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REGISTRY DIVISION, CITY OF BOSTON

Certificate

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA CERTIFIED COPY OF RECORD OF DEATH IN OFFICE OF THE CITY REGISTRAR

	Date of D				(Pame and surname of Dece If Married, Widowed or Divorced, Ma	iden Name)	No.	
EX CONDITION ND (SINGLE, MARRIED, DLOB WIDOWED OR DIVORCED)		SUPPOSED AGE YEARS MONTHS DAYS			Name and Surname of Husband or Maiden Name of Wife of Deceased		IDEN	RESIDENCE (STREET AND NUMBER)	
		23	2	10				39 Long Ave	
Single				10	· · · · · · · ·			Boston Mass	
Occupation Place		E OF DEAT	P DEATH PLACE OF H		ог Виати		nd Birthplaces of Pa iden name of mother)		
Physical Mass		Gen Hosp Bos		ston	Antonio F Rico Spain				
Instructo	on Mas	Mass Ma			Margaret M	onahan Scotl	and		
Disease of Cause of Death (primary or secondary)						PLACE OF BURIAL (NAME OF CEMETERY)	DATE OF RECO	OF RECORD	
Acute Appendicitis with Gen Peritonitis					nitis	Holyhood Cem	Jan 9 191	.9	
						Brookline Mass		\$3.	
				• •				7	
I further certify	hat by annexation, t	he Records o	of the follow	ing-named	,	WITNESS my hand and the SE	EAL of the CITY REGI	STRAR	
ies and towns are in the custody of the City Registrar of Boston: ANNEXED ANNEXED						on this20thDay of	Jan An	10.72	

City Registrar shall have the same force and effect as that of the City Registrar."