

## RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Martin J. Barrett* ..... Registered No. *86* .....  
 Place of } *511 Canal St* ..... Date of } *Jan. 29* 19*00*  
 Death \* } ..... Death } .....  
 Residence ..... " " " " ..... Age *49* years ..... months ..... days

## STATISTICAL DETAILS

SEX <i>M.</i>	COLOR <i>W.</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Port Henry N.Y.</i>		
NAME OF FATHER <i>Martin Barrett</i>		
BIRTHPLACE OF FATHER ‡ <i>Ireland</i>		
MAIDEN NAME OF MOTHER <i>Margaret Smith</i>		
BIRTHPLACE OF MOTHER ‡ <i>Ireland</i>		
OCCUPATION <i>Wine Clerk</i>		
INFORMANT § <i>Mrs. Martin Barrett</i> <i>511 Canal St</i>		

## PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1/22* 19*00* to *1/29* 19*00*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Myocarditis* .....  
 ..... (DURATION) ..... DAYS

Contributory: *Apoplexy* .....  
 ..... (DURATION) ..... DAYS

(Signed) *Thos. E. Carver* M.D.  
*1/29* 19*00* (Address) *245 Maple St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? ..... years ..... months ..... days

Where was disease contracted, if not at place of death? .....

Filed *Feb. 2* 19*00* *John H. Shushan*  
 Clerk

PLACE OF BURIAL OR REMOVAL    <i>St. Jerome</i>	DATE OF BURIAL <i>Jan 31</i> 19 <i>00</i>
UNDERTAKER <i>S. F. Ryan</i>	ADDRESS <i>Holyoke</i>

\* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.  
 † In case of married or divorced woman, or widow.  
 ‡ State or country; also city, town or county, if known.  
 § Name and address of person giving statistical details.  
 || Name of cemetery.