



Fill out in Ink.

# RETURN OF DEATH TO THE CITY REGISTRAR.

## CITY HALL.

Date of Death March 4 1871  
 Name, John M. Hayes Color, .....  
 Aged 19 years 9 months 4 days  
 Place of Death, (Street and No.) 2 Park St  
 Residence, Marquette Sex, ..... Single, ..... Married, .....  
 Occupation, Trades Wife of .....  
 Birthplace, England Widow of .....  
 Name of Father, Joseph M. Hayes  
 Name of Mother, Catherine  
 Birthplace of Father, Ireland  
 Birthplace of Mother, Do  
 Cause of Death, } Primary, Enlargement of liver Duration, 7 weeks  
 } Secondary, Congestion of lungs Duration, .....  
 Place of Interment, St. Joseph's  
 Date of Interment or Removal, March 6  
 Undertaker or Informant, R. Williams