The Commonwealth of Massachusetts

401

Medfield (City or town.)

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Medfield (No. State Hospital St.; .... Ward)

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

2 FULL NAME Daniel R. Ryan

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

a RESIDENCE 3 Ellsworth Park, Cambridge

Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word) Single

6 DATE OF BIRTH — (Month) — (Day), 1 (Year)

7 AGE 49 yrs. — mos. — ds. If LESS than 1 day,...... hrs. or...... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Actor
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ireland

PARENTS

10 NAME OF FATHER John Ryan

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Cooke

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Taunton State Hosp'l

(Address)

15 Filed Jan. 31, 1917 Stillman J. Spear REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 30 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY that I attended deceased from Sept 20, 1916, to Jan 30, 1917, that I last saw him alive on Jan 30, 1917, and that death occurred, on the date stated above, at 2.37 P.m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(Duration) — yrs. — mos. 4 ds.

Contributory (SECONDARY) Paresis

(Duration) 4 yrs. 4 mos. — ds.

(Signed) Edward French, M.D.

Jan 30, 1917 (Address) Medfield

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death — yrs. 4 mos. 10 ds. In the State ...... yrs. ...... mos. ...... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Holy Cross Cem. Malden

DATE OF BURIAL —, 191

20 UNDERTAKER E. G. Tobin

ADDRESS 696 Mass Ave Boston