

## RETURN OF A DEATH

Taunton  
(CITY OR TOWN.)

FULL NAME Michael P. Hynes Registered No. 175  
 Place of Death } Taunton State Hospital Date of Death } March 14, 1910  
 Residence New Bedford, Mass. Age 44 years --- months --- days

## STATISTICAL DETAILS

## PHYSICIAN'S CERTIFICATE

SEX <b>M</b>	COLOR <b>W</b>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <b>single</b>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡		
<b>Ireland</b>		
NAME OF FATHER		
<b>James Hynes</b>		
BIRTHPLACE OF FATHER †		
<b>Ireland</b>		
MAIDEN NAME OF MOTHER		
<b>Catherine Madden</b>		
BIRTHPLACE OF MOTHER †		
<b>Ireland</b>		
OCCUPATION		
<b>Painter</b>		
INFORMANT ‡		
<b>Hospital Records</b>		

I HEREBY CERTIFY that I attended deceased during last illness, from Aug. 6 1909 to March 14 1910, 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: General paralysis with convulsions

(DURATION) --- DAYSContributory: -----(DURATION) --- DAYS

(Signed) George K. Butterfield M.D.  
March 14, 1910 (Address) Taunton, Mass.

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 March 19, 1910 Ernest A. Tilton  
 Clerk

\* 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.

PLACE OF BURIAL OR REMOVAL †	DATE OF BURIAL
<b>New Bedford, Mass.</b>	<b>March 16, 1910</b>
UNDERTAKER	ADDRESS
<b>H.B. Buffinton</b>	<b>Taunton, Mass</b>