

RETURN OF DEATH

PLACE OF DEATH—No. 315 Merrimack St. Ward Reg. No.

If death occurred in an institution, give name of same

Length of Residence in City 65 years, months, days.

How long in U. S., if of foreign birth 50 years, months, days.

Full Name Margaret Susan Simpson Res. No. 315 Merrimack St. Ward

If non-resident, give name of city and state

PERSONAL AND STATISTICAL PARTICULARS

Sex Female Color or Race white

Single, Married, Widowed, or Divorced (write the word.) widowed

If married, widowed or divorced

Husband of

widow of Charles Simpson

Date of Birth (month, day and year) Dec 4 1860

Age 69 Yrs. 5 Mon. 18 Days. If less than 1 day hrs. m.

Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. Laundry work

Industry or business in which work was done, as silk mill, bank, etc.

Date deceased last worked at this occupation (month and year) 2 years ago

Total time (years) spent in this occupation 35 yrs

Birthplace (city or town) Woburn N.H.

(State or country)

Name Jeremiah Sheehan

Birthplace (city or town) Ireland

(State or country)

Maiden Name Mary Sullivan

Birthplace (city or town) Ireland

(State or country)

Informant Sister, Margaret Sheehan

(Address) 315 Merrimack St

Burial, Cremation or removal

Place Date May 26 1930

Name of Cemetery St. Joseph's

Undertaker Joseph J. McLaughlin

(Address)

Filed 193

Registrar

MEDICAL CERTIFICATE OF DEATH

Date of Death (month, day and year) 5/22 1930

I hereby certify that I attended deceased from May 18 1930 to May 22 1930 I last saw her alive on May 22 1930 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Chc. Myocarditis Date of Onset
Chc. Nephritis

Contributory causes of importance not related to principal cause: Date of Onset

Did an operation precede Death: No.

For what? Date of

What test confirmed diagnosis?

Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel J. Sullivan, M.D. (Address) 790 Belmont St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information furnished should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.