

Name **Jane Josephine McNeil**.....

Place of Death **Manchester NH**.....

No. Street

Ward Village

How long a resident **46 years**.....

Previous residence

If death occurred at an institution give name of same **Sacred Heart Hospital**.....

How long an inmate

Where from **91 Blodgett**.....

Date of death: Year **1937** Month **Oct** Day **7**..

Age: Years **46** Months Days

Place of Birth **Manchester NH**.....

Date of Birth: Year Month **Aug** Day **25**..

Sex **F** Color **W** Married, Single Widowed or **M** Divorced

Occupation **Housewife**.....

Cause of Death **nephritis sub acute and menopause** Duration **1322**

Contributing Cause **Cerebral hemorrhage rt. & left hemiplegia** Duration **821**

Name of Father **John Hayes**.....

Maiden Name of Mother **Jane Kilty**.....

Birthplace of Father **Ireland**.....

Birthplace of Mother **Ireland**.....

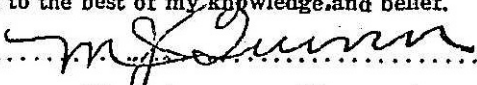
Occupation of Father

(Record continued over)

Deceased was wife of Harry McNeil.....
Widow of
.....
Name of physician (or other person) reporting said
death ..Geo. L. Bastian MD.....
P. O. Address ..Manchester NH.....
Place of Interment Manchester NH.....
Date of Interment Oct. 11, 1937.....
Name of Cemetery St. Joseph.....
Undertaker Joseph M. McDonough & Co
P. O. Address ..Manchester NH.....

The State of New Hampshire

I hereby certify that the above death record is correct to the best of my knowledge and belief.


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Clerk of ..Manchester NH.....
Date ..Oct 15, 1937.....