

RETURN OF A DEATH

FULL NAME Frank Quinlan Registered No. 235
 Place of Death: #26 Joslyn Court, Brockton, Mass.
 Date of Death: May 4, 1904 Age 34 years months days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single.</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE † <u>Marlboro'</u>		
NAME OF FATHER <u>Dennis Quinlan</u>		
BIRTHPLACE OF FATHER † <u>Ireland</u>		
MAIDEN NAME OF MOTHER <u>Johanna Hickey</u>		
BIRTHPLACE OF MOTHER † <u>Ireland</u>		
OCCUPATION <u>Shoemaker</u>		
INFORMANT ‡ <u>Thomas Quinlan.</u>		
PLACE OF BURIAL OR REMOVAL † <u>Marlboro'</u>	DATE OF BURIAL 190..... ‡	
UNDERTAKER <u>F.A. McGill</u>	ADDRESS <u>Marlboro'</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 4, 1904 to May 4, 1904, 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: Exhaustion following Diarrhoea.

..... (DURATION) DAYS

Contributory:

..... (DURATION) DAYS

(Signed) A. E. Paine, M.D., Exam. M.D.
 190..... (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

June 8, 1904

Do M. Hickey
 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.