

Name of deceased KEILTY, Ellen

186a  
107a

**STATE OF NEW HAMPSHIRE**  
**CERTIFICATE OF DEATH** Registered No. ....

**1. PLACE OF DEATH**

County Merrimack <sup>5</sup>

Town or city Concord, N.H. <sup>08</sup>

No. New Hampshire State Hospital <sup>02</sup> St.; (If death occurred in a hospital or institution, give its name instead of street and number)

6 Ward. Village .....

Length of residence in city or town where death occurred.	Yrs.	Mos.	Dys.	How long in U. S. if of foreign birth?	Yrs.	Mos.	Dys.
	30	0	15				

If death occurred while an inmate of an institution, give (a) how long an inmate?	Yrs.	Mos.	Dys.	(b) where from .....
	30	0	15	

**2. FULL NAME**

Ellen Keilty

3. Residence (Usual place of abode) County Hillsboro <sup>6</sup>

Town or city Manchester State N.H. <sup>17</sup>

No. 432 Lincoln St.;

Ward. Village .....

**PERSONAL AND STATISTICAL PARTICULARS**

4. SEX <u>female</u>	5. COLOR OR RACE <u>white</u> <sup>2</sup>	6. Single, Married, Widowed, or Divorced (write the word) <u>single</u> <sup>0</sup>
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7. If married, widowed, or divorced HUSBAND of (or) WIFE of  
(Maiden name of wife in full (or) Husband's name in full)

8. DATE OF BIRTH month, day and year 1864 ?

9. AGE	Years	Months	Days	If LESS than 1 day,
	74	?	?	..... hrs. or .....min.

OCCUPATION

10. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Domestic

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

12. Date deceased last worked at this occupation (month and year) <u>1907</u>	13. Total time (years) spent in this occupation <u>unknown</u>
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14. BIRTHPLACE

Town or City Manchester <sup>27</sup>

State or Country New Hampshire

15. NAME Thomas Keilty

16. OCCUPATION shoemaker

FATHER

17. BIRTHPLACE

Town or City 55

State or Country Ireland

18. MAIDEN NAME Margaret ?

MOTHER

19. BIRTHPLACE

Town or City 55

State or Country Ireland

20. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of Informant) L.E. Boutelle, M.D.

(Address) Concord, N.H.

21. BURIAL, CREMATION, OR REMOVAL

Place Manchester, N.H. Date May 3, 1938  
 Cemetery St. Joseph  
(Name of Cemetery) (Section) (Lot)

22. FUNERAL DIRECTOR

(License No.)

(Signature) Sullivan & Connelly 132  
 (Address) 15 High St., Manchester, N.H.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH

(month, day, year)

April 30, 1938

24. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1931, to April 30, 1938

I last saw her alive on April 30, 1938; death is said to have occurred on the date stated above, at 9:45 pm

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 107a 6  
186a Compound comminuted fracture  
of femur 1 15

Duration of Condition		
Yrs.	Mos.	Dys.
		6
	1	15

Other contributory causes of importance not related to principal cause:

25. Where was disease contracted or injury sustained?

New Hampshire State Hospital

26. If premature, what month of gestation

27. Was an operation performed? yes Date of March 15

For what disease or injury? reduction of fracture

Organ or part affected left femur

28. What laboratory test assisted diagnosis?

Xray and fluroscope 3-1

29. Was there an autopsy? no

30. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? accident Date of injury 3/15, 1938

Where did injury occur? N. H. State Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

as above

Manner of injury accident 8

Nature of injury Cpd. comminuted fracture

31. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signature) L. E. Boutelle, M. D.

Dated Apr. 30, 1938 (Address) Concord, N.H.

32. Countersigned and Burial or Transit Permit issued

by Town Clerk, Sub-registrar, Agent City Board of Health Date of issue

Filed William E. Poley 1938

A true copy, Attest:

Clerk of William E. Poley Dated Apr. 30, 1938