

CERTIFICATION OF VITAL RECORD

CITY of NEWBURYPORT

Commonwealth of Massachusetts

United States of America

CERTIFICATE OF DEATH

SEPTEMBER 17, 2003

AGNES M. ALDRICH

Date of Death FEBRUARY 4, 1905
 Name of Deceased AGNES M. ALDRICH
 Maiden Name of Deceased RAY
 Husband or Wife of Deceased ENTER SPOUSES NAME
 Gender: FEMALE Color: WHITE Marital Status MARRIED
 Age: 34 Or Date of Birth ...
 Residence 7 GREEN ST., NEWBURYPORT, MA
 Occupation HOUSEWIFE
 Social If Veteran
 Disease or Cause of Death PULMONARY TUBERCULOSIS

Place of Death NEWBURYPORT, MA
 Type of Disposition BURIAL
 Name of Cemetery HIGHLAND CEMETARY
 Place of Disposition NEWBURYPORT, MA
 Place of Birth FREDERICKTON, N.B.
 Name of Father JAMES RAY
 Name of Mother JANE O'HARA
 Birthplace of Father IRELAND
 Birthplace of Mother FREDERICKTON, N.B.
 Date of Record FEBRUARY 14, 1905 Record Number 42

I, John F. Moak, above named, depose and say, that I hold the office of City Clerk of the City of Newburyport, in the County of Essex and Commonwealth of Massachusetts; That the Records of Births, Marriages, and Deaths in said City are in my Custody, and that the above is a true extract from the Records of DEATH in said City, as certified by me.

Witness my hand and Seal of said City of Newburyport


 Signature of City Clerk / Asst. Clerk

Seal



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE