

RETURN OF A DEATH

Taunton

(CITY OR TOWN.)

FULL NAME Michael P. Hynes Registered No. 175
 Place of Death } Taunton State Hospital Date of Death } March 14, 1910
 Residence New Bedford, Mass. Age 44 years --- months --- days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

| | | |
|--|-------------------|--|
| SEX M | COLOR W | SINGLE, MARRIED, WIDOWED, OR DIVORCED single |
| MAIDEN NAME † | | |
| HUSBAND'S NAME † | | |
| BIRTHPLACE ‡ Ireland | | |
| NAME OF FATHER James Hynes | | |
| BIRTHPLACE OF FATHER † Ireland | | |
| MAIDEN NAME OF MOTHER Catherine Madden | | |
| BIRTHPLACE OF MOTHER † Ireland | | |
| OCCUPATION Painter | | |
| INFORMANT § Hospital Records | | |

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 6 1909 to March 14 1910, 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: General paralysis with convulsions

(DURATION) --- DAYS

Contributory: -----
 (DURATION) --- DAYS

(Signed) George K. Butterfield M.D.
March 14 1910 (Address) Taunton, Mass.

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

How long at Place of Death? ----- years ----- months ----- days

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

Filed March 19 1910 Ernest A. Tilton
 Clerk

* 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.

| | |
|---|--|
| PLACE OF BURIAL OR REMOVAL † New Bedford, Mass. | DATE OF BURIAL March 16 1910 |
| UNDERTAKER H.B. Buffinton | ADDRESS Taunton, Mass |