

## COMMONWEALTH OF MASSACHUSETTS

WORCESTER,

485

## RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Robert Murphy Registered No. 1510  
 Place of Death Worcester, Green Hill Hospital Date of Death August 16, 1906  
 Residence Worcester, 226 Vernon St. Age 1 months 7 days

## STATISTICAL DETAILS

SEX <b>Male</b>	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED	<b>Single</b>
Maiden Name †			
Husband's Name †			
Birthplace † <b>Worcester</b>			
Name of Father <b>Martin J. Murphy</b>			
Birthplace of Father † <b>Ireland</b>			
Maiden Name of Mother <b>Winifred S. Loftus</b>			
Birthplace of Mother † <b>England</b>			
Occupation			
Informant <b>Father</b>			

## PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from \_\_\_\_\_ 190\_\_ to \_\_\_\_\_ 190\_\_, 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: Gastro-intestinal infection.

(Duration) unknown

Contributory: \_\_\_\_\_

(Duration) \_\_\_\_\_

(Signed) Timothy J. Foley. M.D.

Aug. 17, 1906 (Address) Worcester

## SPECIAL INFORMATION only for Hospitals, Institutions, Treatment, or Recent Residents.

How long of \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Place of Death? \_\_\_\_\_

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

Filed Aug. 20, 1906 E. H. J. J. J.

City Clerk

PLACE OF BURIAL OR REMOVAL †

**Worcester.**

DATE OF BURIAL

**Aug. 18 1906**

UNDERTAKER

**James A. Athy**

ADDRESS

**Worcester**

\* 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.