

RETURN OF A DEATH

Branintree
(CITY OR TOWN.)

FULL NAME *Ezra Ballou Sutton* Registered No. *813*
 Place of Death* } *Middle St. Branintree* Date of Death } *June 20* 1907
 Residence *Rochester N.H.* Age *56* years *-* months *-* days

STATISTICAL DETAILS

SEX *M.* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Palmyra N.H.

NAME OF FATHER

Amos Sutton

BIRTHPLACE OF FATHER ‡

England

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER ‡

Clifton N.H.

OCCUPATION

Retired

INFORMANT §

*Mrs. Wade
Middle St. Branintree*

PLACE OF BURIAL OR REMOVAL ||

Palmyra N.H.

DATE OF BURIAL

June 22 1907

UNDERTAKER

Albert W. Fane

ADDRESS

Dunbar

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 11* 1907 to *June 20* 1907, 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: *Levomatia Ataxica*

(DURATION) *9* years *0* days

Contributory: _____

(DURATION) _____ days

(Signed) *C. M. Marston* M.D.

June 21 1907. (Address) *Branintree*

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 *June 21* 1907 *H. C. Brock*
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.