

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(City or town.)

I.O. Springfield

(No. 11 Lyons

St. : 8 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Patrick Scanlon

[If married or divorced woman or widow give maiden name, also name of husband.]

3 RESIDENCE 11 Lyons St. I.O. Springfield Mass.

Registered No. 988

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX Masculine COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

5 DATE OF DEATH July 17, 1913 (Month) (Day) (Year)

6 DATE OF BIRTH Mar 25, 1861 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from July 10, 1913, to July 17, 1913, that I last saw him alive on July 17, 1913, and that death occurred, on the date stated above, at 11 p.m.

7 AGE 52 yrs. 3 mos. 22 ds. If LESS than 1 day, hrs. or min. ?

The CAUSE OF DEATH\* was as follows: Acute indigestion

8 OCCUPATION (a) Trade, profession, or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Nova Scotia

(Duration) - yrs. - mos. - 7 ds. Contributory Angina pectoris (SECONDARY) (Duration) - yrs. - mos. - 1 ds.

10 NAME OF FATHER James Scanlon

(Signed) A. W. Slate M.D. July 18, 1913 (Address) Indian Orchard

11 BIRTHPLACE OF FATHER (State or country) Don't know

\* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

12 MAIDEN NAME OF MOTHER Don't know

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death - yrs. - mos. - ds. In the State - yrs. - mos. - ds.

13 BIRTHPLACE OF MOTHER (State or country) Don't know

Where was disease contracted, if not at place of death? Former or usual residence.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Duquette (Address) I.O. Springfield Mass.

14 PLACE OF BURIAL OR REMOVAL St. Michael's Cemetery DATE OF BURIAL July 20 1913

15 Filed Jul 19 1913 REGISTRAR

15 UNDERTAKER Joseph Rateall I.O. Springfield Mass ADDRESS