



COMMONWEALTH OF MASSACHUSETTS.

City ⁷⁶
of
Lawrence

RETURN OF A DEATH.

FULL NAME John A. Flynn Registered No. 1798

*Place of Death } 27 Lowell Street } Date of Death } Dec. 31, 1907
 Name of Hospital or Institution, if any } Lawrence }

†Place of Residence } " " " } Age 42 Years = Months = Days

STATISTICAL DETAILS

Sex male Color white Condition, married

Maiden Name _____ If a married or divorced woman or widow.

Husband's Full Name _____

Birthplace _____ City or Town and State or Country.
Lawrence, Mass

Full Name of Father John A. Flynn

Birthplace of Father _____ City or Town and State or Country.
Ireland

Maiden Name of Mother Margaret Finn

Birthplace of Mother _____ City or Town and State or Country.
Ireland

Occupation Inspector

Informant's Name _____

Place of Burial or Removal _____ Cemetery
Immaculate Conception, Lawrence, Mass

Undertaker's Name John Breen, Lawrence, Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 27, 1907 to Dec. 31, 1907 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.

(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: { Pneumonia
(Duration) 4 days

Contributory: {
(Duration) _____

(Signed) John T. Cahill M. D.
(Address) 344 Haverhil St.

*How long at Place of Death _____ Years _____ Months _____ Days

Received at office of Board of Health. Jan. 2, 1908 No of Burial Permit 8

Roscoe Doble
Clerk of Board of Health.
Date January 9, 1908.

A TRUE COPY Attest: _____
City Clerk.

†If other than place of death.



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