

## STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH

WORCESTER (No. 62, Vernon St.: \_\_\_\_\_ Ward)

(City or town.)

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

FULL NAME Cornelius B Murphy

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

RESIDENCE Worcester

Registered No. 1686

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE W SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

AGE 52 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

## OCCUPATION

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

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

BIRTHPLACE (State or country) Worcester

NAME OF FATHER John

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Healey

BIRTHPLACE OF MOTHER (State or country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Minnie E Murphy  
(Address) Worcester

Filed Aug 3, 1914

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 1, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Jul 17, 1914, to Aug 1, 1914, that I last saw him alive on Jul 31, 1914, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Bronchitis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.

Contributory Valvular heart disease  
(Secondary)

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

(Signed) Jeremiah J Donohue, M.D.  
Aug 2, 1914 (Address) Worcester

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

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

PLACE OF BURIAL OR REMOVAL

Worcester

DATE OF BURIAL

Aug 3, 1914

UNDERTAKER James A Athy &amp; Son

ADDRESS Worcester