanny Mc Kay Age, 84 Y. 2 M. 2 D.

Place and Date of Death, died at Winthrop January 4 1902

Disease or Cause of Death, † { Primary, old age Duration, _____
Immediate, Bronchitis Duration, 6 wks

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

Signature and Residence of Certifying Physician, { B. M. McCall M. D.
Winthrop Mass

Date of Certificate, Jan 6 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Harry M. E. Ray
at *Grace Avenue (Cottage No. 2)*

Date, *January 4* 190*3*.

Filed, *January 5* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *January 7* 190*3*.Full Name of Deceased, *Eugene Judson Miskelly*

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, *M* Color, *W* Single, Married, ~~Widowed~~ or Divorced, _____Age, *34* Years, *2* Months, *26* Days. Occupation, *Auditor** Residence { If out of town, } *Winthrop Mass*
 { also state fully. }Place of Death, *Plummer Avenue (off Woodside Avenue)*Place of Birth, *Winchester Mass*Name and Birthplace of Father, *Edward A. Miskelly - Charlestown*Maiden Name and Birthplace of Mother, *Mary J. Hanley - Bristol Maine*Place of Burial (Give name of Cemetery) *Winthrop Cemetery Winthrop Mass*Dated at *Winthrop*on *January 8* 190*3*

Signature and place of business of Undertaker.

Summer Floyd
*18 Vernon Street**Undertaker*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Eugene Judson Miskelly* Age, *34* Y. *2* M. *26* D.Place and Date of Death, died at *Winthrop Mass* *Jan. 7th* 190*3*.

Disease or Cause of Death, † { Primary, *Acute Pleurisy* Duration, *about 10 days*
 { Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician.

Albert B. Brown M. D.
*Winthrop Mass*Date of Certificate, *Jan 10th* 190*3*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Eugene J. McKelley
at *Hammer Avenue*

Date, *January 7th* 190*3*.

Filed, *January 8th* 190*3*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, January 17 1903.

Full Name of Deceased, Caroline S. Magee

{ If a married or divorced woman or a widow give also	Maiden Name, <u>Caroline S. Tewksbury</u>
	Name of Husband, <u>Edward Magee</u>

Sex, M Color, W Single, Married, Widowed or Divorced, _____

Age, 76 Years, 8 Months, 12 Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
also state fully. }

Place of Death, 95 Main Street Winthrop Mass

Place of Birth, Chelsea Mass

Name and Birthplace of Father, John W. Tewksbury Chelsea

Maiden Name and Birthplace of Mother, Abigail L. Sturge

Place of Burial (Give name of Cemetery), Winthrop Cemetery, Winthrop Mass

Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on January 18 1903 18. Central Street Winthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Caroline S. Magee Age, 76 Y. 8 M. 12 D.
Place and Date of Death, died at Winthrop Jan 17 1903.
Disease or Cause of Death, ‡ { Primary, Cerebral Apoplexy Duration, Immediate
Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { O. C. Johnson M. D.
Winthrop, Mass.

Date of Certificate, Jan 18 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Caroline S. Wager

at

95 Main St Windsor

Date,

January 17 190 *3*

Filed,

January 18 190 *3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, Jan 23 1903

Full Name of Deceased, Sarah C. Johnson

{ If a married or divorced woman or a widow give also } Maiden Name, Sarah Chase
 { } Name of Husband, Walter Dana Johnson

Sex, Female Color, White Single, Married, Widowed or Divorced, of W. D. Johnson

Age, 73 Years, 11 Months, 23 Days. Occupation, Housekeeper

* Residence { If out of town, { also state fully. } #37 Avenue St Winthrop Mass

Place of Death, " " " " " "

Place of Birth, Portland Me

Name and Birthplace of Father, " " " " " "

Maiden Name and Birthplace of Mother, " " " " " "

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated Jan 23rd 1903 Signature and place of business of Undertaker, { Chas. R. Benson
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah C. Johnson Age, 73 Y. 11 M. 23 D.

Place and Date of Death, died at Winthrop Jan 23 1903.

Disease or Cause of Death, ‡ { Primary, senile degeneration Duration, 1 year
Immediate, Uremia Duration, 3 months

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

Signature and Residence of Certifying Physician.

Wm. J. Soule M. D.
Winthrop Mass

Date of Certificate, Jan 23 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Sarah B. Johnson
 at *37 Riverside Street*
 Date, *January 23* 190*3*
 Filed, *January 23* 190*3*

[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 the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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[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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, January 26 " 1903.
Full Name of Deceased, Stillborn Infant (Kuentz)

☐ If a married or divorced woman or a widow give also } Maiden Name, _____
Name of Husband, _____

Sex, _____ Color, N Single, Married, Widowed or Divorced, _____

Age, _____ Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town, } 85 Bondman St. Wintthrop
also state fully. }

Place of Death, " " " "

Place of Birth, " " " "

Name and Birthplace of Father, John Kuentz, Connecticut

Maiden Name and Birthplace of Mother, Marie McEnnis N.S.

Place of Burial (Give name of Cemetery), Wintthrop Cemetery

Dated at Wintthrop Signature and place of business of Undertaker. { Summer Floyd
on January 26 1903 18 Deane St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Stillborn Infant Age, (Y. (M. (D. _____
Place and Date of Death, died at Wintthrop Mass 1903 Jan 26
Disease or Cause of Death, ‡ { Primary, Still born Duration, _____
Immediate, Still born Duration, _____

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

Signature and Residence of Certifying Physician. { A. J. Mute M. D.
4 Washington Ave,

Date of Certificate, Jan 25 1903

* Give also street and number, if any. Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Robertson Infant
Kewitz

at *85 Bonduri Street*

Date, *January 25* 190*3*

Filed, *January 25* 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Permit No.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1903
 Month, Feb.
 Day, 6th

Birth { Year,
 Month,
 Day,
 Age { Years, 84
 Months,
 Days,
 Name in full, Daniel Bergin { Residence, 15 Sunnyside Ave
 Maiden name, Winthrop

Sex { Male.
 Female.
 Conjugal condition { Single.
 Married.
 Widowed.
 Divorced.
 Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.

Wife of
 Widow of
 Place of death { Street, 15 Sunnyside Ave; Winthrop.
 Number,
 Place of birth, Ireland.
 Occupation, None.
 Name of Father, Dennis
 Maiden Name of Mother,
 Birthplace of Father, Ireland
 Birthplace of Mother, Ireland
 Place of interment, Calvary Cemetery
 D. D. Fallon
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, February 7 1903.
 Name and age of deceased, Daniel Bergin Age, 84 years.
 Date and place of death, * February 6th 15 Sunnyside St. Winthrop.
 Disease { Chief cause, Acute Nephritis
 Contributing cause, Senility
 Duration { Chief cause, about one month
 Contributing cause, —

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

Name and residence { Christopher P. Lyne, M.D.
 of physician, 301 Shawmut Ave

* If in an Institution, state how long an inmate and previous residence.

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.

David / Deakin
February 6th 1903
West 5th 7th 1903

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.)

Date of Death, *February 17* 190*3*.Full Name of Deceased, *Charles Adams Hammond*

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, *M* Color, *A* ~~Single, Married, Widowed or Divorced,~~Age, *57* Years, *10* Months, *26* Days. Occupation, *Builder** Residence { If out of town, } *47 Locust Street Winthrop Mass.*
{ also state fully. }Place of Death, *47 Locust Street Winthrop Mass.*Place of Birth, *Oesipee N. H.*Name and Birthplace of Father, _____ *Oesipee N. H.*Maiden Name and Birthplace of Mother, *Eliza A. Blake-Watfield N. H.*Place of Burial (Give name of Cemetery) *Grubbsbury Depot Receiving Tomb*
*Interment to be at Oesipee N. H.*Dated at *Winthrop*
on *February 17* 190*3*Signature and
place of business
of Undertaker.*Sumner Floyd*
*18 Herman Street***PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † *Chas. Adams Hammond* Age, *54* Y. *11* M. *26* D.Place and Date of Death, died at *47 Locust St* *Feb 17* 190*3*.

Disease or Cause of Death, †	Primary,	<i>Pneumonia</i>	Duration, <i>10 days</i>
	Immediate,	<i>acute infectious pneumonia</i>	Duration, <i>48 hours</i>

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

Signature and Residence
of
Certifying Physician.*G. H. Metcalf* M. D.
*Winthrop, Mass.*Date of Certificate, *Feb 20* 190*3** Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Charles Adams Hammond

at

44 Locust Street

Date, -

February 17 1903

Filed, -

February 18 1903

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF A DEATH.

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

on 1903 place of business }
of Undertaker. } 18 Fernside Street

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Harry S. Hunt
at *Fort Banks Hospital*

Date, *February 21* 190*3*.

Filed, *February 24* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, February 21st 1903.

Full Name of Deceased, Ella Syltina Crafts

{ If a married or divorced woman or a widow give also }

Maiden Name, Ella Syltina Mallette

Name of Husband, J. Chancellor Crafts

Sex, F Color, W Single, Married, Widowed or Divorced,

Age, 50 Years, ~ Months, ~ Days. Occupation,

* Residence { If out of town, also state fully. } 48 Quincy Avenue W. Highlands

Place of Death, " " " " "

Place of Birth, Bath Maine

Name and Birthplace of Father, Albion C. Mallette

Maiden Name and Birthplace of Mother, Lathes Ashburnham

Place of Burial (Give name of Cemetery), Temperary Depot Winthrop, Rec. Tomb

Dated at Winthrop

on February 22 1903

Signature and place of business of Undertaker.

Summer Floyd

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Ella Syltina Crafts

Age, 50 Y. M. D.

Place and Date of Death,

died at Winthrop Highlands

Feb. 21, 1903.

Disease or Cause of Death,† { Primary,

Recurrent Carcinoma

Duration, 18 mos.

{ Immediate,

Duration,

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

Signature and Residence of Certifying Physician.

Thomas E. Pigott

M. D.

42 Quincy Ave.

Date of Certificate, 1903 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Ella Evelyn Bayle

at

48 Lumber Avenue
Winthrop Highlands

Date,

February 21 1903.

Filed,

February 22 1903.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, February 24 1903.

Full Name of Deceased, Ora Angeline Hames

Maiden Name, Stone

If a married or divorced woman or a widow give also Name of Husband, Edward H. Hames

Sex, F Color, W Single, Married, Widowed or Divorced, _____

Age, 60 Years, _____ Months, 21 Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 48 Cottage Park Road

Place of Birth, Comish Vermont

Name and Birthplace of Father, George W. Stone

Maiden Name and Birthplace of Mother, Mary Ann Russell Danville VT

Place of Burial (Give name of Cemetery), _____

Dated at Winthrop Signature and place of business of Undertaker, Summer Floyd
on February 25 1903 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ora Angeline Hames Age, 60 Y. M. 21 D.

Place and Date of Death, died at 48 Cot Park Road February 24 1903.

Disease or Cause of Death,† { Primary, Diabetes Mellitus Duration, Six months
Immediate, Exhaustion Duration, _____

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

Signature and Residence of Certifying Physician, { Edw. M. Harding M. D.
Bartlett Road Winthrop
Mass.

Date of Certificate, February 25 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Opa Angelina James

at *48 Oak Park Road*

Date, *February 24* 190*3*.

Filed, *February 25* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, February 27th 1903.

Full Name of Deceased, Charles Melvin Buckley

☐ If a married or divorced woman or a widow give also } Maiden Name, _____

☐ Name of Husband, _____

Sex, M Color, A Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, 67 Years, _____ Months, _____ Days. Occupation, Shoe Dealer

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 19 River Road

Place of Birth, Deering Me

Name and Birthplace of Father, Charles S Buckley - Portland Me

Maiden Name and Birthplace of Mother, Sarah Stevens Portland Me

Place of Burial (Give name of Cemetery), Evergreen Cemetery Deering Me

Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
February 27th 1903 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charles Melvin Buckley Age, 67 Y. M. D.

Place and Date of Death, died at 19 River Road February 27 1903.

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
Immediate, Apoplexy Duration, Half hour.

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.
Winthrop, Mass

Date of Certificate, Feb 1st 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Charles Melvin Buckley
at *19 River Road Montross*

Date, *February 27* 190*3*.

Filed, *February 28* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

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

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[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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 3/03Name in full, James H. Jones

(If a married or divorced female, give maiden name, also name of husband.)

Sex, MaleColor, White

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, Single

(Single, Married, Widowed or Divorced.)

Age, 22 Years, — Months, — Days. Occupation, —Residence, 176 Shirley St Winthrop Ward, —Place of Death, 176 Shirley St Winthrop MassPlace of Birth, Unknown Date of Birth, Unknown (State year, month and day.)Name and Birthplace of Father, —Maiden Name and Birthplace of Mother, —Place of Interment, Not HopeCecil F. Hutchins

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston

Mar. 3, 1903.

Name and Age of Deceased, James H. Jones, Age, 22 years.Date and Place of Death,* Mar. 3. 1903, Winthrop, Mass.Disease { Chief cause, Pulmonary Tuberculosis
Contributing cause, —Duration { Chief cause, Uncertain
Contributing cause, —

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

Name and Residence of Physician, W. J. Porter, Winthrop M.D.

* If an institution, state how long an inmate and previous residence.

James H. Jones

March 3rd 1903

Filed March 4th 1903

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.)

Date of Death, March 9 1903
Full Name of Deceased, Henry Barker Baker
Maiden Name, _____
Name of Husband, _____
Sex, M Color, W Single, Married, Widowed or Divorced, _____
Age, 77 Years, _____ Months, 24 Days. Occupation, Fisherman
* Residence { If out of town, } Winthrop Mass
{ also state fully. }
Place of Death, Washington Avenue,
Place of Birth, Duxbury Mass
Name and Birthplace of Father, George Baker - Duxbury Mass
Maiden Name and Birthplace of Mother, Hannah Chandler.
Place of Burial (Give name of Cemetery), Duxbury
Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
on March 10 1903 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Henry B. Baker Age, 77 Y. M. 24 D.
Place and Date of Death, died at Winthrop March 9 1903
Disease or Cause of Death, ‡ { Primary, Heart Failure Duration, ?
{ Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { B. Metcalf M. D.
Winthrop Mass
Date of Certificate, March 10 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.
Agent of Board of Health.

RETURN OF THE DEATH

OF
Henry B. Baker
 at
Winthrop, Mass.
 Date, *March 9* 190*3*.
 Filed, *March 10* 190*3*.

[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.

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

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[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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Date of Death, March 13th 1903.

Name in full, Charles Burgher.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male, Color, White, Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 44 Years, ~ Months, 4 Days. Occupation, Supt

Residence, Winthrop Mass, Ward, _____

Place of Death, 4 Quincy Ave Winthrop Mass, (State year, month and day.)

Place of Birth, Staten Island N.Y., Date of Birth, March 9th 1858.

Name and Birthplace of Father, Stephen B. Burgher Staten Island N.Y.

Maiden Name and Birthplace of Mother, Phebe Fountain Staten Island N.Y.

Place of Interment, Woodlawn Cemetery
J. W. Sprague.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, March 14th 1903.

Name and Age of Deceased, Charles Burgher. Age, 44 years.

Date and Place of Death, March 13th 1903. No 4 Quincy Ave Winthrop MassDisease { Chief cause, Acute Miliary Tuberculosis
Contributing cause, _____Duration { Chief cause, 7 months
Contributing cause, _____

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

Name and Residence of Physician, _____

Thomas E. Gifford M.D.
42 Quincy Ave
Winthrop

* If an institution, state how long an inmate and previous residence.

Orville Dugger

March 13th 1903

Filed March 14th 1903

RETURN OF A DEATH.

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

Dated at H. J. Zauds, Waukegan, Ill. Signature and place of business of Undertaker. { Summer Floyd
on March 190 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Agent of Board of Health.

NO.

RETURN OF THE DEATH

OF
Louis Lavaré
at *Fort Bank*

Date, *March 14* 190*3*.

Filed, *March 14* 190*3*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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.

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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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

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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.)

Date of Death, *March 19* " 190 *3*

Full Name of Deceased, *George Howard Teukshuy*

☐ If a married or divorced woman or a widow give also { Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, _____ Years, _____ Months, *1* ~~Hour~~ Days: Occupation, _____

* Residence { If out of town, } *Buchanan Street, Winthrop*
{ also state fully. }

Place of Death, _____

Place of Birth, *Winthrop Mass*

Name and Birthplace of Father, *Howard E. Teukshuy - Winthrop*

Maiden Name and Birthplace of Mother, _____

Place of Burial (Give name of Cemetery), *Winthrop Cemetery Winthrop Mass*

Dated at *Winthrop* Signature and place of business { *Summer Gloyd*
on *March 20* 190 *3* of Undertaker. { *18 Herman Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *George Howard Teukshuy* Age, _____ Y. _____ M. _____ D. *1 Hour*

Place and Date of Death, died at *Winthrop (Buchanan St) Mar 19 1903*.

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____

{ Immediate, _____ Duration, _____

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

Signature and Residence { _____ M. D.
of _____
Certifying Physician. { _____

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

at

Date, _____ 190 .

Filed, _____ 190 .

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 17

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, Leo Thomas Lavoie Sex, male Color, WhiteDate of Death, Mar 20th 1903; Age, — Years, 1 Month, — Days.Maiden Name, { If married, widowed
or divorced. }

Husband's Name, _____

Single, Married, Widowed or Divorced, Single Occupation, _____*Residence, { If out of town, { #35 Main St., Winthrop Mass.
also state fully. }Place of Birth, Same*Place of Death, #35 Main St., Winthrop MassName and Birthplace of Father, Lester Lavoie, Quebec, Can.Maiden Name and Birthplace of Mother, Rose G. Murphy, Portland, Me.Place of Interment, (Give name of Cemetery), Holy Cross MaldenDated at Winthrop Signature and
on Mar 20th 1903, place of business
of Undertaker. Frank S. Maloney
146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Leo Thomas Lavoie Age, — Y. 1 M. — D.Place and Date of Death, died at Winthrop Mar 20th 1903.Disease or Cause { Primary, Whooping Cough. Duration, 7 days.
of Death, ‡ { Secondary, Capillary Bronchitis. Duration, 3 days.

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

Signature and Residence { Francis J. Lillan M. D.
of { 18 Princeton St. Boston
Certifying Physician. }Date of Certificate, March 21 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Les Thomas Jarvis
at *35 Main Street*

Date, *March 20* 1903.

Filed, *March 21* 1903.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Allie Penay Lane
 at *163 Shirley Street*

Date, *March 31* 190 *3*.

Filed, *March 31* 190 *3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, April 2nd 1903

Name in full, Giuseppe Piscopo

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, ~~Single~~ Married, Widowed or Divorced.

Age, — Years, — Months, 2 Days. Occupation, —

Residence, 86 Main St Winthrop Ward, 1

Place of Death, —

Place of Birth, —

Winthrop Date of Birth, April 1st 1903

Name and Birthplace of Father, —

Benjamin Piscopo Italy

Maiden Name and Birthplace of Mother, —

Fedele Sessa Italy

Place of Interment, —

Holy Cross Cem.

A. A. Badaracco.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, April 2nd 1903

Name and Age of Deceased, Giuseppe Piscopo Age, 2 days.

Date and Place of Death, April 2nd 1903 86 Main St Winthrop

Disease { Chief cause, Congenital Malformation

Duration { Contributing cause, —

Duration { Chief cause, 2 days

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

Name and Residence of Physician, —

J. Wilson Parks M.D.

* If an institution, state how long an inmate and previous residence.

St Francis St
East Boston

Whisper Trees

April 2nd 1903

Filed April 3rd 1903

RETURN OF DEATH.**BOSTON.**

Date of death { Year, 1903
 Month, 4 Birth { Year, 17
 Day, 3 Month, 0 Age { Months, 0
 Day, 2
 Name in full, Earl Williams Residence, 8 Lincoln Street
 Maiden name,

Sex { Male.
 Female. } Conjugal condition { Single.
 Married.
 Widowed.
 Divorced. } Color { White.
 Black (Negro or mixed).
 Indian.
 Chinese.
 Japanese.

~~Wife of~~ ~~Widow of~~
 Place of death { Street, No 8 Lincoln Street
 Number, Bath Maine
 Place of birth, Bath Maine
 Occupation,
 Name of Father, Arthur P. Maiden Name of Mother, Jennie W. Macgregor
 Birthplace of Father, Bath Me Birthplace of Mother, P E Island
 Place of interment, Winthrop Cemetery
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, April 4 1903.
 Name and age of deceased, Earl Williams Age, 17 years. 2 ds
 Date and place of death, * April 3rd 1903 No 8 Lincoln Street
 Disease { Chief cause, Typhoid Pneumonia
 Contributing cause, "
 Duration { Chief cause, From 11 22 12 22
 Contributing cause, "

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

Name and residence { M D.
 of physician, { 131 Chestnut St. Winthrop

* If in an institution, state how long an inmate and previous residence.

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.

Carl Williams

April 3" 19d3

April 4" 19d3

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.)

Date of Death,

April 5th 1903

Full Name of Deceased,

George C. Marden

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M*Color, *W*

Single, Married, Widowed or Divorced,

Age, 57 Years,

Months, _____

Days, 10

Occupation,

Civil Engineer

* Residence

{ If out of town, }
{ also state fully. }

No 7 Ocean View Street - Winthrop

Place of Death, _____

No 7 Ocean View Street Winthrop

Place of Birth, _____

Boston Mass.

Name and Birthplace of Father, _____

John C. Boston Mass

Maiden Name and Birthplace of Mother, _____

Rachel Miley Boston Mass

Place of Burial (Give name of Cemetery), _____

Winthrop Cemetery Winthrop Mass

Dated at _____

Winthrop

on April 5th 1903

Signature and
place of business
of Undertaker.

Summer Floyd

15 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

George C. Marden

Age, 57

Y. —

M. 10

D.

Place and Date of Death, _____

died at _____

Winthrop Mass.

April 5

1903

Disease or Cause
of Death, ‡

Primary,

Immediate,

Bronch Eudocarditis

Duration,

One (1) year.

Ruptured Cerebrum

Duration,

Three (3) months

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

Signature and Residence
of
Certifying Physician.

Clayton Green

M. D.

301 Haver St. W.

Date of Certificate, _____

April 7 1903

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

George C. Manden

at *Opheie 3rd 1903*

Date *Filed Opheie 6th 1903*

Filed, *190*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars

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.)

Date of Death, April 6 1903
Full Name of Deceased, Addie Y. Tewksbury
Maiden Name, Addie Y. Johnstone
Name of Husband, Frederick A. Tewksbury
Sex, F Color, W Single, Married, Widowed or Divorced,
Age, 34 Years, 11 Months, 17 Days. Occupation, _____
* Residence { If out of town, } Winthrop - 75 Somerset Avenue
{ also state fully. }
Place of Death, _____
Place of Birth, Shelburn N.S.
Name and Birthplace of Father, James P. Johnstone Shelburn N.S.
Maiden Name and Birthplace of Mother, Aelen S. Sherlock " "
Place of Burial (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on April 7 1903 { 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Addie Y. Tewksbury Age, 34 Y. 11 M. 17 D.
Place and Date of Death, died at Winthrop April 6 1903.
Disease or Cause of Death,† { Primary, Tuberculosis of lungs Duration, 1 yr
Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician, { B. Metcalf M. D.
Date of Certificate, April 7 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

RETURN OF THE DEATH

OF

Abbie G. Decker
at *Winthrop, Apr 6th 1903*

Date, *Apr 6th* 190*3*.

Filed, *Apr 6th* 190*3*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *April 8 1903.*Name in full, *Louis E. Johnson.*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *F.*Color, *W.*

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, *Single*

(Single, Married, Widowed or Divorced.)

Age, *10* Years, *1* Month, *4* Days. Occupation, *Scholar.*Residence, *10 Bellvue Ave.* Ward, _____Place of Death, *10 Bellvue Ave.*Place of Birth, *East Boston* Date of Birth, *Mar. 8 1893.*Name and Birthplace of Father, *Edmund C. East Boston*Maiden Name and Birthplace of Mother, *Carrie C. Hall Boston*Place of Interment, *Wintthrop Cemetery*
E. G. Brown.
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**

Wintthrop
Boston, *April 8 1903.*

Name and Age of Deceased, *Louis E. Johnson* Age, *10* years.

Date and Place of Death,* *April 8 1903 - 10 Bellvue Ave. Wintthrop*

Disease { Chief cause, *osteomyelitis of tibia*

{ Contributing cause, *Septicemia*

Duration { Chief cause, *5 days*

{ Contributing cause, *48 hrs*

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

Name and Residence of Physician, *Bl Metcalf*

M.D.

* If an institution, state how long an inmate and previous residence.

Alma C. Johnson

April 8 1903

Street April 9 1903

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.)

Date of Death, *April 10* 190*3*.

Full Name of Deceased, *Margaret Macdonald*

{ If a married or divorced woman or a widow give also } Maiden Name, *Margaret Carr*
 Name of Husband, *Joseph Macdonald*

Sex, *M* Color, *W* Single, Married, ~~Widowed or Divorced~~,

Age, *31* Years, *8* Months, *19* Days. Occupation, _____

* Residence { If out of town, also state fully. } *Winthrop Mass*

Place of Death, *54 Shirley Street*

Place of Birth, *Ireland*

Name and Birthplace of Father, *James Carr. Ireland*

Maiden Name and Birthplace of Mother, *Nora Fay Ireland*

Place of Burial (Give name of Cemetery), *Holy Cross Cemetery (Malden)*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *April 10* 190*3* *18 Herman Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Margaret Macdonald* Age, *31* Y. *8* M. *19* D.

Place and Date of Death, died at *Winthrop April 10* 190*3*.

Disease or Cause of Death, ‡ { Primary, *Influenza* Duration, *10 days*
 Immediate, *Typhoid Fever* Duration, *2 wks.*

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

 Signature and Residence
 of
 Certifying Physician.

W. J. Porter M. D.
250 Shirley St.

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Margaret Macdonald

at

54 Shirley Street

Date,

April 10 190*3*

Filed,

April 11 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *April 12* 190*3*.Full Name of Deceased, *Lydia Gertrude Ford*

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, *F* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, *1* Years, *22* Months, *22* Days. Occupation, _____* Residence { If out of town, } *Winthrop Mass*
{ also state fully. }Place of Death, *88, Bordoin Street Winthrop*

Place of Birth, _____

Name and Birthplace of Father, *Charles O. Ford Pembroke Mass*Maiden Name and Birthplace of Mother, *Eta E. Newse Nova Scotia*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*on *April* 190*3*Signature and
place of business
of Undertaker.*Summer Floyd*
18 Hermann Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Lydia Gertrude Ford* Age, *1* Y. — *22* D.Place and Date of Death, died at *Winthrop Mass* *April 12* 190*3*.

Disease or Cause of Death, ‡	Primary, <i>Broncho Pneumonia</i>	Duration, <i>13 days</i>
	Immediate, _____	Duration, _____

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

Signature and Residence
of
Certifying Physician.*C. E. Jensen* M. D.
*Winthrop*Date of Certificate, *April 13* 190*3*.*Mass*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Lydia Gertrude Ford
at *88 Bondoin Street*

Date, *April 12* 190*3*.

Filed, *April 13* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, April. 13th 1903.
Full Name of Deceased, Donald Redman Reed.

{ If a married or divorced woman or a widow give also } Maiden Name, _____
Name of Husband, _____

Sex, Male Color, White Single, Married, Widowed or Divorced,
Age, _____ Years, _____ Months, 1 -Day4. 10 Hours Occupation, _____

* Residence { If out of town, } 31 River Road. (31 River Road
also state fully.) _____

Place of Death, Winthrop. Mass. (31 River Road

Place of Birth, Winthrop. Mass.

Name and Birthplace of Father, Boston. Wm R. Reed. Boston

Maiden Name and Birthplace of Mother, Reading. Lucy A. Turner. Reading

Place of Burial (Give name of Cemetery), Woodlawn. Cemetery

Dated at Winthrop. Mass. Signature and place of business of Undertaker, { Summer Floyd
on April. 1903. { 180 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Donald Redman Reed Age, _____ Y. — M. 1. D.

Place and Date of Death, died at 31 River Road Winthrop April 13 1903.

Disease or Cause of Death, † { Primary, Compression of Brain Duration, 1 day
Immediate, Same Duration, 1 day

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

Signature and Residence of Certifying Physician, { F. A. Hoedgeman M. D.
83 Salem St. Scitaden

Date of Certificate, April 13 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Donald Redman Reed
at 31 River Road

Date, April 13 1903

Filed, April 14 1903

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

Winthrop ~~Boston~~, MASS.Date of Death, April 13th 1903

Name in full, Forest F. Moore.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male. Color, White. Condition, Married.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 46 Years, 3 Months, 13 Days. Occupation, Clerk.

Residence, Winthrop Mass. Ward,

Place of Death, 73 Hermon St. Winthrop Mass. (State year, month and day.)

Place of Birth, Boston Mass. Date of Birth, Dec 31st 1856.Name and Birthplace of Father, John Moore. England.
Maiden Name and Birthplace of Mother, Mary, K. Roe. Halifax, N.S.

Place of Interment, Garden Cemetery Chelsea Mass.

J. M. Sprague.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~, April 14th 1903.
Name and Age of Deceased, Forest F. Moore. Age, 46 years.
Date and Place of Death, April 13th 1903. No 73 Hermon St. Winthrop Mass.Disease { Chief cause, Pernicious anaemia
Contributing cause, " " " " " "Duration { Chief cause, 3 years
Contributing cause, " " " " " "

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

Name and Residence of Physician, C. J. Soule M.D.
Winthrop

* If an institution, state how long an inmate and previous residence.

Street 105 Marie

April 13th 1903

Filed April 14th 1903

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.)

Date of Death, *April 18th* 190 *3*

Full Name of Deceased, *Marybay Scott*

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, *F.* Color, *N.* Single, Married, Widowed or Divorced, _____

Age, *—* Years, *9* Months, *2* Days. Occupation, _____

* Residence { If out of town, } *Fort Banks Wrentham Mass*
 { also state fully. }

Place of Death, _____

Place of Birth, *Boston Mass*

Name and Birthplace of Father, *Guy Tyrel Scott Wheeling West*
Via

Maiden Name and Birthplace of Mother, *Leta Forhies Bryan Texas*

Place of Burial (Give name of Cemetery) *Wheeling West Via*

Dated at *Wrentham* Signature and place of business of Undertaker, { *Chas. P. Bennington*
 on *18th April* 190 *3* { *Wrentham Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Marybay Scott* Age, *9* Y. *9* M. *8* D.

Place and Date of Death, *Wrentham* died at *Fort Banks Mass* *April 18* 190 *3*

Disease or Cause of Death, ‡ { *Quinque infection* Primary, *Pseudo leukemia* Duration, *1 mo*
 { Immediate, _____ Duration, _____

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

 Signature and Residence of
 Certifying Physician.

M. D.

Date of Certificate, *April 18th* 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Marybay Scott
at *Fort Bank*

Date, *April 18* 190*3*.

Filed, *April 19* 190*3*.

[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 the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith with certification and transmit it to the clerk of the city or town.

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.)

Date of Death, April 21 " 1903

Full Name of Deceased, Eliza Mercer Soule

{ If a married or divorced woman or a widow give also } Maiden Name, Eliza Mercer Henderson

{ Name of Husband, Dr. Horatio S. Soule

Sex, F. Color, W ~~Single, Married, Widowed or Divorced,~~

Age, 71 Years, 9 Months, — Days. Occupation,

* Residence {If out of town, } 117 Winthrop Street Winthrop Mass
{also state fully.}

Place of Death, " " " " "

Place of Birth,

Name and Birthplace of Father, William Henderson "Scotland"

Maiden Name and Birthplace of Mother, Mary Henderson Scotland

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business { Summer Floyd
on April 22 1903 of Undertaker. { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Eliza Mercer Soule Age, 71 Y. 9 M. — D.

Place and Date of Death, died at Winthrop April 21 " 1903.

Disease or Cause { Primary, Cerebral hemorrhage Duration, 3 yrs
of Death,‡ { Immediate, " Embolism Duration, a few hours

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

Signature and Residence { H. J. Jones M. D.
of { Winthrop
Certifying Physician.

Date of Certificate, April 23 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

RETURN OF THE DEATH

OF

Eliza Mary Sade
at *117 Winter St*

Date, *April 21* 190 *3*.

Filed, *April 22* 190 *3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, April 24th 1903Full Name of Deceased, Laurencia Peterson Widow

{ If a married or divorced woman or a widow give also }	Maiden Name, <u>" " Larson</u>
	Name of Husband, <u>Petrus Peterson</u>

Sex, Female Color, White ~~Single, Married, Widowed or Divorced,~~Age, 67 Years, 6 Months, 16 Days. Occupation, Housekeeper* Residence { If out of town, } Bowdoin St Winthrop Mass
also state fully.Place of Death, Bowdoin St Winthrop MassPlace of Birth, Bokus Lan SwedenName and Birthplace of Father, Rosmanson Larson SwedenMaiden Name and Birthplace of Mother, Berta. Larson SwedenPlace of Burial (Give name of Cemetery), Forest-Hill CemeteryDated at Winthrop Masson 24 day April 1903Signature and
place of business
of Undertaker.Chas. R. BensonWinthrop Mass**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Laurencia Peterson Age, 67 Y. 6 M. 16 D.Place and Date of Death, died at 42 Bowdoin St April 24 1903

Disease or Cause of Death, †	Primary, <u>Cancer of Uterus</u>	Duration, <u>yr</u>
	Immediate, _____	Duration, _____

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

Signature and Residence
of
Certifying Physician.6210 Metcalf

M. D.

WinthropDate of Certificate, April 25 1903

• Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Laurena Pelson

at

Bondain Street

Date, *April 24* 190*3*

Filed, *April 25* 190*3*

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *April 30* 190*3*

Full Name of Deceased, *Alice Morton Goff*

{ If a married or divorced woman or a widow give also } Maiden Name, *Alice Morton Cleveland*
 Name of Husband, *Edward E. Goff*

Sex, *F* Color, *N* ~~Single, Married, Widowed or Divorced,~~

Age, *52* Years, *~* Months, *26* Days. Occupation, *~ ~ ~*

* Residence { If out of town, } *Winthrop Mass*
 { also state fully. }

Place of Death, *86 Pleasant Street*

Place of Birth, *Brooklyn Conn*

Name and Birthplace of Father, *Charles Cleveland Brooklyn Conn*

Maiden Name and Birthplace of Mother, *Julia Snow Hampton Conn*

Place of Burial (Give name of Cemetery), *Mount Pleasant Cemetery Arlington Mas*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *May 2* 190*3* { *180 Haven Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Alice Morton Goff* Age, *52* Y. *~* M. *26* D.

Place and Date of Death, died at *86 Pleasant Street April 30* 190*3*.

Disease or Cause of Death, ‡ { Primary, *Cancer of uterus* Duration, *2 yrs*
 { Immediate, _____ Duration, _____

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

 Signature and Residence of
 Certifying Physician. {

M. D.

Date of Certificate, *May 4* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Alice Walton Goff
at *16 Pleasant Street*

Date, *April 28* 190*3*

Filed, *May 4* 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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, Patrick Lannigan Sex, M Color, H

Date of Death, May 6th 1903; Age, 76 Years, ~ Months, ~ Days.

Maiden Name, { If married, widowed or divorced. } _____

Husband's Name, _____

Single, Married, Widowed or Divorced, Married Occupation, Shoe Maker

*Residence, { If out of town, also state fully. } Lancaster Park, Hingham

Place of Birth, Ireland

*Place of Death, Hingham Mass.

Name and Birthplace of Father, James Ireland

Maiden Name and Birthplace of Mother, Ellen Keenan

Place of Interment, (Give name of Cemetery), Catholic Cemetery, Hingham Mass.

Dated at Hingham
on May 7th 1903.

Signature and
place of business
of Undertaker.

Frank S. Maloney
146 Hingham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Patrick Lannigan Age, 76 Y. ~ M. ~ D.

Place and Date of Death, died at Hingham 1903.

Disease or Cause of Death, † { Primary, apoplexy cerebral hemorrhage Duration, 2 day
Secondary, _____ Duration, _____

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

Signature and Residence
of
Certifying Physician.

Wm. L. McCall M. D.
Hingham Mass.

Date of Certificate, May 7th 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

Patrick J. Langan
 at *Liverick Park*

Date, *May 6th* 190*3*.

Filed, *May 7th* 190*3*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

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 who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

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

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *May 6-1903*Name in full, *Still Born Alvin*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male*Color, *W*

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, *S*

(Single, Married, Widowed or Divorced.)

Age, *X* Years, *X* Months, *X* Days. Occupation, *of father Tailor*Residence, *Washington Ave* Ward, Place of Death, *Winthrop Mass.*

(State year, month and day.)

Place of Birth, *" "* Date of Birth, *May 6-1903*Name and Birthplace of Father, *Herbert Alvin Boston*Maiden Name and Birthplace of Mother, *Elizabeth Casey. Weston Mass*Place of Interment, *Wm. J. Davis*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *May 6* 190*3*.Name and Age of Deceased, *Still Born* Age, *—* years. *—*
Date and Place of Death, *Washington Ave Winthrop Mass.*Disease { Chief cause, *Unknown (Stillborn),*
Contributing cause, Duration { Chief cause,
Contributing cause,

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

Name and Residence of Physician, *D. H. Campbell*

M.D.

* If an institution, state how long an inmate and previous residence.

Stim

May 6th 1903

Stead May 9th 1903

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.)

Date of Death, May 9 1903

Full Name of Deceased, Barah Woodside

☐ If a married or divorced woman or a widow give also { Maiden Name, Mason

{ Name of Husband, David Woodside

Sex, M Color, W ☒ Single, ☐ Married, ☐ Widowed or ☐ Divorced,

Age, 71 Years, 10 Months, 3 Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 19 Cutter Street

Place of Birth, P. E. Island

Name and Birthplace of Father, William Mason - England

Maiden Name and Birthplace of Mother, Barbara Steadman P. E. Island

Place of Burial (Give name of Cemetery), Woodlawn Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Samuel Lloyd
on May 1903 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Barah Woodside Age, 71 Y. 10 M. 3 D.

Place and Date of Death, died at Winthrop May 9 1903.

Disease or Cause of Death, ‡ { Primary, Senility Duration, _____

{ Immediate, Cerebral Hemorrhage Duration, 2 days

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

Signature and Residence of Certifying Physician, { H. J. Porter M. D.
Winthrop, Mass.

Date of Certificate, May 11 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Sarah Woodside
 at *19 Butler Street*

Date, *May 9* 190*3*

Filed, *May 11* 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith register the same and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON.

Date of death { Year, 1903 } Birth { Year, 1844 } Age { Years, 58
 { Month, May } { Month, May } { Months, 9
 { Day, 19 } { Day, 9 } { Days, 19

Name in full, Emeline C. S. Sylvester Residence, Winthrop Mass
 Maiden name, Emeline C. Spar

Sex { Male } Conjugal condition { Single } Color { White
 { Female } { Married } { Black (Negro or mixed)
 { Widowed } { Indian
 { Divorced } { Chinese
 { Japanese

Wife of X Widow of X

Place of death { Street, 35 Marshall St
 { Number, 7 }
 Place of birth, Boston Mass

Occupation, Teacher

Name of Father, Henry T. Spar Maiden Name of Mother, Hypocrite
 Birthplace of Father, Quincy Mass Birthplace of Mother, Pittsboro N H
 Place of interment, Forest Hills Cemetery

Joseph W. Dugg Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Mass., May 20th 1903.
Boston.

Name and age of deceased, Emeline C. S. Sylvester Age, 58 years.

Date and place of death, * May 19th 1903. Winthrop, Mass.

Disease { Chief cause, Cancer of Breast
 { Contributing cause, Results of an operation.

Duration { Chief cause, _____
 { Contributing cause, _____

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

Name and residence { A. B. Dorman M.D.
 of physician, { Winthrop, Mass.

* If in an institution, state how long an inmate and previous residence.

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.

Conelwie R. S. S. S. S. S.

May 19th 1903

Select May 20th 1903

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.)

Date of Death, *May 26* 190*3*Full Name of Deceased, *Louie Marenghi*

{ If a married or divorced woman or a widow give also }	Maiden Name,	
	Name of Husband,	

Sex, *M* Color, *W* Single, ~~Married, Widowed or Divorced,~~Age, *1* Year, *11* Months, Days. Occupation, * Residence { If out of town, } *Winthrop Mass*
{ also state fully. }Place of Death, *123 Shirley Street*Place of Birth, *Winthrop Mass.*Name and Birthplace of Father, *Tony Marenghi*Maiden Name and Birthplace of Mother, *Marguerite*Place of Burial (Give name of Cemetery), *Holy Cross Cemetery (Malden)*Dated at *Winthrop*on *May 27* 190*3*Signature and
place of business
of Undertaker.*Summer Floyd*
18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Louie Marenghi* Age, *1* Y. *11* Mo. *D.*Place and Date of Death, died at *123 Shirley Street May 26* 190*3*.

Disease or Cause of Death, ‡	{ Primary,	<i>Broncho-pneumonia</i>	Duration, <i>2 weeks.</i>
	{ Immediate,	<i>Pulmonary edema</i>	Duration, <i>3 days.</i>

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

Signature and Residence
of
Certifying Physician.*H. J. Porter*

M. D.

*Winthrop, Mass.*Date of Certificate, *May 27th* 190*3*.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Louis Marenghi
at *123 Shirley Street*

Date, *May 26* 190*3*.

Filed, *May 27* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 35. 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, June 9th 1903

Full Name of Deceased, Charlotte W. Tewksbury

☐ If a married or divorced woman or a widow give also { Maiden Name, Charlotte W. Henderson

{ Name of Husband, Hermon B. Tewksbury

Sex, F Color, W Single, Married, Widowed or Divorced, _____

Age, 70 Years, _____ Months, 19 Days. Occupation, _____

* Residence { If out of town, } 5 Douglas Street Winthrop
{ also state fully. }

Place of Death, _____

Place of Birth, Pictou Nova Scotia

Name and Birthplace of Father, William Henderson (Scotland)

Maiden Name and Birthplace of Mother, Mary Radcliffe (Scotland)

Place of Burial (Give name of Cemetery), Winthrop Cemetery (Winthrop Mass)

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
June 11th 1903 { 18 Herma Street
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charlotte W. Tewksbury Age, 70 Y. M. 19 D.

Place and Date of Death, died at 5 Douglas Street June 9 1903.

Disease or Cause of Death, ‡ { Primary, Tuberculosis Duration, 18 months

{ Immediate, Heart disease Duration, 5 years

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

Signature and Residence of Certifying Physician, { W. J. Soule M. D.
Winthrop

Date of Certificate, June 9th 1903.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Charlotte W. Southbury
 at *5 Douglas Street*

Date, *June 9th* 190*3*.

Filed, *June 11th* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith, with countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 25

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.)

Date of Death, June 26 1903.
Full Name of Deceased, George McNeil
Maiden Name, _____
Name of Husband, _____
Sex, M Color, W Single, Married, Widowed or Divorced,
Age, 79 Years, 1 Months, 24 Days. Occupation, Watchman.
* Residence { If out of town, } 159 Winthrop Street, Winthrop Mass
also state fully. }
Place of Death, 159 Winthrop Street - Winthrop Mass
Place of Birth, Ayer Scotland
Name and Birthplace of Father, Unknown - Scotland
Maiden Name and Birthplace of Mother, Unknown - Scotland
Place of Burial (Give name of Cemetery), Winthrop Cemetery
Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on June 26 1903 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, George McNeil Age, 79 Y. 1 M. 24 D.
Place and Date of Death, died at 159 Winthrop Street Winthrop June 26 1903.
Disease or Cause of Death, { Primary, Interstitial Nephritis Duration, 5 Years
Immediate, Acute Uræmia Duration, 18 days

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

Signature and Residence of Certifying Physician, { J. Wilson Parks M. D.
98 Prine Street E. Boston

Date of Certificate, Winthrop 27th 1903

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
George W. Neil
at *156 Winthrop Street*
Date, *June 26* 190*3*
Filed, *June 27* 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Permit No.

Date of Death, *July 1st 1903*
 Name in full, *Michelina Sacco*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *F.* Color, *W* Condition,
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *1* Years, *9* Months, *20* Days. Occupation,

Residence, *32 Putnam St Winthrop* Ward,

Place of Death, *32 Putnam St*

Place of Birth, *Orient Heights* Date of Birth, *Sept 11th 1901*
 (State year, month and day.)

Name and Birthplace of Father, *Luigi Italy*

Maiden Name and Birthplace of Mother, *Maria Putzga Italy*

Place of Interment, *Holy Cross Malden*
A. A. Badaracco

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop July 1st 1903
Boston
 Name and Age of Deceased, *Michelina Sacco* Age, *1* *9* *months* years.

Date and Place of Death, *July 1 1903 Winthrop Mass*

Disease { Chief cause, *Cholera infantum*
 Contributing cause, *Digestive diarrhoea*

Duration { Chief cause, *two weeks*
 Contributing cause, *three weeks*

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

Name and Residence of Physician, *R. J. Soule M.D.*
Winthrop

* If an institution, state how long an inmate and previous residence.

Micheline Daceo

July 1st 1903

Filed July 2nd 1903

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.)

Date of Death, July 3 1903

Full Name of Deceased, Perry Allen Lindsay

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 Name of Husband, _____

Sex, M Color, W Single, Married, ~~Widowed or Divorced~~

Age, 63 Years, 7 Months, 11 Days. Occupation, Clerk

* Residence { If out of town, also state fully. } 18 Winthrop St Winthrop Mass

Place of Death, " " " " "

Place of Birth, Uxton Mass

Name and Birthplace of Father, William Lindsay Bristol R.I.

Maiden Name and Birthplace of Mother, Augusta Perry Uxton Mass

Place of Burial (Give name of Cemetery), Milford Cemetery, Milford Mass

Dated at Winthrop on July 4 1903 Signature and place of business of Undertaker, { Summer Floyd
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Perry Allen Lindsay Age, 63 Y. 7 M. 11 D.

Place and Date of Death, died at 18 Winthrop St July 3 1903

Disease or Cause of Death, ‡ { Primary, Carcinoma of Intestines Duration, 2 yrs
 Immediate, _____ Duration, _____

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.

Winthrop MassDate of Certificate, July 3 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Perry Allen Lindsey
 at *18 Winthrop Street*

Date, *July 3^d* 190*3*.

Filed, *July 4th* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial. *Penalty for violation not exceeding fifty dollars.*

RETURN OF DEATH.

Winthrop ~~MASS.~~, MASS.

Date of Death, July 20 '1903

Name in full, Sarah Pearson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, F

Color, White

Condition, Single

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced)

Age, 60 Years, 5 Months, 18 Days. Occupation, At Home

Residence, 14 Sargent St Winthrop Ward.

Place of Death, 14 Sargent St Winthrop

Place of Birth, Waterville Me.

Date of Birth, Feb 2 '1843

Name and Birthplace of Father, Joseph O. Exeter N. H.

Maiden Name and Birthplace of Mother, Mary Alexander Northfield Mass

Place of Interment, Woodlawn Cemetery Everett

E. G. Brown

286 Meridian St E. Boston Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 20 1903

Name and Age of Deceased, Sarah Pearson

Age, 60 years.

Date and Place of Death, July 20 '03, 14 Sargent St Winthrop

Disease { Chief cause, Chronic Interstitial Nephritis, Contributing cause, Cardiac Dilatation.

Duration { Chief cause, Two years. Contributing cause, Six months.

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

Name and Residence of Physician, S. Willard Cox

M.D.

* If an institution, state how long an inmate and previous residence.

22 Princeton St., C. Boston.

Sarah Pearson
July 20 " 1903
Filed July 21 " 1903

No. of Permit,

Date of birth — Aug. 19th 1868

UNDERTAKER'S RETURN.—Boston.

Winthrop

Date of death, July 23 1893 189 Name, Charles Johnson

Maiden name,* Sex, male

Married, single, or widow of... wife of...

Color, *W* Age, 34 years, 11 mos., 4 days. Residence, 66 Mills St Malden

Place of death (street and number), Boston Harbor Ward

Place of birth, Sweden Occupation, Shoemaker

Name of father, John Maiden name of mother, Mary Bjorkman

Birthplace of father, Sweden Birthplace of mother, Sweden

Place of interment,† Forest Hill Cemetery Malden

* If a married woman or a widow.

† Give the name of the burialground.

Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 29th 1893

Name and age of deceased: Charles Johnson Age 34 yrs. 11 mos. 4 dys.

Date and place of death: July 23rd Boston Harbor

Disease or cause of death: Accidental drowning off Apple Island

Duration of disease: * Came ashore at Shore Beach

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

Name and residence } Francis A. Harris M.D.

of physician. } 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.

Charles Johnson
July 23rd 1903
Filed July 23rd 1903

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.)

Date of Death, *July 23rd* 190*3*.Full Name of Deceased, *George Leo Jenkins*

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, _____ Years, _____ Months, *2* Days. *17 Hours* Occupation, _____* Residence { If out of town, }
{ also state fully. }*Washington Avenue (Winthrop.)*

Place of Death, _____

" " " Lewis Block

Place of Birth, _____

Name and Birthplace of Father, _____

" George A. V. Jenkins "

Maiden Name and Birthplace of Mother, _____

Place of Burial (Give name of Cemetery), _____

Dated at *Winthrop*on *July 24th* 190*4*Signature and
place of business
of Undertaker.*Summer Floyd*
18. Sherman Street

PHYSICIAN'S CERTIFICATE.

Boston, *Jan 23rd* 190*3*.Name and age of deceased, *George Leo Jenkins*Age, *2* days *17 hours*Date and place of death, *July 23rd Winthrop*

Disease {

Chief cause, *Gastric*

Contributing cause, _____

Duration {

Chief cause, *1 day*

Contributing cause, _____

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

Name and residence
of physician, { *108 Warren* *J. P. Ockary* M.D.

* If in an institution, state how long an inmate and previous residence.

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 THE DEATH

OF

_____ at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *July 24-1903*Name in full, *Albert A. Roberts*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *male* Color, *white* Condition, *married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *50* Years, *10* Months, *13* Days. Occupation, *Real Estate*Residence, *Winthrop* Ward,Place of Death, *Winthrop* *July 24-1903*
(State year, month and day.)Place of Birth, *Boston* Date of Birth, *Sept 11-1852*Name and Birthplace of Father, *Charles Roberts*Maiden Name and Birthplace of Mother, *Mercy F. Wilson New Bedford*Place of Interment, *W. Winthrop*
Frederick L. Briggs
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop *July 24* *1903*
Boston

Name and Age of Deceased, *Albert A. Roberts* Age, *50* years.

Date and Place of Death, *July 24th 1903* *Winthrop Mass*

Disease { Chief cause, *Bright's Disease*
Contributing cause, *Cardiac*

Duration { Chief cause, *One year*
Contributing cause, *Six months*

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

Name and Residence of Physician, *F. H. Wallace* M.D.

* If an institution, state how long an inmate and previous residence.

841 Boston St.
Boston

Walter A. Dorell
July 24th 1903
Filed July 24th 1903

RETURN OF DEATH.

Winthrop ~~Boston~~, MASS.Date of Death, *July 28th 1903.*Name in full, *William B. French*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male.*Color, *white*(White, Black, Mixed, Chinese,
Indian, etc.)Condition, *Married*(Single, Married, Widowed or
Divorced.)Age, *61* Years, *1* Months, — Days. Occupation, *Retired*Residence, *Waverley House Charlestown^{Mass}* Ward,Place of Death, *Hotel Loring. Winthrop Mass.*Place of Birth, *Taunton N. H.* Date of Birth, *June 28 - 1842.*Name and Birthplace of Father, *James French. Newmarket N. H.*Maiden Name and Birthplace of Mother, *Abigail " " "*Place of Interment, *Forest Hills**John Bryant's Son.*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Winthrop Boston, July 28th 1903.*Name and Age of Deceased, *William B. French* Age, *61* years.Date and Place of Death, *Hotel Loring Winthrop Mass.*Disease { Chief cause, *Chronic Valvular Heart Disease*
Contributing cause, _____Duration { Chief cause, *about 12 years*
Contributing cause, _____

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

Name and Residence of Physician, {

J. E. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

William D. French

July 28th 1903

Filed July 29th 1903

RETURN OF DEATH.

~~CHelsea.~~ *Winthrop*

Date of Death { Year, *1903* } Birth { Year, *1863* } Age, { Years, *40* }
 { Month, *July* } { Month, *May* } { Months, *2* }
 { Day, *28* } { Day, } { Days, }

Name in full, *Timothy T Brownell*
 Maiden Name, Residence, *26 Bowdoin*

Sex { Male. } Conjugal condition { *Single* } Color { *White* }
 { Female. } { Married. } { *Black (Negro or mixed).* }
 { } { Widowed. } { *Indian* }
 { } { Divorced. } { *Chinese* }
 { } { } { *Japanese* }

Wife of _____ Widow of _____

Place of death { Street, } *26 Bowdoin*
 { Number, }

Place of birth, *Nova Scotia*

Occupation, *Contractor*

Name of Father, *Timothy T* Maiden Name of Mother, *Unknown*

Birthplace of Father, *Nova Scotia* Birthplace of Mother, *Nova Scotia*

Place of interment, *Woolhouse Cem*

E B Langfuse

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Chelsea, July 29th. 1903.

Name and age of deceased, *Timothy T Brownell* Age, *40* years.

Date and place of death, * *July 28 1903 26 Bowdoin*

Disease† { Chief cause, *Typhoid Fever* }
 { Contributing cause, }

Duration, { Chief cause, *3 weeks* }
 { Contributing cause, }

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

Name and residence { *B Metcalf* } M. D.
 of physician, }

*If in an institution, state how long an inmate and previous residence.

†If a Soldier or Sailor in the War of the Rebellion, give both Chief and Contributing Cause.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 8 A.M. till 1 P.M.; Sundays and Holidays, from 10 to 11 A.M.; other days, from 8 A.M. till 4 P.M.

Monday 1. 1. 1903

July 28th 1903

Sund July 29th 1903

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.)

Date of Death, *August 3^d* 190*3*.Full Name of Deceased, *Roy Norton Sawyer*

{ If a married or divorced woman or a widow give also }

Maiden Name,

Name of Husband,

Sex, *M* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, .. Years, .. Months, *15* Days. Occupation,* Residence { If out of town, }
also state fully. }*68 Pauline Street Winthrop*

Place of Death, .. " .. " .. " ..

Place of Birth, .. " .. " .. " ..

Name and Birthplace of Father, *George W. Sawyer - Wales Me*Maiden Name and Birthplace of Mother, *Mabel Vanev-Litchfield Me.*

Place of Burial (Give name of Cemetery),

*Winthrop Cemetery*Dated at *Winthrop*
on *August 5* 190*3*Signature and
place of business
of Undertaker. {*Sumner Floyd*
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Roy Norton Sawyer* Age, .. Y. .. M. *15* D.Place and Date of Death, died at *68 Pauline Street - Aug 3* 190*3*Disease or Cause of Death, ‡ { Primary, *Bemature* Duration, *15*
Immediate, *marasmus* Duration, *15*

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.
Winthrop
*Mass*Date of Certificate, *Aug 10* 190*3*.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Ray Norton Sawyer
at Ed Pauline Street

Date, August 3 1903

Filed, August 4 1903

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, August 5th 1903.

Full Name of Deceased, Mary Paine

{ If a married or divorced woman or a widow give also }	Maiden Name,	Mary Tenksbury
	Name of Husband,	Benjamin S. Paine

Sex, F Color, ~~Single, Married, Widowed or Divorced,~~

Age, 78 Years, 11 Months, 19 Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
also state fully.

Place of Death, 100 Main Street Winthrop Mass

Place of Birth, Chelsea Mass

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, Martha Belcher Chelsea^{Mass}

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop	{ Signature and place of business of Undertaker.	Summer Floyd
on August 6 th 1903		18 Oremor Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Mary Paine Age, 78 Y. 11 M. 19 D.

Place and Date of Death, died at Winthrop, Mass. Aug. 5th 1903.

Disease or Cause of Death, †	Primary,	Cerebral Hemorrhage	Duration, _____
	Immediate,	Apoplectic	Duration, 4 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.
		Winthrop, Mass.	

Date of Certificate, Aug. 7th 1903.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Mary Parie
at 100 Main Street

Date, August 5 1903.

Filed, August 6 1903.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *August 7* 190*3*Full Name of Deceased, *Alexander S. Brown*

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, *M* Color, *W* ~~Single, Married, Widowed or Divorced,~~Age, *77* Years, *2* Months, *3* Days. Occupation, *Retired** Residence { If out of town, also state fully. } *Winthrop Mass*Place of Death, *33 Marshall Street*Place of Birth, *New Brunswick (St Martin's)*Name and Birthplace of Father, *Unknown (New Brunswick)*Maiden Name and Birthplace of Mother, *Unknown (New Brunswick)*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*

Dated at *Winthrop*
 on *August 8* 190*3* Signature and place of business of Undertaker, { *Summer Floyd Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Alexander S. Brown* Age, *77* Y. *2* M. *3* D.Place and Date of Death, died at *33 Marshall St Aug 7* 190*3*

Disease or Cause of Death, ‡ { Primary, _____ Duration, _____
 { Immediate, *Chronic Bright's Disease* Duration, *years*

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.
Winthrop
Mass.

Date of Certificate, *August 10* 190*3*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Alexander S. Brown

at 33 Marshall Street

Date, August 7 1903.

Filed, August 8 1903.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *August 8th* 190*3*Full Name of Deceased, *Francis P. Haley*

{ If a married or divorced woman or a widow give also	Maiden Name, _____
	Name of Husband, _____

Sex, *M* Color, *W* Single, ~~Married~~, Widowed or Divorced, _____Age, _____ Years, *10* Months, *18* Days. Occupation, _____* Residence { If out of town, also state fully. } *Wintthrop Mass*Place of Death, *9 Cora Street*Place of Birth, *Manchester Mass*Name and Birthplace of Father, *Edmund H. Haley, Swampscott*Maiden Name and Birthplace of Mother, *Catherine A. Coyne Boston*Place of Burial (Give name of Cemetery), *St Joseph's Catholic Cemetery*

Dated at <i>Wintthrop</i>	Signature and place of business of Undertaker. { <i>Summer Floyd</i> <i>18 Akrona Street</i>
on <i>August 8th</i> 190 <i>3</i>	

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Francis P. Haley* Age, *Y. 10 M. 18 D.*Place and Date of Death, died at *9 Cora Street Wintthrop Aug 8 1903*

Disease or Cause of Death, ‡	Primary, <i>Hosho Enteritis</i>	Duration, <i>2 wks</i>
	Immediate, _____	Duration, _____

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

Signature and Residence of Certifying Physician.	{	<i>B. M. M. M.</i>	M. D.
		<i>Wintthrop Mass</i>	

Date of Certificate, *Aug 9th* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Francis H. Haley
at 9 Cora Street WinterDate, August 8th 1903

Filed, August 9 1903

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding five dollars.

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.)

Date of Death, *August 10th* 190 *3*Full Name of Deceased, *Edward Eugene Robbins*

{ If a married or divorced woman or a widow give also	Maiden Name,	<i>_____</i>
	Name of Husband,	<i>_____</i>

{ If a married or divorced woman or a widow give also	Maiden Name,	<i>_____</i>
	Name of Husband,	<i>_____</i>

Sex, *M* Color, *M* ~~Single, Married, Widowed or Divorced,~~Age, *28* Years, *13* Months, *~* Days. Occupation, *Clerk** Residence { If out of town, } *Wentworth Mass*
also state fully.Place of Death, *Belmont Cottage, Wentworth Avenue*Place of Birth, *East Liverpool Maine*Name and Birthplace of Father, *Fred E. Robbins, Auburn Me*Maiden Name and Birthplace of Mother, *Ella Godding Lewistown Me*Place of Burial (Give name of Cemetery), *Wentworth Cemetery*

Dated at <i>Wentworth</i>	Signature and place of business of Undertaker. { <i>Summer Floyd</i> <i>18 Haven Street</i>
on <i>August 11</i> 190 <i>3</i>	

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Edward E. Robbins* Age, *28* Y. *3* M. *~* D.Place and Date of Death, died at *Ocean Gray August 10* 190 *3*

Disease or Cause of Death, ‡	Primary,	<i>_____</i>	Duration,	<i>_____</i>
	Immediate,	<i>Addison's Disease</i>	Duration,	<i>4 mos</i>

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

Signature and Residence of Certifying Physician.	{	<i>O. E. Johnson.</i>	M. D.
		<i>Minchup</i>	

Date of Certificate, *Aug 12* 190 *3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

Edward Eugene Robbins
 at Incident Arlene O. Gray

Date, August 10, 1903.

Filed, August 10, 1903.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *Aug 12* 190*3*Name in full, *Christopher J Spenceley*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male*Color, *W*

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, *Married*

(Single, Married, Widowed or Divorced.)

Age, *63* Years, Months, Days. Occupation,Residence, *367 Walnut St Rox* Ward,Place of Death, *4 Butler St Winthrop*

(State year, month and day.)

Place of Birth, *Wiscasset Maine* Date of Birth, *Aug 16 1840*Name and Birthplace of Father, *William England*Maiden Name and Birthplace of Mother, *Catherine Colby Wiscasset Maine*Place of Interment, *Pillricker Mass**J S Wateman & Sons*
Undertakers

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Aug. 13,* 190*3,*Name and Age of Deceased, *Christopher J Spenceley* Age, *63* years.Date and Place of Death,* *Aug 12 4 Butler St Winthrop*Disease { Chief cause, *Tuberculosis*
Contributing cause, *Diarrhoea*Duration { Chief cause, *Indefinite*
Contributing cause, *Five days*

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

Name and Residence of Physician, *H. J. Porter*

M.D.

* If an institution, state how long an inmate and previous residence.

Christopher J. Spencer
August 12th 1903
Filed Aug 13th 1903

(Copy)

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.)

Date of Death, August 14 1903Full Name of Deceased, Marian Reardon

If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, Female Color, White Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, 20 Years, _____ Months, _____ Days. Occupation, _____* Residence { If out of town, also state fully. } Winthrop MassPlace of Death, No 7, Thornton ParkPlace of Birth, Cambridge MassName and Birthplace of Father, William Reardon CambridgeMaiden Name and Birthplace of Mother, Marian M. Phillips Syracuse NYPlace of Burial (Give name of Cemetery), Cremated at Mount Auburn NYDated at Winthropon August 1903

Signature and place of business of Undertaker.

Summer Floyd
18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Marian Reardon Age, 20 Y. _____ M. _____ D. _____Place and Date of Death, died at Winthrop August 14 1903

Disease or Cause of Death, † { Primary, _____ Duration, _____
 Immediate, _____ Duration, _____

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, August 15 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Marian Pearson
 at *7 Spruett Park*

Date, *August 14* 190*3*.

Filed, *August 15* 190*3*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *August 16* 190*3*
 Full Name of Deceased, *Walter W. Cumnock*
 { If a married or divorced woman or a widow give also } Maiden Name,
 { } Name of Husband,
 Sex, *M* Color, *W* ~~Single, Married, Widowed or Divorced,~~
 Age, *58* Years, *2* Months, *3* Days. Occupation, *Manufacturer*
 * Residence { If out of town, also state fully. } *Louisville Kentucky*
 Place of Death, *Winthrop Mass (Argyle Hotel)*
 Place of Birth, *Johnston Scotland*
 Name and Birthplace of Father, *Unknown Johnston Scotland*
 Maiden Name and Birthplace of Mother, *Margaret Goodlet, Johnston Scotland*
 Place of Burial (Give name of Cemetery), *Venderson Kentucky*
 Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *August 17* 190*3* { *18 Federal Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Walter W. Cumnock* Age, *58* Y. *2* M. *3* D.
 Place and Date of Death, died at *Winthrop August 16* 190*3*
 Disease or Cause of Death, ‡ { Primary, *Pecuniary pro Perforation* Duration, *12 hours*
 { Immediate, Duration,

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

Signature and Residence
 of
 Certifying Physician.

B. Melcalf
Winthrop

M. D.

Date of Certificate, *aug 17* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Walter M. Cummock

at Wintthrop (Angiersville)

Date, August 16 1903.

Filed, August 17 1903.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every honscholder 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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *August 16, 1903*
 Name in full, *Catharine Swift*
Leyons (If a married or divorced woman give maiden name, also name of husband.)
 Sex, *Female* Color, *White* Condition, *Married*
 (Single, Married, Widowed or Divorced.)
 Age, *49* Years, *4* Months, *7* Days. Occupation, *Housewife*
 Residence, *Neptune Ave Ocean Spray* Ward,
 Place of Death, *Neptune Ave Ocean Spray*
 Place of Birth, *Boston* Date of Birth, *Nov 9, 1854*
 (State year, month and day.)
 Name and Birthplace of Father, *John Leyons* *Ireland*
 Maiden Name and Birthplace of Mother, *Mary Leyons* *Ireland*
 Place of Interment, *Palmyra*

J. P. Cleary
 Undertaker.
 108 N. B. ST.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *August 16, 1903*
 Name and Age of Deceased, *Catharine Swift* Age, *49* years.
 Date and Place of Death, *August 16, 1903* *Neptune Ave. O. S.*
 Disease { Chief cause, *Myocardial Insufficiency (Coronary)*
 Contributing cause,
 Duration { Chief cause, *One year*
 Contributing cause,

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

Name and Residence of Physician, *W. Metcalf*

M.D.

* If an institution, state how long an inmate and previous residence.

Currents & Tides

August 18th 1903

Left Aug 1st 1903

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.)

Date of Death, *August 19* 190*3*.Full Name of Deceased, *Martha E. Corkham*

If a married or divorced woman or a widow give also

Maiden Name, *" "*Name of Husband, *" "*Sex, *F* Color, *N* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, *7* Years, *3* Months, *1* Days. Occupation, *" "** Residence { If out of town, } *Wintthrop Mass*
{ also state fully. }Place of Death, *Shilley Street. Wintthrop Mass*Place of Birth, *Boston Mass*Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Jessie L. Corkham*Place of Burial (Give name of Cemetery), *Wintthrop Cemetery Wintthrop Mass*Dated at *Wintthrop* Signature and place of business of Undertaker, { *Summer Floyd*
on *August 20* 190*3* { *18 Hermon Street***PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † *Martha E. Corkham* Age, *7* Y. *3* M. *19* D.Place and Date of Death, died at *Wintthrop Beach Shilley St Aug 19* 190*3*.Disease or Cause of Death, ‡ { Primary, *Marasmus* Duration, *2 1/2 mos.*
{ Immediate, _____ Duration, _____

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

Signature and Residence of
Certifying Physician.*H. J. Parker*

M. D.

*Wintthrop*Date of Certificate, *Dec. 21* 190*3*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Martha C. Conkham

at

Shirley Street

Date,

August 19th 1903

Filed,

August 20 1903

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, August 22 1903
 Full Name of Deceased, Elizabeth M. Tedford
 { If a married or divorced woman or a widow give also } Maiden Name, Tedford
 Name of Husband, Samuel C. Tedford
 Sex, F Color, W Single, Married, ~~Widowed or Divorced~~,
 Age, 67 Years, 3 Months, 9 Days. Occupation, _____
 * Residence { If out of town, } Wintthrop Mass
 also state fully. }
 Place of Death, On Hillside Ave + Park
 Place of Birth, Hebron Nova Scotia
 Name and Birthplace of Father, John Tedford
 Maiden Name and Birthplace of Mother, Elizabeth C. Lemmitt
 Place of Burial (Give name of Cemetery), Wintthrop Mass (Cemetery T)
 Dated at Wintthrop Signature and place of business of Undertaker, { Summer Fay
 on August 23 1903 { 18 Heuman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Elizabeth Mary Tedford Age, 67 Y. 3 M. 9 D.
 Place and Date of Death, died at Hawthorne Cottage Hill Aug 22 1903.
 Disease or Cause of Death, ‡ { Primary, Apoplexy Duration, 1 week
 { Immediate, _____ Duration, _____

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.
131. Crest Ave Wintthrop

Date of Certificate, Aug 22 1903.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Elizabeth M. Seaford
at *Cor Hillside & Park Avenue*
Hawthorn Hotel

Date, *August 22* 190*3*.

Filed, *August 23* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 11, 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 have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, August 27, 1903 .190 .

Full Name of Deceased, Clarence A. Barney

{ If a married or divorced woman or a widow give also }	Maiden Name,
	Name of Husband,

Sex, Male Color, White Single, Married, ~~Widowed~~ ~~or~~ ~~Divorced~~, X

Age, 51 Years, X Months, X Days. Occupation, Merchant

* Residence { If out of town, } 10 Kenmore Street.--Ward 11. Boston Mass.
also state fully.

Place of Death, 48 Cottage Park Road, Winthrop Mass.

Place of Birth, Boston Mass.

Name and Birthplace of Father, Stearns Barney

Maiden Name and Birthplace of Mother,

Place of Burial (Give name of Cemetery), Crematory of the Mass. Cremation Society

Dated at <u>Boston</u>	Signature and place of business of Undertaker.	<u>Joseph S. Waterman & Sons</u> <u>Boston Mass.</u>
on <u>Aug. 27.</u> 1903		

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Clarence A. Barney Age, 51 Y. M. D.

Place and Date of Death, died at 48 Cottage Park Road. Aug 27, 1903.

Disease or Cause of Death, ‡	Primary, Cirrhosis + Cancer of liver	Duration,
	Immediate, plus 19 months disease	Duration,

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

Signature and Residence of Certifying Physician.	{ <u>Francis A. Harris</u> M. D. <u>Med. Examiner</u>

Date of Certificate, Aug. 28 1903.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Clarence A. Barney
 at *48 Cottage Park Road*

Date, *August 27th* 190*3*.

Filed, *August 28th* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. *Penalty for violation not over \$100.*

For Board of Health.

RETURN OF A DEATH.

TO THE BOARD OF HEALTH.

EVERETT, MASSACHUSETTS.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

[FILL OUT WITH INK.]

Name in full

Wayne Austin

Date of death

Year 1903
Month August
Day 27

Date of birth

Year 1903
Month Jan
Day 6

Age

Years
Months 2
Days 23

Maiden name

If a woman,
married or divorced.

Husband's name

If a woman,
married or divorced.

Color—

White.

~~Black (negro or mixed.)~~~~Indian.~~~~Chinese.~~~~Japanese.~~

Sex—

Male.

~~Female.~~

Conjugal Conditions—

~~Single.~~~~Married.~~~~Widowed.~~~~Divorced.~~

Strike out words not applicable.

Occupation (Of person over ten years of age)

Residence (If out of town state fully)

Place of birth

Everett Mass

Place of death

Triton Ave Hinchrop

Ward

Name of father

Herbert G. Austin

Birthplace

Reading Mass

Maiden name of mother

McLoughlin

Birthplace

Boston "

Place of interment

Greenwood Cemetery Everett

T. L. Gandy Son

Undertaker.

Everett, Mass.,

Aug. 27

1903

Everett Mass

Place of business

PHYSICIAN'S CERTIFICATE.

Name of deceased

Wayne Austin

Age y. 2 m. 23 d.

Place and date of death

Triton Ave Hinchrop

Aug 27 1903.

Disease and cause of death.

Chief cause

Cholera Infantum

Duration

Two weeks.

Contributing cause

Syphilis

Duration

since birth

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

H. J. Porter

M. D.

Residence

250 Shirley St., Hinchrop

Date of Certificate

Aug. 27.

1903.

Myrica carolinensis

August 24th 1903

Direct Aug 28 1903

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.)

Date of Death, Aug. 28 1903.

Full Name of Deceased, Frederick William Bartlett

Sex, Male. Color, White Single, Married, Widowed or Divorced, Widower

Age, 88 Years, Months, Days. Occupation, Merchant

* Residence { If out of town, } Winthrop Mass
 { also state fully. }

Place of Death, Winthrop (30 Winthrop Street)

Place of Birth, Paris Maine

Name and Birthplace of Father, Amos Bartlett Paris Maine

Maiden Name and Birthplace of Mother, Oliver Sherman Paris Maine

Place of Burial (Give name of Cemetery), Skowhegan (Skowhegan Cemetery) Me

Dated at Winthrop

on Aug 28 1903

Signature and place of business of Undertaker. { Summer Floyd
18 Hermin Street,

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Frederick William Bartlett Age, 88 Y. M. D.

Place and Date of Death, died at Winthrop Aug 28 1903.

Disease or Cause of Death,† { Primary, Arterio Sclerosis Duration,
 { Immediate, Uremia Duration, 4 days

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

Signature and Residence of Certifying Physician. { H. J. L... M. D.
Winthrop

Date of Certificate, Aug 28 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Fredenick William Burtlett

at *30 Vinthrop Street*

Winthrop Mass

Date, *August 28* 190*3*.

Filed, *August 29* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death.

Sept 3/1903

Name in full, Caroline E. Hennessy

(If a married or divorced woman give maiden name, also name of husband.)

Sex,

F

Color,

W

Condition,

S

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, — Years, — Months, / Days. Occupation,

Residence, 9 Sea Foam Ave

Ward,

Place of Death, 9 Sea Foam Ave Wintthrop

(State year, month and day.)

Place of Birth, Wintthrop Ave. Date of Birth, Sept 3 1903

Name and Birthplace
of Father,

John Boston

Maiden Name and
Birthplace of Mother,

Elizabeth Burns Boston

Place of Interment,

Cubany Cem

Chas. J. Lane

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept. 3. 1903.

Name and Age
of Deceased,

Caroline Elizabeth Hennessy

Age, — years.

Date and
Place of Death,*

Sept. 3., 9 Sea Foam Ave; Wintthrop

Disease { Chief cause,
Contributing cause,

Still born

Duration { Chief cause,
Contributing cause,

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

Name and Residence
of Physician,

W. J. Porter

M.D.

* If an institution, state how long an inmate and previous residence.

Committed to memory
September 3rd 1903
Filed Sept 4th 1903

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *Sept 21/1903*

Name in full, *Olive Jeffry "nie" Hill*
wife of Henry Jeffry
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *F* Color, *W* Condition, *W*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *45* Years, Months, Days. Occupation,

Residence, *31 Putnam st.* Ward,

Place of Death, *Wintthrop Mass.*
(State year, month and day.)

Place of Birth, *Randolph Vt.* Date of Birth, *1858*

Name and Birthplace of Father, *Boris Hill - Canada*
 Maiden Name and Birthplace of Mother, *Philomena Bouchard "*

Place of Interment, *Old Cambridge Mass*
Hos. J. Lane.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *September 21 1903.*

Name and Age of Deceased, *Olive Jeffry* Age, *45* years.

Date and Place of Death,* *September 21, 1903 Wintthrop. Mass.*

Disease { Chief cause, *Multiple Abdominal Sarcoma*
 Contributing cause,

Duration { Chief cause, *Three years*
 Contributing cause,

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

Name and Residence of Physician,

Dr. Johnson. M.D.
Wintthrop. Mass.

* If an institution, state how long an inmate and previous residence.

Oliver J. Egger

September 21 " 1903

Filed Sept 22 " 1903

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.)

Date of Death, *September 22*, 190 *3*

Full Name of Deceased, *Lolara O. Short*

{ If a married or divorced woman or a widow give also } Maiden Name, *Lolara O. Young*
 { } Name of Husband, *Orville H. Short*

Sex, *F* Color, *W* Single, Married, ~~Widowed or Divorced~~,

Age, *54* Years, *~* Months, *~* Days. Occupation, *~*

* Residence { If out of town, } *Winthrop Mass*
 { also state fully. }

Place of Death, *25 Prospect Avenue*

Place of Birth, *Cambier Ohio*

Name and Birthplace of Father, *Unknown*

Maiden Name and Birthplace of Mother, *Unknown*

Place of Burial (Give name of Cemetery), *~*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *September 23*, 190 *3* { *18 Hermon Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Lolara O. Short* Age, *54* Y. *~* M. *~* D.

Place and Date of Death, died at *25 Prospect Avenue Sept 22*, 190 *3*.

Disease or Cause of Death, ‡ { Primary, *Epithelioma* Duration, *3 yrs.*
 { Immediate, *Heart failure* Duration, *~*

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

Signature and Residence of
 Certifying Physician. {

H. J. Porter M. D.
250 Shirley St; Winthrop.

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Clara O. Short
at *25 Prospect Avenue*

Date, *September 22* 190*3*.

Filed, *September 23* 190*3*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every household 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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *September 22* 190*3*.Full Name of Deceased, *Joseph A. Tolman*

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W* Single, Married, Widowed or Divorced, _____Age, *92* Years, *7* Months, _____ Days. Occupation, *Merchant** Residence (If out of town,
also state fully.)*Winthrop Mass*Place of Death, *33 Sagamore Avenue W. Highlands*Place of Birth, *Dorchester Mass*Name and Birthplace of Father, *Joseph A. Tolman - Dorchester*

Maiden Name and Birthplace of Mother, _____

Place of Burial (Give name of Cemetery),

*Forest Hills Cemetery*Dated at *Winthrop*
on *September 23* 190*3*Signature and
place of business
of Undertaker.*Summer Floyd**18 Vernon Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Joseph A. Tolman* Age, *92* Y. *7* M. *C* D.Place and Date of Death, died at *33 Sagamore Ave* *Sept 22* 190*3*.Disease or Cause
of Death,† { Primary,
Immediate,*Senility*

Duration, _____

strangled hernia

Duration, _____

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

Signature and Residence
of
Certifying Physician.*W. J. Porter*

M. D.

250 Shirley St, Winthrop

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Joseph A. Tolman
at *333 Baymore Avenue*

Date, *September 22* 190 *3*.

Filed, *September 23* 190 *3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *October 1*, 190*3*.

Full Name of Deceased, *John Thurber Ham*.

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 Name of Husband, _____

Sex, *Male* Color, *White* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, _____

Age, _____ Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town, } *Winthrop Mass*
 { also state fully. }

Place of Death, *Point Shirley (Winthrop Mass)*

Place of Birth, _____

Name and Birthplace of Father, *William C. Ham, Boston, Mass.*

Maiden Name and Birthplace of Mother, *Jean F. Black, Scotland.*

Place of Burial (Give name of Cemetery), *Winthrop Cemetery*

Dated at *Winthrop*
 on *October 2* 190*3*

Signature and place of business of Undertaker, { *Sumner Floyd*
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *John Thurber Ham* Age, _____ Y. _____ M. _____ D. *3 Hours*

Place and Date of Death, died at *Point Shirley Oct 1st* 190*3*.

Disease or Cause of Death, ‡ { Primary, *Premature Birth* Duration, _____
 Immediate, _____ Duration, _____

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

 Signature and Residence
 of
 Certifying Physician.
H. J. Porter

M. D.

*Winthrop*Date of Certificate, *Oct 2d* 190*3*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
John Thumber Ham
Post-Boy
at *October 1st 1903*

Date, *October 1st* 1903

Filed, *October 2nd* 1903

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *October 13* 190*3*.

Full Name of Deceased, *Arilla Wood*

{ If a married or divorced woman or a widow give also } Maiden Name, *Arilla Wood*
 { } Name of Husband, _____

Sex, *F* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, *70* Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town, also state fully. } *28 Temple Avenue W. Highlands*

Place of Death, *28 Temple Avenue W. Highlands*

Place of Birth, *New York*

Name and Birthplace of Father, *Orsam Wood Barotoga N.Y.*

Maiden Name and Birthplace of Mother, *Mary Sprague Pompey N.Y.*

Place of Burial (Give name of Cemetery), *Fayetteville New York*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *October 14* 190*3* { *Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Arilla Wood* Age, *70* Y. ~ M. ~ D.

Place and Date of Death, died at *N. Highlands* *October 13* 190*3*.

Disease or Cause of Death, ‡ { Primary, *Tuberculosis of Intestine* Duration, *Months*
 { Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician, { *M. A. Morrison* M. D.
80 Princeton St

Date of Certificate, *Oct 15* 190*3* *Winst*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Anilla Wood

at *28. Temple Avenue*

Date, *October 13* 190*3*.

Filed, *October 14* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *October 17th* 190*3*.Full Name of Deceased, *Alfred L. Linscomb*

{ If a married or divorced woman or a widow give also }

Maiden Name,

Name of Husband,

Sex, *Male* Color, *White* Single, Married, Widowed or Divorced,Age, Years, Months, *6* Days. Occupation,

* Residence { If out of town, also state fully. }

*43 Winthrop St. Winthrop, Mass.*Place of Death, *43 Winthrop St. Winthrop, Mass.*

Place of Birth, " " " " " "

Name and Birthplace of Father, *David Allen Winthrop, Winthrop, Mass.*Maiden Name and Birthplace of Mother, *Lena Allen Lockport, N.Y.*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop, Mass.*
on *Oct 23* 190*3*Signature and
place of business
of Undertaker. {

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *† Alfred L. Linscomb, Boston* Age, *Y. M. 6* D.Place and Date of Death, died at *Winthrop, Oct 14* 190*3*.Disease or Cause of Death, *†* { Primary, *Malnutrition*
Immediate,Duration, *6 days*

Duration,

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

Signature and Residence
of
Certifying Physician. {*Dr. J. J. Bunker* M. D.
*Winthrop, Mass.*Date of Certificate, *Nov 23* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Hayd. Cent. Albany, Belcher
at *43 West 100th Street*

Date, *October 14th* 190*3*

Filed, *October 15* 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Oct. 27, 1903

Name in full, Harry Foster Russell

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color, W

(White, Black, Mixed, Chinese,
Indian, etc.)

Condition, Married

(Single, Married, Widowed or
Divorced.)

Age, 28 Years, 10 Months, 8 Days. Occupation,

Residence, 9 Hathorn Ave. Winthrop Ward,

Place of Death, " " "

Place of Birth, Charleston Date of Birth, Dec. 19, 1874

Name and Birthplace of Father, Foster S. Russell Boston Mass.

Maiden Name and Birthplace of Mother, Emma H. Gray Pittsfield Mass.

Place of Interment, Mt Hope Cem. Dorch.

John Swantz Sons

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct. 27, 1903.

Name and Age of Deceased, Harry Foster Russell Age, 28 years.

Date and Place of Death, Oct. 27, 1903, 9 Hathorn Ave. Winthrop

Disease { Chief cause, Pulmonary Tuberculosis
Contributing cause, " "Duration { Chief cause, over five years
Contributing cause, " " "

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

Name and Residence of Physician, Willard A. Paul M.D.

* If an institution, state how long an inmate and previous residence.

157 Harvard St.
New Dorchester

Very truly yours,
David O. Hottel 27th 1943

Filed Oct 28th 1943

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.)

Date of Death, *October 29* 190*3*.

Full Name of Deceased, *James E. McCauley*

Maiden Name, _____

If a married or divorced woman or a widow give also Name of Husband, _____

Sex, *M* Color, *W* ~~Single, Married, Widowed or Divorced,~~

Age, *65* Years, *8* Months, *7* Days. Occupation, *Clerk*

* Residence { If out of town, } *62 Shirley Street (Winthrop, Mass)*
 { also state fully. }

Place of Death, " " " " "

Place of Birth, *Philadelphia*

Name and Birthplace of Father, *James McCauley Philadelphia*

Maiden Name and Birthplace of Mother, *Mary Holt Norfolk Va*

Place of Burial (Give name of Cemetery), *Mount Hope Cemetery
Dorchester*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Lloyd - 18 Normal St -*

on *October 30* 190*3*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *James E. McCauley* Age, *65* Y. *8* M. *7* D.

Place and Date of Death, died at *Winthrop* *Oct 29* 190*3*.

Disease or Cause of Death, † { Primary, *Sclerosis of Coronary Arteries* Duration, *3 y*
 Immediate, *Angina Pectoris* Duration, *2 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, *October 31* 190*3*

J. E. Johnson M. D.
Winthrop
Mass

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
James G. McCawley
at *63 Shirley Street*

Date, *October 29* 190*3*.

Filed, *October 31* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *October 29* 190*3*Full Name of Deceased, *Charles O. Stearns*

Maiden Name, _____
 { If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, *M* Color, *O* Single, ~~Married~~, Widowed or Divorced, _____Age, *61* Years, _____ Months, _____ Days. Occupation, *Labrer** Residence { If out of town, } *Cherry Street Winthrop Mass*
 { also state fully. }

Place of Death, " " " "

Place of Birth, *Maine*Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Unknown*

Place of Burial (Give name of Cemetery), _____

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *October 29* 190*3* { *18 Herman St*

PHYSICIAN'S CERTIFICATE.Name and Age of Deceased,† *Charles O. Stearns* Age, *61* Y. *~* M. *~* D.Place and Date of Death, died at *Winthrop Cherry St - Oct 29* 190*3*

Disease or Cause of Death, { Primary, *myocardial infarction* Duration, *2 yrs*
 { Immediate, *Heart Failure* Duration, *instantaneously*

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

Signature and Residence of Certifying Physician, { *B. J. Mulcahy* M. D.
Winthrop Mass

Date of Certificate, *Oct 31* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Charles W. Blaine

at

Cherry Street

Date,

October 29 190*3*

Filed,

October 31 190*3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, Nov 9th 1903Full Name of Deceased, Elijah Bryan Miller

{ If a married or divorced woman or a widow give also	Maiden Name, <u>" "</u> <u>Faylor</u>
	Name of Husband, <u>Robert W. Taylor</u>

Sex, Female Color, White Single, Married, Widowed or Divorced,Age, 62 Years, 11 Months, — Days. Occupation,* Residence { If out of town, also state fully. } Chicopee IllPlace of Death, 17 Cottage AvePlace of Birth, Chicopee IllName and Birthplace of Father, Unknown UnknownMaiden Name and Birthplace of Mother, Elijah Bryan UnknownPlace of Burial (Give name of Cemetery), Beardston Ill

Dated at <u>Winthrop Mass</u>	{ Signature and place of business of Undertaker. }
on <u>Nov 10th</u> 190 <u>3</u>	

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Elijah B. Miller Age 62 Y. 11 M. D.Place and Date of Death, died at 17 Cottage Ave Winthrop Nov 9th 1903.

Disease or Cause of Death, ‡	Primary, <u>Cardiac Sclerosis, Mitral Insufficiency</u> Duration, <u>6 months</u>
	Immediate, <u>Heart failure</u> Duration, _____

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

{ Signature and Residence of Certifying Physician. }	<u>D. H. Metcalf</u>	M. D.
	<u>Winthrop Mass.</u>	

Date of Certificate, November 10th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

George B. Miller
 at *Mountain of 17 Cottage Ave*

Date, *November 9th* 190*3*.

Filed, *November 11th* 190*3*.

[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 the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Nov 10 - 1903*Name in full, *James Duff*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *75* Years, - Months, *8* Days. Occupation, *Retired manufacturing*Residence, *Cincinnati, Ohio* Ward,Place of Death, *78 Cliff Ave Winthrop Highlands* (State year, month and day.)Place of Birth, *New York N.Y.* Date of Birth, *Nov 2 1828*Name and Birthplace of Father, *James Duff* *Scotland*Maiden Name and Birthplace of Mother, *Mary Thompson* *Scotland*Place of Interment, *Deoria Hill**A. L. Eastman*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, *November 10th 1903.*Name and Age of Deceased, *James Duff* Age, *75* years.Date and Place of Death, *November 10th 78 Cliff Avenue*Disease { Chief cause, *Apoplexy*
Contributing cause, *Atherosclerotic blood vessels and valvular heart disease*Duration { Chief cause, *3 days*
Contributing cause, *14 months, or more*

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

Name and Residence of Physician, {

Charles H. Cobb M.D.
Hotel Oxford

* If an institution, state how long an inmate and previous residence.

Boston, Mass.

James D. Duff
Died Oct 10th 1923
Filed Oct 11th 1923

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.)

Date of Death, November 16 1903.Full Name of Deceased, Charles Currie

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____Age, 78 Years, 9 Months, _____ Days. Occupation, None* Residence { If out of town, } 24. Bordon Street Winthrop Mass
 { also state fully. }Place of Death, 24 Bordon Street Winthrop MassPlace of Birth, Chelsea Mass

Name and Birthplace of Father, _____

Maiden Name and Birthplace of Mother, _____

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop MassDated at Winthrop
 on November 18 1903Signature and
 place of business
 of Undertaker.
Summer Floyd
18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charles Currie Age, 78 Y. 9 M. _____ D.Place and Date of Death, died at Winthrop November 16 1903.

Disease or Cause of Death, ‡ { Primary, Heart disease Duration, 3 years
 { Immediate, Uremia Duration, 6 months

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

Signature and Residence
 of
 Certifying Physician.
Thorace J. Soule M. D.
Winthrop
Date of Certificate, Nov 23 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Charles Burnell
at *No 24 Bondin Street*

Date, *November 14* 190*3*.

Filed, *November 15* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, *December 4* 190*3*.Full Name of Deceased, *Ada Perkins*

{ If a married or divorced woman or a widow give also

Maiden Name, *Ada Gopkey*Name of Husband, *Joseph H. Perkins*Sex, *F* Color, *W.* Single, Married, ~~Widowed or Divorced~~,Age, *45* Years, *~* Months, *~* Days. Occupation, *Housewife** Residence { If out of town, also state fully. } *Winthrop Mass*Place of Death, *26 Somerset Avenue*Place of Birth, *Nova Scotia*Name and Birthplace of Father, *James Gopkey Nova Scotia*Maiden Name and Birthplace of Mother, *Rebecca Elliot Nova Scotia*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*
on *December 6* 190*3*Signature and
place of business
of Undertaker.{ *Sumner Floyd*
*18 Herman Street**Winthrop Mass*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Ada Perkins* Age, *45* Y. *~* M. *~* D.Place and Date of Death, died at *Winthrop 26 Somerset Ave Dec 4* 190*3*Disease or Cause
of Death, ‡ { Primary, *Chronic valvular*Duration, *several years*{ Immediate, *Paralysis (hemiplegia)*Duration, *two weeks*

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

Signature and Residence
of
Certifying Physician.*Wm. H. Melick* M. D.
*Winthrop Mass*Date of Certificate, *Dec 5th* 190*3*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

at *26 Somerset Avenue*
of Ada Ferrie

Date, *December 17* 190 *3*

Filed, *December 5* 190 *3*

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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 physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

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.)

Date of Death, 2 December 10 1903

Full Name of Deceased, *Angie Mae Jones.*

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 Name of Husband, _____

Sex, W Color, W ~~Single~~, Married, Widowed or Divorced, _____

Age, 26 Years, 5 Months, 18 Days. Occupation, Book-Maker

* Residence { If out of town, }
also state fully. { *Starkfield Mass* }

Place of Death, *Rear of 35 Marshall Street*

Place of Birth, P. O. Island

Name and Birthplace of Father, *Martin Mac Innes*

Maiden Name and Birthplace of Mother, *Annie Matheson P.E.S.*

Place of Burial (Give name of Cemetery), *Winthrop Cemetery*

Dated at Wintrop Signature and Burnes Floyd

on December 11 1903 place of business of Undertaker. 18 Vernon St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Cinque Mac. Jones* Age, *26* Y. *5* M. *18* D.

Place and Date of Death, died at Wintthrop Rear of 35 Marshall St ^{Dec 10} 1903

Disease or Cause (Primary, Pulmonary Tuberculosis Duration, 2 years

Disease or Cause of Death, †	Immediate,		Duration,
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I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. } C. E. Johnson M. D.
Winthrop Mass

Date of Certificate, December 12 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Angue Mae Ames
at *357 Marshall Street*

Date, *2 December 10* 190*3*.

Filed, *December 11* 190*3*.

[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. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the 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.]

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Permit No.

RETURN OF DEATH.**BOSTON.**

Date of death { Year, 1903 Birth { Year, 1842 { Years, 61
 { Month, Dec { Month, Jan { Months, 11
 { Day, 23 { Day, 6 { Days, 17

Name in full, Wm. C. Brown Residence, 135 Winthrop St

Maiden name,

Sex { Male. ☒ Conjugal condition { Single. ☐ Color { White. ☒
 { Female. ☐ { Married. ☒ { Black (Negro or mixed).
 { Widowed. ☐ { Indian.
 { Divorced. ☐ { Chinese.
 { Japanese.

Wife of, Widow of,

Place of death { Street, 135 Winthrop St { Winthrop Mass
 { Number, Boston { Mass

Place of birth,

Occupation, Ship CaptainName of Father, Geo. Brown Maiden Name of Mother, Elizabeth ChildBirthplace of Father, England Birthplace of Mother, EnglandPlace of interment, Woodlawn Cemetery West MassC. R. Brimmer

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Winthrop Dec 26 1903.
BostonName and age of deceased, Wm C Brown Age, 61 years.Date and place of death, * 135 Winthrop St

Disease { Chief cause, Coronary sclerosis. angina pectoris
 { Contributing cause,

Duration { Chief cause, 3 weeks
 { Contributing cause,

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

Name and residence { B H Mulvey M D.
 of physician, {

* If in an institution, state how long an inmate and previous residence.

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.

William O Brown

Died Dec 23/1903

Bred Dec 24/1903

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.)

Date of Death, December 27 1903

Full Name of Deceased, Catharine D. Bardnell

☒ If a married or divorced woman or a widow give also } Maiden Name, Catharine D. Perry

☐ } Name of Husband, Wamon A. Bardnell

Sex, Female Color, White ~~Single, Married, Widowed or Divorced,~~

Age, 72 Years, ~ Months, 1 Days. Occupation, None

* Residence ☐ If-out of town, ☒ also state fully. 16 Sagamore Avenue Winthrop Hills

Place of Death, 16 Sagamore Avenue Winthrop Highlands

Place of Birth, Leyden Mass

Name and Birthplace of Father, Abe Perry

Maiden Name and Birthplace of Mother, Nancy Smith Perry

Place of Burial (Give name of Cemetery), Ans's Cemetery - Shelburn Falls Mass

Dated at Winthrop Signature and place of business of Undertaker. { Summer Floyd
December 28 1903 { 18 Myermon Street
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Catharine D. Bardnell Age, 72 Y. ~ M. 1 D.

Place and Date of Death, died at Winthrop December 27 1903.

Disease or Cause of Death, ‡ { Primary, Cerebral Hemorrhage Duration, 5 days

{ Immediate, _____ Duration, _____

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

Signature and Residence of Certifying Physician. { Bitmuckat M. D.
Winthrop

Date of Certificate, Dec 28 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Catharine D. Dandene

at

16 Sagamore Avenue

Date

December 27 190 *3*

Filed

December 27 190 *3*

[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.

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