

Town of WAREHAM
(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME *Richard J. Pearce* Registered No. *62*
 Place of Death } *Onset Wareham* Date of Death } *Sept. 18, 1908*
 Residence " " Age *73* years months days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 MAIDEN NAME †
 HUSBAND'S NAME †
 BIRTHPLACE ‡ *Brooklyn, N.Y.*
 NAME OF FATHER *William Pearce*
 BIRTHPLACE OF FATHER † *London, England*
 MAIDEN NAME OF MOTHER *Louisa Ball*
 BIRTHPLACE OF MOTHER † *London, England*
 OCCUPATION *Prof. Base Ball Player*
 INFORMANT § *Ida M. Biscohead*

PLACE OF BURIAL OR REMOVAL † *Long Neck Cemetery Wareham, Mass.* DATE OF BURIAL *Sept. 19, 1908*
 UNDERTAKER *George E. Cornwall* ADDRESS *Wareham*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept. 10, 1908* to *Sept. 18, 1908*, 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: *Bright's Disease*

5 years' (DURATION) DAYS
 Contributory: *Mitral Regurgitation*

Ten days (DURATION) DAYS

(Signed) *Mary E. Mosher* M.D.
Sept. 19, 1908 (Address) *53 Blue Hill Ave, Boston*

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 *Oct. 9, 1908* *Chas. Y. Bates,* Town Clerk

* 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.