

RETURN OF A DEATH

Westborough, Mass.
(CITY OR TOWN.)

FULL NAME *William S. Murphy* Registered No. *17*
 Place of Death } *Clarendon St. Westborough, Mass.* Date of Death } *Feb. 14*, 190*6*
 Residence *Westborough, Mass.* Age *34* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>Male</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Southborough, Mass.</i>		
NAME OF FATHER <i>James S. Murphy</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland.</i>		
MAIDEN NAME OF MOTHER <i>Mary O'Brien</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Doctor.</i>		
INFORMANT § <i>Sister.</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 14* 190*6* to *Feb. 14* 190*6*,

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: *Pulmonary Tuberculosis*

(DURATION) _____ DAYS
 Contributory: _____

(DURATION) _____ DAYS
 (Signed) *Charles S. Knight* M.D.

Feb. 14, 190*6*. (Address) *Westborough, Mass.*

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 *Feb 20*, 190*6*. *J. S. Davis*
 Clerk

PLACE OF BURIAL OR REMOVAL † <i>St. John's Cemetery Westborough, Mass.</i>	DATE OF BURIAL <i>Feb. 16</i> , 190 <i>6</i>
UNDERTAKER <i>F. A. Reilly</i>	ADDRESS ‡ <i>South St. Westborough Mass.</i>

* 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.