

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

FALL RIVER, MASS

PLACE OF DEATH
FALL RIVER, MASS.

(No. 253 Fifth St. 4 Ward)

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

FULL NAME John E. O'Brien
(If married or divorced woman or widow give maiden name, also name of husband.)

RESIDENCE 253 Fifth St FALL RIVER, MASS. Registered No. 690

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct. 22, 1851
(Month) (Day) (Year)

AGE 63 yrs. 2 mos. 9 ds. or 9 min. ?
IF LESS than 1 day, hrs.

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

BIRTHPLACE (State or country) Columbus, Ohio

NAME OF FATHER Patrick O'Brien

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Sullivan

BIRTHPLACE OF MOTHER (State or country) Hartford, Conn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Charles W. O'Brien
(Address) 253 Fifth St.

DATE Jan. 11, 1915 REGISTERED BY John Brown

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Oct. -, 1914, to Dec 31, 1914, that I last saw him alive on " 31, 1914, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Neuritis

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. E. Symon M.D.
Jan 1, 1915 (Address) 620 William St

* 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 _____

PLACE OF BURIAL OR REMOVAL St. Patrick's Church DATE OF BURIAL Jan 4, 1915

UNDERTAKER W. Sullivan Sons ADDRESS 267 So. Main