

## COMMONWEALTH OF MASSACHUSETTS

556

## RETURN OF A DEATH

CITY OF FALL RIVER  
(CITY OR TOWN.)

FULL NAME Davis R Boogher Registered No. 1199  
Place of Death 192 Surfes Fall River Date of Death June 29 1906  
Residence " " " Age 61 years " months " days

## STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
MAIDEN NAME †  
HUSBAND'S NAME †  
BIRTHPLACE ‡ Mt Pleasant, Maryland  
NAME OF FATHER  
BIRTHPLACE OF FATHER ‡ Maryland  
MAIDEN NAME OF MOTHER  
BIRTHPLACE OF MOTHER ‡ Maryland  
OCCUPATION  
INFORMANT § Rev Dudley Boogher

PLACE OF BURIAL OR REMOVAL ‖ Louis, Mo. DATE OF BURIAL July 2 1906  
UNDERTAKER Harrington ADDRESS 356 So Main

## PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 15 1906 to June 29 1906, 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: Cerebral Hemorrhage  
(DURATION) 14 DAYS

Contributory: \_\_\_\_\_ (DURATION) \_\_\_\_\_ DAYS

(Signed) R Baedrich M.D.  
June 29 1906 (Address) Fall River

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

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

Filed July 7 1906 Arthur P. Brayton Clerk

\* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.  
‡ State or country; also city, town or county, if known.  
§ Name and address of person giving statistical details.  
‖ Name of cemetery.