REGISTRY DIVISION, CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

CERTIFIED COPY OF RECORD OF **DEATH** IN OFFICE OF THE CITY REGISTRAR

Y

I, the undersigned, hereby certify that I hold the office of .... City Registrar of the City of Boston and I certify the following facts appear c

cords of Births, Marriages and Deaths kept in said City as required by law.

ACTING

No. 2391 .... **Date of Death** .... March 19 1921

Name and surname of Deceased .... Helen J Coogan

(If Married, Widowed or Divorced, Maiden Name)

	SUPPOSED AGE			NAME AND SURNAME OF HUSBAND OR MAIDEN NAME OF WIFE OF DECEASED	RESIDENCE (STREET AND NUMBER)
	YEARS	MONTHS	DAYS		
				James J Coogan	113 Bower Street
					Boston Mass

SEX AND COLOR	CONDITION (SINGLE, MARRIED, WIDOWED OR DIVORCED)			
F	Widowed	47 ?	-	-

OCCUPATION	PLACE OF DEATH	PLACE OF BIRTH	NAMES AND BIRTHPLACES OF PARENTS (MAIDEN NAME OF MOTHER)
Housewife	Emerson Hospital	Ireland	Thomas Goodman Ireland
			Mary Gately Ireland

DISEASE OR CAUSE OF DEATH (PRIMARY OR SECONDARY)	PLACE OF BURIAL (NAME OF CEMETERY)	DATE OF RECORD
Carcinoma of stomach	New Calvary Cemetery	March 22 1921
	Boston Mass	

I further certify that by annexation, the Records of the following-named ies and towns are in the custody of the City Registrar of Boston:—

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this .... 30th .... Day of .... July .... A. D. 19.... 87

Judith A. McCarthy .... **ACTING** .... City Registrar
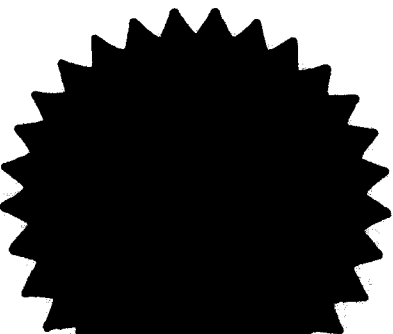
" By Chapter 314 of the Acts of 1892, "the certificates or attestations of either Assistant
City Registrar shall have the same force and effect as that of the City Registrar."

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