

## STANDARD CERTIFICATE OF DEATH

Danner  
(City or town.)

PLACE OF DEATH

Danner State Hospital, St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

Arthur J. M. Govern

RESIDENCE

Boston

Registered No. 258

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

Male

COLOR OR RACE

White

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

Single

DATE OF DEATH

Nov. 14

(Month)

(Day)

1915  
(Year)

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

33

yrs.

mos.

ds.

IF LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min. ?

I HEREBY CERTIFY that I attended deceased from

Sept. 17, 1915, to Nov. 14, 1915

that I last saw ~~him~~ alive on Nov. 13, 1915

and that death occurred, on the date stated above, at 8:30 a.m.

OCCUPATION

(a) Trade, profession, or particular kind of work

Ball player

(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:

General paralysis of the Insane

BIRTHPLACE (State or country)

Canada

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

NAME OF FATHER

John M. Govern

BIRTHPLACE OF FATHER (State or country)

New Brunswick

(Signed) Nelson G. Freeman, M.D.

Nov. 17, 1915 (Address) Hathorne

MAIDEN NAME OF MOTHER

Amy Duffy

\* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

BIRTHPLACE OF MOTHER (State or country)

New Brunswick

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Curtis Koch

(Address)

Hathorne

PLACE OF BURIAL OR REMOVAL

Pine Grove Lynn

DATE OF BURIAL

Nov. 16, 1915

Filed Nov. 1915

Julius Peale

REGISTRAR

UNDERTAKER

J. F. Farley

ADDRESS

Lynn