



The Commonwealth of Massachusetts
 EXECUTIVE OFFICE OF HUMAN SERVICES
 STATE DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Belmont
 (CITY OR TOWN)

John G. Clarkson
 Date of Death: *Feb 4* 1909
 Registered No. *16*
 Age: *47* years *7* months *3* days
 Place of Death: *Waverley Hospital Waverley*
 County: *Worcester, Mass.*

STATISTICAL DETAILS

Color of Hair: *White*
 Single, Married, Widowed, or Divorced: *Married*

Cambridge, Mass.
was G. Clarkson
Scotland
John W. Shackell
Cambridge, Mass.
Auto Dealer
John G. Clarkson

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 2* 1909 to *Feb 4* 1909, 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: *Lobar Pneumonia*

Contributory: *General Paralysis*
 (DURATION) *6* DAYS
5 years (DURATION) DAYS

(Signed) *E. Stanley Abbott* M.D.
Feb 4 1909 (Address) *McLean 2 Books Waverley*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? *2* days
 Where was disease contracted, if not at place of death?

Filed *Feb 5* 1909 *Chas. H. Woulahan*
 Town Clerk

OR REMOVAL DATE OF BURIAL
Age Cem. *Feb 7* 1909
 ADDRESS
Fitchfield Cambridge

* 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.