

RETURN OF A DEATH

FULL NAME *Daniel Mahaney* Registered No. **130**
 Place of Death * *550 Northampton St. Springfield Mass*
 Date of Death *Jan 31 1904* Age *38* years _____ months _____ days

STATISTICAL DETAILS

SEX *M* COLOR *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED *D.*
 MAIDEN NAME † _____
 HUSBAND'S NAME † _____
 BIRTHPLACE ‡ _____
Springfield, Mass.
 NAME OF FATHER *Dennis Mahaney*
 BIRTHPLACE OF FATHER ‡ *Ireland*
 MAIDEN NAME OF MOTHER *Mary Moore*
 BIRTHPLACE OF MOTHER ‡ *Ireland*
 OCCUPATION *Ball Player*
 INFORMANT § *Mary Mahaney*
550 Northampton St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190_____ to _____ 190_____, 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: *Suicide by poisoning*

 _____ (DURATION) _____ DAYS

Contributory: _____
 _____ (DURATION) _____ DAYS

(Signed) *Thos. J. Breck* **M.D.** *medical examiner*
Feb. 2 1904 (Address) *Springfield*

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

Former or Usual Residence _____ How long at Place of Death? _____ Days

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

Filed *Feb. 4* 1904 *C. J. Muel* City Clerk

PLACE OF BURIAL OR REMOVAL † *St. Michael's Cem.* DATE OF BURIAL *Feb. 2* 1904

UNDERTAKER *Dampson + Oweney* ADDRESS *129 Bridge St.*

* 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.