



RETURN OF A DEATH.

FULL NAME John J. O'Connell Registered No. 657  
 \*Place of Death } 5 Wilson Avenue, Derry, N.H. { Date of Death May 14, 1908  
 Name of Hospital or Institution, if any No. Street  
 †Place of Residence } 157 Newbury Street, Lawrence, Mass { Age 37 Years = Months = Days  
 No. Street City or Town.

**STATISTICAL DETAILS**  
 Sex male Color white Condition single  
 Maiden Name \_\_\_\_\_ If a married or divorced woman or widow  
 Husband's Full Name \_\_\_\_\_  
 Birthplace Ireland  
 Full Name of Father Maurice O'Connell  
 Birthplace of Father Ireland  
 Maiden Name of Mother Catherine Cronin  
 Birthplace of Mother Ireland  
 Occupation Dentist  
 Informant's Name Maurice O'Connell

**PHYSICIAN'S CERTIFICATE**  
 I HEREBY CERTIFY that I attended deceased during last illness, from \_\_\_\_\_ 190 to \_\_\_\_\_ 190 ; 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:  
 (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)  
 Primary: } Cirrhosis of liver  
 (Duration) \_\_\_\_\_  
 Contributory: } \_\_\_\_\_  
 (Duration) \_\_\_\_\_  
 (Signed) \_\_\_\_\_ (COPY) \_\_\_\_\_ M. D.  
 (Address) \_\_\_\_\_  
 \*How long at Place of Death? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Received at office of Board of Health May 19, 1908 No. of Burial Permit 576  
Roscoe Doble  
 Clerk of Board of Health.  
 Date May 20, 1908  
 A TRUE COPY Attest: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Place of Burial or Removal Immaculate Conception, Lawrence, Mass. Cemetery  
 Undertaker's Name John Bren, Lawrence, Mass.  
 If other than place of death.

Name, Dr John J O'Connell  
 Place of Death, Derry N.H  
 No. 5 Wilson Street.  
 Ward, \_\_\_\_\_ Village, \_\_\_\_\_  
 How long a resident, 2 months  
 Previous residence, Lawrence Mass  
 If death occurred at an institution give name of same, \_\_\_\_\_  
 \_\_\_\_\_  
 How long an inmate, \_\_\_\_\_  
 Where from, \_\_\_\_\_  
 Date of Death: Year, 1908 Month, May Day, 14  
 Age: Years, 37 Months, \_\_\_\_\_ Days, \_\_\_\_\_  
 Place of Birth, Ireland  
 Date of Birth: Year, 1870 Month, June Day, \_\_\_\_\_  
 Sex, M Color, W Married, Single, Widowed or Divorced, } Single  
 Occupation, Dentist  
 Cause of Death, Cirrhosis of Liver  
 Duration, 3 years  
 Contributing Cause, \_\_\_\_\_  
 Duration, \_\_\_\_\_  
 Name of Father, Maurice O'Connell  
 Maiden Name of Mother, Catherine Cronin  
 Birthplace of Father, Ireland  
 Birthplace of Mother, Ireland  
 Occupation of Father, \_\_\_\_\_