

The Commonwealth of Massachusetts

STATE DEPARTMENT OF PUBLIC HEALTH

N^o 89534

REGISTRY OF VITAL RECORDS AND STATISTICS

COPY OF RECORD OF DEATH

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have the custody of the records of death required by law to be kept in my office; that among such records is one relating to the death of

John E. Firth

and that the following is a true copy of so much of said record as relates to said death, namely:—

Name		<i>John E. Firth</i>	
Date of Death		<i>June 23, 1902</i>	
Place of Death		<i>Tewkesbury Mass</i>	
Residence at time of Death		<i>Tewkesbury Mass</i>	
Sex	<i>M.</i>	Color	<i>W.</i>
Husband or Wife of		Single, Mar., Wid. or Div.	<i>Single</i>
Age		Occupation	<i>46 yrs</i> <i>Machinest</i>
Birthplace		<i>Mass</i>	
Immediate Cause of Death <i>Phthisis</i>			
Due to			
Due to			
FATHER		MOTHER	
Full Name	<i>Thomas</i>	Maiden Name	<i>Ana</i>
Birthplace	<i>England</i>	Birthplace	<i>England</i>
Date of Record	<i>June 23, 1902</i>	Place of Burial	<i></i>