

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

79
Medfield
(City or town.)

1 PLACE OF DEATH

Medfield (No. State Hospital

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edward Doherty

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE

Andover, Mass

Registered No.

141V

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX: M. 5 COLOR OR RACE: W. 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married (Write the word)

16 DATE OF DEATH: Dec 29, 1916 (Month, Day, Year)

8 DATE OF BIRTH: (Month, Day, Year)

17 I HEREBY CERTIFY that I attended deceased from Aug 6, 1916, to Dec 29, 1916, that I last saw him alive on Dec 29, 1916, and that death occurred, on the date stated above, at 8.05 P.M. The CAUSE OF DEATH* was as follows:

7 AGE: 41 yrs. 6 mos. 13 ds. If LESS than 1 day, hrs. or min.?

Pulmonary tuberculosis 28

9 OCCUPATION: (a) Trade, profession, or particular kind of work: Ball Player (b) General nature of industry, business, or establishment in which employed (or employer):

(Duration) 1 yrs. 4 mos. 23 ds.

9 BIRTHPLACE (State or country): Vermont

Contributory (SECONDARY) Dementia praecox (Duration) 13 yrs. 3 mos. 19 ds.

10 NAME OF FATHER: James

(Signed) Edward French M.D. Dec 30, 1916 (Address) Medfield

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary O'Connor

13 BIRTHPLACE OF MOTHER (State or country): Ireland

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Danvers State Hospital (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death 8 yrs. 6 mos. 13 ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence:

15 Filed Jan 1, 1917 Stillman J. Shear REGISTRAR

19 PLACE OF BURIAL OR REMOVAL: Northfield, Vermont DATE OF BURIAL: Jan 1, 1917

20 UNDERTAKER: Joseph A. Roberts ADDRESS: Medfield