

STANDARD CERTIFICATE OF DEATH

CITY OF LYNN

(City or town.)

PLACE OF DEATH

Lynn (No. 414 Chestnut street St. Ward)

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

FULL NAME Patrick E. Murphy

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

RESIDENCE 414 Chestnut street

Registered No. 741

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

DATE OF DEATH July 4, 1913.
(Month) (Day) (Year)

DATE OF BIRTH Aug. 7, 1858, 1
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 3, 1913, to July 4, 1913, that I last saw him alive on " " 1913, and that death occurred, on the date stated above, at m.

AGE 59 yrs. 10 mos. 27 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
cerebral hemorrhage

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

BIRTHPLACE (State or country) Charlestown

(Duration) yrs. mos. ds.

Contributory contusions of head, from fall from carriage (accidental)

PARENTS NAME OF FATHER John

(Signed) Arthur W. Tucker M.D.
Lynn, 1913 (Address)

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Morrissey

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) (Address)

PLACE OF BURIAL OR REMOVAL St. Josephs, Lynn DATE OF BURIAL July 6, 1913

Filed Aug 5, 1913

UNDERTAKER John C. Donovan ADDRESS Lynn

REGISTRAR