## RETURN OF A DEATH-1911.

BOSTON.

Registrar.

| FULL NAME                     | Joh                      | n O'Rourke                 |  | Registered No. 5903   |  |
|-------------------------------|--------------------------|----------------------------|--|---|--|
| Place of Death   Boston Sout  |                          |                            | uth Station  | h Station 19 Rockwell St.   |  |
| Date of Death                 | Jun                      | e 23                       |  | 62 years months days  |  |
| STATISTICAL DETAILS.          |                          |                            |  | PHYSIGIAN'S CERTIFICATE.  |  |
|                               | OLOR                     | SINGLE, MARRIED, WID., DIV | I HEREBY CERTIFY that I attended deceased during last illness, |   |  |
| Maiden Name                   |                          |                            | that to the bes  | 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:   Natural Causes probably (Ouration) |  |
| Husband's Name                |                          | amana faa                  |  |   |  |
| Birthplace                    | thplace Bridgeport Conn. |                            |  | Chro.Myocarditis  |  |
| Name of Hugh O'Rourke         |                          |                            |  |   |  |
| Birthplace<br>of Father       | Ireland                  |                            | Contributory (Duration)  | <b>SERVICE</b>  |  |
| Maiden Name<br>of Mother      | Catherine O'Donnell      |                            |  |   |  |
| Birthplace<br>of Mother       | Ireland                  |                            | (Signed)   | W.H.Watters M.D.  |  |
| Occupation Baggage Master     |                          | June 23                    | June 23 1911   |   |  |
| Informant                     |                          |                            | SPECIAL INFO<br>Residents.                                     | ORMATION from Hospitals, Institutions, Transients, or Recent  |  |
| Place of Burial<br>or removal | Brid                     | geport Conn.               | Usual Resider  | Boston  |  |
| Undertaker                    | Lewis                    | Jones & Son                | Filed  | June 27   |  |
| Undertaker                    |                          |                            | A true copy.   | ENMGlenen   |  |