

SEP 21 1915

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

PLACE OF DEATH

Balm

(No. 108 Maywood

St. 21 Ward)

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

FULL NAME

James J. Coogan

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

Husband: Nellie Goodman Coogan

RESIDENCE

108 Maywood St

Registered No.

9200

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married
DATE OF BIRTH		
June 19 1870	(Month) (Day) (Year)	
AGE	If LESS than 1 day, hrs. or min. ?	
45 yrs. mos. ds.		

OCCUPATION

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

Clerk

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

Fish Market

BIRTHPLACE (State or country)

Cambridge

NAME OF FATHER

James Coogan

BIRTHPLACE OF FATHER (State or country)

Montreal Can.

MAIDEN NAME OF MOTHER

Johanna Coogan

BIRTHPLACE OF MOTHER (State or country)

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Coogan Father

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 14 1915
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Aug 2 1915, to Sept 14 1915, that I last saw him alive on Sept 14 1915, and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH was as follows:

119
nephritis (sub-acute)
no

(Duration) yrs. 3 mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) James A. Mansfield M.D.

Sept 15 1915 (Address) 342 Dudley St

* 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

DATE OF BURIAL

REGISTRAR

Wm J. Courtney

2100 Pot