



## COMMONWEALTH OF MASSACHUSETTS

## RETURN OF A DEATH

Town of 319  
Brookline.

FULL NAME..... Thomas B Cotter ..... Registered No. .... 269 .....

Place of Death\*..... Corey Hill Hospital Brookline Mass .....

Date of Death..... November 22 1906 ..... Age..... 40 ..... years..... 2 ..... months..... -- ..... days

## STATISTICAL DETAILS

## PHYSICIAN'S CERTIFICATE

SEX..... Male ..... COLOR..... White ..... SINGLE, MARRIED, WIDOWED, OR DIVORCED..... Single

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Waltham Mass

NAME OF FATHER

James Cotter

BIRTHPLACE OF FATHER †

Ireland

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER †

Ireland

OCCUPATION

Liquor Business

INFORMANT ‡

Daniel F Slattery  
Waltham Mass

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 15 1906 to Nov 22 1906,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

(DURATION) 9 DAYS

Contributory Abscess of Thigh

16 weeks (DURATION) DAYS

(Signed) Benjamin B Sibley M.D.

Nov 22 1906 (Address) Brookline Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Waltham Mass How long at Place of Death 20 Days

Where was disease contracted, if not at place of death? Lincoln Mass

Filed Nov 22 1906 Edward W. Baker

Town Clerk of Brookline. Clerk

PLACE OF BURIAL OR REMOVAL †

Calvary, Waltham

DATE OF BURIAL

Nov 25 1906

UNDERTAKER

John J Mooney

ADDRESS

Waltham Mass

\* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

FILL UP WITH INK.—THIS IS A PERMANENT RECORD ALL NAMES TO BE IN FULL