COMMONWEALTH OF MASSACHUSETTS

CITY OF BOSTON. 400

# RETURN OF A DEATH—1914.

FULL NAME Johanna Coogan Registered No. 7747

Place of Death and Residence: Boston 7 Louise Pk

Date of Death Aug 24 1914. Age 4 years 4 months 7 days.

## STATISTICAL DETAILS.

| SEX. | COLOR | SINGLE. MARRIED. WID., DIV. |
|---|---|---|
| F | W | S |

Maiden Name

Husband's Name

Birthplace: Boston

Name of Father: John J Coogan

Birthplace of Father: Roxbury

Maiden Name of Mother: Annie R Kernan

Birthplace of Mother: Boston

Occupation: ——

Informant

Place of Burial or removal: New Calvary

Undertaker: W J Gormley

## PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from 1914, to 1914, 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 (Duration): Acute Gastroenteritis 1 dy

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Contributory (Duration):

(Signed) J Wallace M D.

Aug 24 1914

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

Usual Residence Boston

Filed Aug 25 1914

A true copy Attest: E M M Gleason Registrar.