

RETURN OF A DEATH—1906.

CITY OF
BOSTON.FULL NAME Michael J. Sullivan Registered No. 5386Place of Death } Boston City Hospt. 922 Fourth St.
and Residence }Date of Death June 14 1906. Age 34 years months days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name

Husband's Name

Birthplace BostonName of Father Patrick SullivanBirthplace of Father IrelandMaiden Name of Mother Winifred JoyceBirthplace of Mother IrelandOccupation Lawyer

Informant

Place of Burial or removal Calvary (New)Undertaker T.J. Sullivan

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1906, to 1906,
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: } Cerebral Oedema 4 days
(Duration)Contributory: }
(Duration)(Signed) T.N. Stone M.D.June 14 1906.

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Admitted to Hospt. June 11, 1906.Usual Residence BostonFiled June 20 1906A true copy.
Attest:E. W. M. Glenen