

STANDARD CERTIFICATE OF DEATH

Lawrence

(City or town.)

PLACE OF DEATH

Methuen, Mass.

(No. Barr Sanatorium

St.: Ward)

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

FULL NAME

George H. Moolie

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

RESIDENCE

85 Cross Street, Lawrence, Mass.

Registered No. 234

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
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DATE OF BIRTH	_____, 1, _____
(Month)	(Day) (Year)

PAGE	IF LESS than 1 day, hrs. or min.?
45 yrs. = mos. = da.	

OCCUPATION

(a) Trade, profession, or particular kind of work

Liquor Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country)

Lawrence, Mass.

NAME OF FATHER

Patrick Moolie

BIRTHPLACE OF FATHER (State or country)

Ireland

MAIDEN NAME OF MOTHER

Mary Brennan

BIRTHPLACE OF MOTHER (State or country)

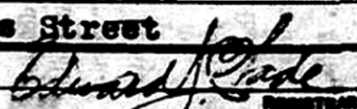
Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wife, Julia Moolie

(Address) 85 Cross Street

Filed Mar. 4, 1915



REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb. 19 , 191 5
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from **Feb. 1**, 191**5**, to **Feb. 19**, 191**5**.

that I last saw him alive on **Feb. 15**, 191**5**, and that death occurred, on the date stated above, at **10: P. m.**

The CAUSE OF DEATH was as follows:

Pulmonary embolism following transfusion of blood

(Duration) **immediately** da.

Contributory **Primary anaemia from**
(Duration) **hemorrhage of nose 3 weeks**

(Signed) **John J. Bartley**, M.D.
Feb. 21, 191**5** (Address) **Haverhill Street**

* 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. da. In the State yrs. mos. da.

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

Former or usual residence

PLACE OF BURIAL OR CREMATION
St. Mary's Cem.
Lawrence, Mass.

DATE OF BURIAL

Feb. 22 , 191 5

UNDERTAKER

John Breen

ADDRESS

371 Oak St.