

Form V. S. No. 3		Duplicate		COMMONWEALTH OF MONTANA	
PLACE OF DEATH S.B.				BUREAU OF VITAL STATISTICS	
Country of		Registration District No. 22		CERTIFICATE OF DEATH	
Township of				File No. 13514	
City of Butte		No. 668 So. Main		Registered No. 667	
(If death occurs away from Usual Residence, give facts called for under "Special In- formation.")		FULL NAME Lucey Breen		(If death occurred in a Hos- pital or Institution, give its NAME instead of street and number.)	
Personal and Statistical Particulars			MEDICAL CERTIFICATE OF DEATH		
SEX	F.	COLOR	W.	DATE OF DEATH	Sept. 17 1909
AGE	60 years, months, days			Month	Day
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed			I HEREBY CERTIFY, That I attended the body from	8/3 9/17 9
BIRTHPLACE (State or Country)	Canada			er	9/10 9
NAME OF FATHER	Wm. Marsh			that I last saw him alive on	1909
BIRTHPLACE OF FATHER (State or Country)	Newbrunswick			and that death occurred on the date stated above at	M.
MAIDEN NAME OF MOTHER	Margaret Shannan			The cause of death was as follows:	
BIRTHPLACE OF MOTHER (State or Country)	Ireland			Carcinoma of the Liver	
OCCUPATION	House wife			[Duration] 2 Days	
HOW LONG RESIDENT OF MONTANA	27 Yrs.			Contestatory	Ascites
The Above Stated Personal Particulars are True to the Best of My Knowledge and Belief				[Duration] Days	
Informant	Mrs. Maud Powell			(Signed)	S.R. Schartz M. D.
Address	Butte			9/19	9 Butte
Filed	9/18	9	J.B. Sullivan	SPECIAL INFORMATION only for Hospitals, Institutions, Trans- ients, or recent residents.	
			Registrar	Former or Usual Residence	How Long at Place of Death? Days
				Where was disease Contracted?	
				PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
				Morian Cem.	9/19 1909
				UNDERTAKER	ADDRESS
				White & Krebs	Butte