

Name, ..Italio Tico.....

Place of death,..Portsmouth,..N..H.....

No. Street.

Ward, Village,

How long a resident,.....

Previous residence,

If death occurred at an institution give name of same

.....Emergency Hospital.....

How long an inmate,.....

Where from,

Date of death: Year,1918 Month,Oct Day,13..

Age: Years,40....Months,....Days,.....

Place of birth,.....

Date of birth: Year,.....Month,.....Day,.....

Sex,..M... Color,..W... Married, Single,
Widowed or Divorced.

Occupation, ...Stonecutter.....

Cause of death,..Influenza.....

..... Duration, ...7 days.....

Contributing cause,

..... Duration,

Name of father,.....

Maiden name of mother,.....

Birthplace of father,.....

Birthplace of mother,.....

Occupation of father,.....