

RETURN OF A DEATH

Brookton
(CITY OR TOWN.)

FULL NAME Henry Porter Registered No. 668
 Place of Death* } 615 No. Montello St. Brookton Date of Death } Dec. 30, 1906
 Residence Brookton Age 45 years - months - days

STATISTICAL DETAILS

PHYSICIAN'S CERTIFICATE

SEX <u>Male</u>	COLOR <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE † <u>Vermont</u>		
NAME OF FATHER <u>Roger Porter</u>		
BIRTHPLACE OF FATHER † <u>Vermont</u>		
MAIDEN NAME OF MOTHER <u>Caroline Little</u>		
BIRTHPLACE OF MOTHER † <u>Vermont</u>		
OCCUPATION <u>Shoe worker</u>		
INFORMANT ‡ <u>Wife</u>		

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 1906 to Dec. 1906,

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: Tuberculosis

A few months (DURATION)..... DAYS

Contributory:

(DURATION)..... DAYS

(Signed) Geo. A. Boucher M.D.

Dec. 31, 1906 (Address) Brookton

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 Jan. 2, 1907 (W. Little) Clerk

PLACE OF BURIAL OR REMOVAL <u>Calvary, Brookton</u>	DATE OF BURIAL <u>Jan. 2, 1907</u>
UNDERTAKER <u>C. M. Hickey</u>	ADDRESS <u>Brookton</u>

* 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.