

## RETURN OF A DEATH—1903.

FULL NAME **Andrew J. Leonard** Registered No. **6936**  
 Place of Death } **16 Sawyer St. Boston**  
 and Residence }  
 Date of Death **Aug. 21** 1903. Age **57** years **2** months **20** days.

## STATISTICAL DETAILS.

## PHYSICIAN'S CERTIFICATE.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name

Husband's Name

Birthplace **Ireland**Name of Father **Andrew Leonard**Birthplace of Father **Ireland**Maiden Name of Mother **Ann Leddy**Birthplace of Mother **Ireland**Occupation **Clerk**

Informant

Place of Burial or removal **Calvary**Undertaker **J.P. Cleary**

I HEREBY CERTIFY that I attended deceased during last illness, from ..... 1903 to ..... 1903, 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: } **Hematemesis**  
 (Duration) }

**2 days**

Contributory: } **Gastric Ulcer**  
 (Duration) }

**2 days**

(Signed) **Thomas J. O'Brien** M.D.

**Aug. 21** 1903

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence **Boston**Filed **Aug. 22** 1903.

A true copy.  
 Attest:

*E. W. M. Glenen*

Registrar.