

[ Fill out with Ink. ]

# RETURN OF DEATHS TO THE CITY REGISTRAR.

Date of Death, *July 23* 188*9*  
Name, *Mary P Hayes* Color,  
Aged, *27* Years, *4* Months, Days.  
Place of Death (Street and Number), *134 Auburn St*  
Ward, Single, ~~Married~~, ~~Widowed~~  
Residence, *Manchester N.H.*  
Sex, *Female*  
Occupation, *Operator*  
Birthplace, *Manchester N.H.*  
Name of Father, *Jeremiah Hayes*  
Occupation of Father, *Trades*  
Maiden Name of Mother, *Catherine Hayes*  
Birthplace of Father, *Ireland*  
Birthplace of Mother, *Do*

Cause of Death, } Primary,  
                          } Duration,  
                          } Secondary, *Acute Typhoid*  
                          } Duration,

M. D.

Place of Interment, *St Josephs*  
Date of Interment or Removal, *July 24*  
Undertaker or Informant, *G. A. Schirmer*