

RETURN

319 City of Newton

| Place of | |
|----------|--|

Residence.....

SEX

M

NAME OF FATHER

MAIDEN NAME

OF MOTHER

BIRTHPLACE

OF MOTHER\$

OCCUPATION OF DECEASED

INFORMANTS

P. O. Address

Relation to Deceased

BURIAL OR REMOVAL Name of Comptery

In City or Town

and State

or if in U. S. Navy

FULL NAME...

Alan M. Storke

COMMONWEALTH OF MASSACHUSETTS

Registered No. 125

Newton Hospital

March 18, 1910

STATISTICAL DETAILS

Auburn. N. Y.

Age 25 years 5 months 21 days

PHYSICIANS CERTIFICATE

W

COLOR

SINGLE, MARRIED: WIDOWED, DIVORCED

I HEREBY CERTIFY THAT I attended deceased during last

MAIDEN NAMET

HUSBAND'S NAME!

BIRTHPLACE \$

Auburn. N. Y.

Frederic E. Storke BIRTHPLACE OF FATHER \$

Auburn, N. Y.

Catherine S. Davie

Weedsport, N. Y.

Service in War of Rebellion. Co............ Regt.......... State

Frederic E. Storke.

Auburn, N. Y.

Father March 18. ,10

Auburn. N. Y.

Fort Hill Cem.,

UNDERTAKER E. W. Pratt.

follows: §

Infection

Residents.

Mch. 18, 1910

illness, from Moh. 7. 19 10, to Moh. 18. 19 10

that to the best of my knowledge and belief death occurred on

the date stated above, and that the CAUSE OF DEATH was as

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

Primary: General Streptococcus

Contributory: Empyema

(DURATION) 2 DAYS

(Signed) Philip H. Sylvester, M.D.

Newton Centre, Mass.

How long at place of death? yearsmonths days

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent

Where was disease contracted

if not at place of death P.....

FILEDAPT. 1. 1910

Whether from accident, with cause of same, suicide or homicide.

City or town, street and number if a USUAL RESIDENCE, give facts called for under Capacial 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.

Newton Centre Mass.