

Schwertman, Genevieve Catherine 1900 - 1900

CITY OF BOSTON, MASS.
DEPARTMENT OF HEALTH. No. 14872

No. 802 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH. 748

1.—Full name of deceased *Genevieve Catherine Schwertman*

2.—*White, ^{Yellow} ~~Black~~, ^{Asian} ~~Indian~~ 3.—*Male, Female 4.—Age, years, months, *21* days

5.—*Single, ~~Married~~, Widower, Widow 6.—Occupation

7.—Place of birth..... *Connington* 8.—If foreign born, how long in U. S. years.

9.—How long resident in city..... *Life* years. 10.—Father's Name *Joseph Schwertman*

11.—Father's birthplace..... *Connington* 12.— { a) Mother's Name *Mattie* "
 b) If deceased is a married woman Maiden Name

13.—Mother's birthplace..... *Connington*

14.—Place of death, No. *122 E. 16th St.*

15.—Place of Residence, No. *122 E. 16th St.*

16.—Private, ~~Tenant~~, Public Institution 17.—Date of death, *Dec. 21, 1900*

18.—Cause of death. (Remote or Predisposing *Scarlet fever*
 (Immediate)..... *Cholera infantum*

19.—Duration of last illness..... *48 hours* 20.—I certify that I attended the above named in *her* last illness

21.—Date of interment *Dec. 21, 1900* M. *John G. Blane* M. D.

22.—Place of interment *Wash. of God Ch.* Address *1056 Russell St.*

Name of Undertaker *William Angering* *Connington Ry.*

DO NOT DRAW LINE THROUGH WORDS NOT REQUIRED.