

CERTIFICATION OF VITAL RECORD
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RETURN OF A DEATH

STATE OF RHODE ISLAND

Registered No. 30-173

1. Date of Death April 24 1930
2. Name in FULL John Joseph Sheehan
3. Date of Birth Jan 12 1864 Age 66 yrs. 3 mos. 12 dys
4. Place of Death, Street and Number 239 Summer St
5. Usual Residence Worwocket R.I.
6. Sex Male 7. Color white
8. Single, Married, Widowed or Divorced } Married
9. Name of Husband or Wife Helen Sheehan
10. Occupation Moulder Particular kind of work Iron
11. Birthplace, State or Country Worcester, Mass
12. Father's Name Jeremiah Sheehan
13. Mother's Maiden Name Mary Sullivan
14. Parent's Birthplace, Fa. Ireland Mo. Ireland
15. Where to be Buried St Charles Cemetery
Helen Sheehan } Signature of Informant and
wife } Relationship to Deceased.

PHYSICIAN'S CERTIFICATE

Please state different causes of death in order of occurrence as FULLY as possible, particularly in DOUBTFUL cases

Date of Death April 24/30 Hour 4 P M.

Name John J. Sheehan

Causes of Death Chronic Myocarditis & Chronic Nephritis

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Duration of Diseases 1 yr.

Shmuel S. Thum Physician.

I certify that the above is a true return to the best of my knowledge and belief.

Richard Berwick Undertaker.

TO THE PHYSICIAN If more than one cause of death is given please underline that which you consider the most important.
(If a premature delivery, was infant living at time of birth or still-born?)

Filed Apr. 28 1930

Dr. Flynn Joseph Pratt
Town or City Clerk

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I HEREBY CERTIFY THAT THIS IS A TRUE AND EXACT COPY OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THE ISSUING OFFICE.

ISSUING OFFICE: RHODE ISLAND STATE ARCHIVES DATE OF ISSUANCE: October 10, 2008

SIGNATURE OF REGISTRAR: Id. 8/26

THIS COPY VALID ONLY WITH RAISED SEAL AND SIGNATURE OF LOCAL REGISTRAR

