

RETURN OF A DEATH

FULL NAME James McGarr Registered No. 919
 Place of Death * Worcester Insane Hospital
 Date of Death June 6, 1904 Age 41 years - months - days

STATISTICAL DETAILS

SEX Male COLOR _____ SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Worcester

NAME OF FATHER _____

James McGarr

BIRTHPLACE OF FATHER ‡ _____

Ireland

MAIDEN NAME OF MOTHER _____

Margaret McGlinchy

BIRTHPLACE OF MOTHER ‡ _____

Ireland

OCCUPATION _____

Ball player

INFORMANT § _____

Mary McGarr, Widow

PLACE OF BURIAL OR REMOVAL || _____

Worcester

DATE OF BURIAL _____

June 8 1904

UNDERTAKER _____

James A. Athy

ADDRESS _____

Worcester

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:

Primary: General Paralysis.

(DURATION) 5 years DAYS

Contributory: Exhaustion.

(DURATION) _____ DAYS

(Signed) H. M. Quinby, M.D., Supt. M.D.

June 6 1904 (Address) Worcester

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

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

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

Filed _____

June 13 1904

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City 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.