

City of Manchester

Return of Death to the Board of Health

Name *John J. Hayes.*
Place of Death *Manchester N.H.*
No. *35 Front* Street, Ward *9 2*
If death occurred at an institution, give name of same _____
How long an inmate _____ Where from _____
Residence *Manchester N.H.*
How long a resident *52 years*
Previous residence *London Eng*
Date of Death: Year *1906* Month *May* Day *7*
Age: Years *54* Months _____ Days _____
Place of Birth *London England*
Date of Birth: Year *1852* Month _____ Day _____
Sex *male* Color *W* Married, Single, Widowed or Divorced } *m.*
Occupation *Watchman*
Name of Father *Jeremiah Hayes*
Maiden Name of Mother *Catherine Adams*
Birthplace of Father *Ireland*
Birthplace of Mother *Ireland*
Occupation of Father _____
Deceased was wife of _____
Widow of _____
Cause of Death *Aff of Lary* Duration *8 hours*
Contributing Cause _____ Duration _____
George W. Mason M.D.
Place of Interment *Manchester N.H.*
Date of Interment *May 9 - 1906*
Name of Cemetery *St Joseph*
Ken & Leah Undertaker