

Name, **Joseph Legassie**

Place of Death, **Berlin N.H.**

No. Street

Ward, Village

How long a resident, **11 years**

Previous residence, **N. B.**

If death occurred at an institution give name of same

N. H. Prison

How long an inmate, **1101 01 001**

Where from, **VJ13**

Date of Death: Year, **1911** Month, **Dec** Day, **23**

Age: Years, **79** Months, **8** Days, **17**

Place of Birth, **N. B.**

Date of Birth: Year, **1834** Month, **Apr** Day, **6**

Sex, **Male** Color, **White** Married, Single, Widowed or Divorced. } **M**

Occupation, **Laborer**

Cause of Death, **Senility**

Duration

Contributing Cause

Duration

Name of Father, **Joseph Legassie**

Maiden Name of Mother, **Polbine Dearpoe**

Birthplace of Father, **N. B.**

Birthplace of Mother, **N. B.**

Occupation of Father, **Farmer**

[Record continued over.]

Deceased was wife of

Widow of

Name of Physician (or other person) reporting said death,

T. C. Pulsifer M.D.

P. O. Address, Berlin N.H.

Place of Interment, Berlin N.H.

Date of Interment, Dec. 26 1911

Name of Cemetery, City

Undertaker A. W. Walters

P. O. Address, Berlin N.H.

THE STATE OF NEW HAMPSHIRE.

I hereby certify that the above death record is correct to the best of my knowledge and belief.

P. J. Smith

Clerk of Berlin N.H.

Date, Dec. 27 1911