

## RETURN OF A DEATH

Natick  
(CITY OR TOWN.)

FULL NAME Francis P. Leary Registered No. 170  
 Place of Death } So. Natick Eliot St. Date of Death } October 4 1907  
 Residence " " " " Age 26 years 7 months 8 days

## STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Wayland

NAME OF FATHER

Patrick A. Leary

BIRTHPLACE OF FATHER ‡

Ireland

MAIDEN NAME OF MOTHER

Mary A. Mulken

BIRTHPLACE OF MOTHER ‡

Waltham

OCCUPATION

Base Ball Player

INFORMANT §

Wife

PLACE OF BURIAL OR REMOVAL

St. Patrick's Bur. Natick

DATE OF BURIAL

Oct. 7 1907

UNDERTAKER

John E. Gault & Sons

ADDRESS

Natick

## PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 1 1907 to Oct. 4 1907, 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: Appendicitis

(DURATION) 5 DAYSContributory: —(DURATION) — DAYS

(Signed) Geo. A. Bancroft M.D.  
Oct. 4 1907 (Address) Natick, 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 Oct. 14 1907 James H. Mansue 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.