[1908-1912]

Neal C. M Lennie.

Annie, M Lennie.

November 1909.

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HEAD

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WASHBURN'S UNDERTAKING ESTABLISHMENT

MILTON H. FARLEY, Successor

49 Winthrop Street, Corner High Street

TAUNTON, MASS.

TELEPHONE 519-R OR 518

Remains of EVELYN I. LONG

Care of FRANK E. LONG

Destination Nantucket, Mass.

c/o Lewis Bros - Undertaker

Left Taunton 8.23 o'clock A. M. Oct. 7- 1925

Register No. 789

HANDLE WITH CARE!

RECORD AND BILL OF ITEMS

Yearly No. 1 E. M. Lunt

FOR THE FUNERAL OF

Total to date July 19 1909

Joseph A. Grant

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 69 Years. 4 Months 23 Days.

Name of Deceased, Joseph A Grant

Place of death, Marblehead Mass Street, ____ Ward No. ____

Residence, " Sex, ____ Single, ____ Married, ____

Occupation, ____ Wife of ____

Birth-place, " Widow of ____

Name of Father, ____ His Birth-place, * ____

Maiden Name of Mother ____ Her Birth-place, * ____

Cause of death, Primary, ____ Duration, ____

Cause of death, Secondary, ____ Duration, ____

Certifying Physician, Walker His Residence, ____

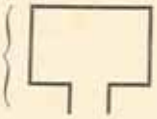
Place of burial, Newton Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$25.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	42.00			Cr.	21.00

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RECORD AND BILL OF ITEMS

Yearly No. 2 - L. McLeod

FOR THE FUNERAL OF

Total to date July 8 19

Elizabeth N. Coggeshall

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 87 Years. 4 Months Days.

Name of Deceased, Elizabeth N. Coggeshall

Place of death, Nantucket Mass Street, _____ Ward No. _____

Residence, " Sex, Female Single, Widow Married,

Occupation, _____ Wife of _____

Birth-place, _____ Widow of Nathaniel Coggeshall

Name of Father, _____ His Birth-place, * " "

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, J. S. Howard His Residence, Nantucket Mass.

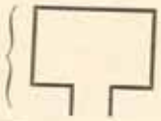
Place of burial, Newtown Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $48.00 Cr. 49.00

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RECORD AND BILL OF ITEMS

Yearly No. 3 J. M. Lane FOR THE FUNERAL OF Total to date

Child of Elliott Sylvia

Date of Birth 19

Date of Death, 19 Color † Age { Years. Months Days.

Name of Deceased, Elliott Sylvia's child. (Stillborn)

Place of death, Nantucket Street, Mill. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

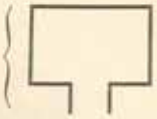
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 3	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $3.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 4 J. M. Lunt

FOR THE FUNERAL OF

Total to date July 26. 19

Earl S. Bodwell

Date of Birth ..... 19..

Date of Death ..... 19.. Color † White Age { 19 Years. 7 Months ..... Days.

Name of Deceased, Earl S. Bodwell.

Place of death, Waumbeck. Street, ... Ward No. .....

Residence, New Haven Conn. Sex, Male Single, ... Married, ...

Occupation, College Student. Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, Drowning Duration, ...

Certifying Physician, G. C. Leonard His Residence, Nantucket & Water St.

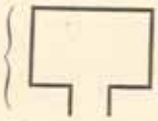
Place of burial, New Haven Conn. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at " "

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark into Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, Box	$20	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box, Zinc lined	10	00	" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, To Waumbeck	5	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taking to boat	2	00	Bill charged to		
Dr.	$42	00		Cr.	$42 00

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RECORD AND BILL OF ITEMS

Yearly No. 5 L. McLeme — FOR THE FUNERAL OF — Total to date Aug 5 /19.

Emma B. Brayton

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 68 Years. 11 Months 8 Days.

Name of Deceased, Emma B. Brayton

Place of death, Nantucket Street, Center Ward No. _____

Residence, " Sex, Female Single, Widow Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, G. A. Leonard His Residence, Nantucket A. Main st.

Place of burial, Prospect Hill Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Nantucket Center st.

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $48.00 Cr. 48.00

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RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date Aug 8 10

Isabel L. Gibbs

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 69 Years. ..... Months. 16 Days.

Name of Deceased, Isabel L. Gibbs

Place of death, Nantucket Street, Main Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, C. S. Gurnard His Residence, ...

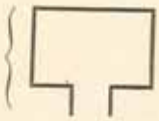
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at Nantucket Main St.

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‖ for every Grave in it. And mark each Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, ...	$40	00	Flowers, ...		
Size, ... Made by			Candles, ...		
Lining, ...			Gloves, ...		
Handles, ...			Hearse to ..... Cemetery		
Plate, ...			Carriage for		
Outside Box, ...			" "		
Burial robe, ...			" "		
Preserving Body with	10	00	Carriages at Funeral, 3 Hacks 9.00	9	50
Washing and Dressing, by Mrs Smith	3	00	Death Notices in		
Shaving, ...					
Door Pall, ...					
Services, ...					
Use of Chairs, ...		75	Goods ordered by		
Cemetery Fee, ...	8	00	Bill charged to		
Dr.	$61	75		Cr. 61 75	
				9.50	
				$71.25	

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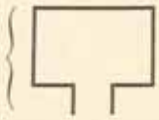
RECORD AND BILL OF ITEMS

Yearly No. 7 — FOR THE FUNERAL OF — Total to date Aug 12 '09

Edward Burdett

Date of Birth ____ 19__
Date of Death, ____ 19__ — Color † White — Age { 81 Years, ____ Months, ____ Days.
Name of Deceased, Edward Burdett
Place of death, Nantucket — Street, School — Ward No. ____
Residence, " — Sex, Male — Single, ____ — Married, Widower
Occupation, ____ — Wife of ____
Birth-place, " — Widow of ____
Name of Father, ____ — His Birth-place, * ____
Maiden Name of Mother ____ — Her Birth-place, * ____
Cause of death, Primary, ____ — Duration, ____
Cause of death, Secondary, ____ — Duration, ____
Certifying Physician, C. G. Austin — His Residence, Nant. Orange St.
Place of burial, ____ — Cemetery, Lot or Grave No. ____ — Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$10.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	6.	00	Bill charged to		

Dr. $21.00 — Cr. 21.00

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RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

William D. Clark

Total to date Aug 17. 109

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 62 Years. Months. Days.

Name of Deceased, William D. Clark

Place of death, Nantucket Street, Lyon Ward No. _____

Residence, " Sex, Male. Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Benjamin Clark His Birth-place, * Nantucket

Maiden Name of Mother } _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, F. S. Gerrard, His Residence, _____

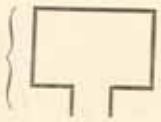
Place of burial, Pine Hill Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at Lyon St

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$42	.00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $58.00 Cr. 53.00

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RECORD AND BILL OF ITEMS

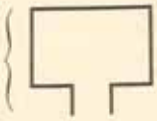
Yearly No. 9 — FOR THE FUNERAL OF — Total to date Aug 22 '09

Charlotte May DeKlyn

Date of Birth ..... 19..
Date of Death ..... 19..
Color † White — Age { 73 Years. ..... Months ..... Days.

Name of Deceased, Charlotte May DeKlyn
Place of death, Sixth Street — Street, ... Ward No. .....
Residence, Cleveland O — Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother ..... Her Birth-place, * .....
Cause of death, Primary, ... Duration, ...
Cause of death, Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Cleveland, Ohio. — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number, 2nd box.	$ 120.	00	Flowers,	
Size, ... Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to ..... Cemetery	
Plate,			Carriage for	
Outside Box, Zinc lined	10	00	" "	
Burial robe,			" "	
Preserving Body with fluid	10	00	Carriages at Funeral,	
Washing and Dressing,	5	00	Death Notices in	
Shaving,				
Door Pall,				
Services,				
Use of Chairs,			Goods ordered by	
Cemetery Fee, To Cemetery	3	00	Bill charged to	
Dr.	$ 148.	00		Cr. 148.00

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RECORD AND BILL OF ITEMS

Yearly No. 10 FOR THE FUNERAL OF *Total to date* Aug 22 109

George B. Lodge.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 55 Years. ..... Months ..... Days.

Name of Deceased, George B. Lodge

Place of death, Nantucket Street, ... Ward No. .....

Residence, ... Sex, Male Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

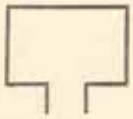
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. Add mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$40	.00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,	5	00	" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $50.00 Cr. 50.00

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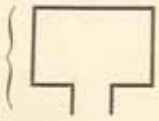
RECORD AND BILL OF ITEMS

Yearly No. 11 — FOR THE FUNERAL OF — Total to date Aug 21 /09

Sarah S. Macy

Date of Birth ____ 19__
Date of Death, ____ 19__ — Color † White — Age { ____ Years. ____ Months ____ Days.
Name of Deceased, Sarah S. May.
Place of death, Nantucket — Street, Hussey — Ward No. ____
Residence, " — Sex, Female, Single, Widow Married, ____
Occupation, ____ — Wife of ____
Birth-place, ____ — Widow of ____
Name of Father, ____ — His Birth-place, * ____
Maiden Name of Mother ____ — Her Birth-place, * ____
Cause of death, Primary, ____ — Duration, ____
Cause of death, Secondary, ____ — Duration, ____
Certifying Physician, ____ — His Residence, ____
Place of burial, ____ — Cemetery, Lot or Grave No. ____ — Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 25	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 38	00		Cr.	38.00

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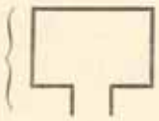
RECORD AND BILL OF ITEMS

Yearly No. 12 — FOR THE FUNERAL OF — Total to date Aug 21 109

Martha Folger Coleman

Date of Birth ____ 19__
Date of Death, ____ 19__ Color † White Age { 69 Years. 3 Months 16 Days.
Name of Deceased, Martha Folger Coleman
Place of death, Nantucket Street, ____ Ward No. ____
Residence, " Sex, Female Single, ____ Married, ____
Occupation, ____ Wife of ____
Birth-place, ____ Widow of ____
Name of Father, ____ His Birth-place, * ____
Maiden Name of Mother ____ Her Birth-place, * ____
Cause of death, Primary, ____ Duration, ____
Cause of death, Secondary, ____ Duration, ____
Certifying Physician, Walker His Residence, ____
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$25	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with			Carriages at Funeral, 1	3	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$46	00		Cr. 46	00

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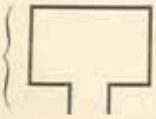
RECORD AND BILL OF ITEMS

Yearly No. 13. FOR THE FUNERAL OF Total to date Sept. 9. 1909

Ellen M. Thomas

Date of Birth ..... 19....
Date of Death, ... 19....
Color † White. Age { 69 Years. ..... Months ..... Days.
Name of Deceased, Ellen M. Thomas
Place of death, Nantucket Street, ... Ward No. .....
Residence, " Sex, Female Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. B. Gouard. His Residence, North Main St.
Place of burial, Portland. Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	70	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	15	00	Carriages at Funeral, M. Mod	2	50
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Elegant	1	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Remains 15 Boat.	3	00	Bill charged to		
Dr.	94.	00		Cr.	94 00

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RECORD AND BILL OF ITEMS

Yearly No. 14 FOR THE FUNERAL OF *Total to date* Sept 9 '09

William A. McCall

Date of Birth ..... 19..

Date of Death ..... 19.. Color † White Age { 69 Years. ..... Months ..... Days.

Name of Deceased, William A McCall

Place of death, Nantucket Street, ... Ward No. .....

Residence, ... Sex, Male ~~Single,~~ Married, ...

Occupation, Retired Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. L. Gonard. His Residence, ...

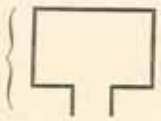
Place of burial, C. O. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 40	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,	20	00	" "		
Burial robe,			" "		
Preserving Body with	15	00	Carriages at Funeral,		
Washing and Dressing,	6	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Body from Beach	3	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Remains taken to boat	3	00	Bill charged to		
Dr.	$ 86	00			Cr. 86.00

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RECORD AND BILL OF ITEMS

Yearly No. 15 FOR THE FUNERAL OF *Total to date*

Reggie Meeks –

Date of Birth 19..

Date of Death, 19.. Color † White Age { 13 Years. 5 Months 11 Days.

Name of Deceased, Reggie Meeks.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Male Single, Married,

Occupation, Schools. Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, E. B. Coleman, His Residence,

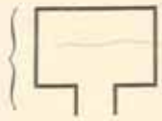
Place of burial, Hampton Iowa. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark also Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	15	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Remains at Tent	3	00	Bill charged to		
Dr.	$63	00		Cr.	63 00

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RECORD AND BILL OF ITEMS

Yearly No. 16 FOR THE FUNERAL OF *Total to date* Sept 20 09

Date of Birth ..... 19..

Date of Death ..... 19.. Color † Black Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Stillborn child J. Frank Brandt.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, J. A. Howard His Residence, ...

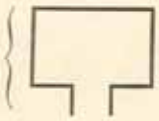
Place of burial, Newtown. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to	3	00
Dr.	$3.00			Cr. $3.00	

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RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date Sept 30 /09

Letitia Sandsbury

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 86 Years. 6 Months 24 Days.

Name of Deceased, Letitia Sandsbury

Place of death, Nantucket Street, Darling st Ward No. ____

Residence, " Orange st. Sex, Female. ~~Single,~~ Widow ~~Married,~~

Occupation, ____ Wife of ____

Birth-place, ____ Widow of Obed Sandsbury

Name of Father, ____ His Birth-place, * ____

Maiden Name of Mother ____ Her Birth-place, * ____

Cause of death, Primary, ____ Duration, ____

Cause of death, Secondary, ____ Duration, ____

Certifying Physician, J. L. Grouard His Residence, Nantucket Mass. Orange st.

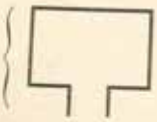
Place of burial, Newtown. Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at Nantucket Darling st.

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$25	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	6	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$44.00			Cr.	44.00

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RECORD AND BILL OF ITEMS

Yearly No. 18 — FOR THE FUNERAL OF — Total to date Sept 30/09

Catharine Cox

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 82 Years. ..... Months ..... Days.

Name of Deceased, Catharine Cox

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

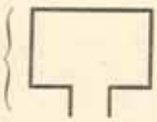
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark *this* Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	$8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 19 FOR THE FUNERAL OF Total to date Oct 3 109

Leslie Fernando

Date of Birth ..... 19..
Date of Death, ... 19..
Color † Black Age { ..... Years. 2 Months ..... Days.

Name of Deceased, Leslie Fernando
Place of death, Nantucket Street, ... Ward No. .....
Residence, " Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother ..... Her Birth-place, * .....
Cause of death, Primary, ... Duration, ...
Cause of death, Secondary, ... Duration, ...
Certifying Physician, E. B. Coleman His Residence, ...
Place of burial, Catholic Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$8	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	3	00	Bill charged to		

Dr. $11.00 Cr. $11.00

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RECORD AND BILL OF ITEMS

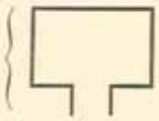
Yearly No. 20 FOR THE FUNERAL OF Total to date Oct 4 109

Mabel Cartright.

Date of Birth 19
Date of Death 19 Color † White Age 3 Years 6 Months Days

Name of Deceased, Mabel Cartright
Place of death, Manchester Street, Ward No.
Residence, " Sex, Female Single, Married,
Occupation, Wife of
Birth-place, " Widow of
Name of Father, Arthur Cartright His Birth-place, *
Maiden Name of Mother, Aralda. Dunham Her Birth-place, *
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, J. S. Gerrard His Residence,
Place of burial, Proct. Hill Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	20.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	5.	00	Bill charged to		

Dr.							Cr.	
			25.00					
			20.00					
			5.00					

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RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date Oct 4 1909

Albion H. Buckland

Date of Birth 19

Date of Death, 19 Color † White Age 84 Years. 6 Months Days.

Name of Deceased, Albion H. Buckland.

Place of death, Kittery Me. Street, Main Ward No.

Residence, " " Sex, Male. Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, G. S. Gerrish His Residence,

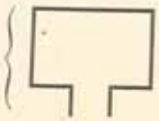
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at Res. Main St.

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral, Ford to South Berwick	6	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 dozen	1	75	Goods ordered by		
Cemetery Fee,	6	00	Bill charged to		
Dr.	$ 64	75		Cr. 64	75

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RECORD AND BILL OF ITEMS

Yearly No. 22 FOR THE FUNERAL OF Total to date Oct 13 /19

Winnifred L. Folger

Date of Birth 19

Date of Death, 19 Color † White Age { 45 Years. 3 Months 15 Days.

Name of Deceased, Winnifred L. Folger.

Place of death, Nantucket Street, Dover. Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. L. Leonard. His Residence,

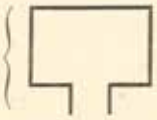
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$25	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$36	00		Cr. 17	00

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RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date Oct 20 109

Charlotte R. James.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 77 Years. 1 Months 3 Days.

Name of Deceased, Charlotte R. James

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, Female Single, Widow Married, ...

Occupation, ... Wife of Edwin R. James

Birth-place, ... Widow of " " "

Name of Father, ... His Birth-place, * Nantucket

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, Walker His Residence, ...

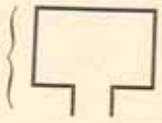
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$25.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $36.00 Cr. 36 00

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RECORD AND BILL OF ITEMS

Yearly No. 24 FOR THE FUNERAL OF *Total to date*

Caroline G. Duffey.

Date of Birth 19

Date of Death, 19 Color † White Age { 5 Years. 25 Months Days.

Name of Deceased, Caroline G. Duffey.

Place of death, Nantucket Street, Ward No.

Residence, Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother, Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Leonard. His Residence,

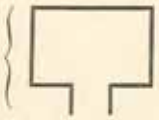
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$18.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	5	00	Bill charged to		
Dr.	$26.	00			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date Nov 8 '09

Anna L. Marden

Date of Birth 19

Date of Death, 19 Color † White Age 46 Years. Months Days.

Name of Deceased, Anna L. Marden.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

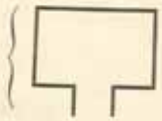
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$17	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$28	00		Cr.	28 00

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RECORD AND BILL OF ITEMS

Yearly No. 26 — FOR THE FUNERAL OF — Total to date Oct 26/09

Charles F. Swain

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 70 Years. ..... Months ..... Days.

Name of Deceased, Chas F. Swain.

Place of death, Nantucket Street, Pearl. Ward No. .....

Residence, " Sex, Male ~~Single,~~ ..... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. A. Gerrard His Residence, Nantucket, N. Water St.

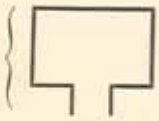
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$50.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $73.00 Cr. 73.00

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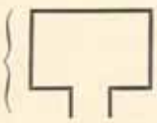
RECORD AND BILL OF ITEMS

Yearly No. 26 — FOR THE FUNERAL OF — Total to date Oct 26/09

Charles F. Swain

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 70 Years. ..... Months ..... Days.
Name of Deceased, Chas F. Swain
Place of death, Nantucket Street, Pearl. Ward No. .....
Residence, " Sex, Male Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother ..... Her Birth-place, * .....
Cause of death, Primary, ... Duration, ...
Cause of death, Secondary, ... Duration, ...
Certifying Physician, J. A. Gouard His Residence, North. N. Main st.
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$50.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $73.00 Cr. 73 00

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RECORD AND BILL OF ITEMS

Yearly No. 27 FOR THE FUNERAL OF Total to date

Stillborn child of Helen Levie.

Date of Birth 19 Color † Age { Years. Months Days.

Date of Death, 19

Name of Deceased, Child of Helen Levie.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

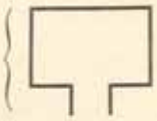
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	$2	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. $3.50 Cr. $3.50

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RECORD AND BILL OF ITEMS

Yearly No. 28 FOR THE FUNERAL OF Total to date Nov 19

Walter F. Hendricks

Date of Birth 19

Date of Death, 19 Color † White Age 15 Years. 4 Months 18 Days.

Name of Deceased, Walter F. Hendricks.

Place of death, Manchester Street, Union Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, John W. Hendricks His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Law. His Residence,

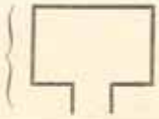
Place of burial, Catholic Cemetery, Lot or Grave No. Section No.

Funeral Services at Res. Union St.

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$40	00	Flowers,		
Size, Made by			Candles,	2	00
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	5	00	Carriages at Funeral, Mord & Son ayes. 2	$6	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$58.	00		Cr.	58.00 8.00 66.00

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RECORD AND BILL OF ITEMS

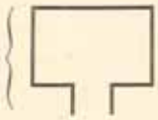
Yearly No. 29 — FOR THE FUNERAL OF — Total to date Nov 23 1904

Mary E. L. Roberts.

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { 61 Years, ... Months, 23 Days.

Name of Deceased, Mary E. L. Roberts
Place of death, Nantucket — Street, ... Ward No. .....
Residence, " — Sex, Female Single, ... Married, ...
Occupation, ... — Wife of S. W. Roberts
Birth-place, Sheffield — Widow of .....
Name of Father, Stephen M. Roberts — His Birth-place, * Sheffield
Maiden Name of Mother } Mary E. Shears — Her Birth-place, * .....
Cause of death, } Primary, ... — Duration, ...
Cause of death, } Secondary, ... — Duration, ...
Certifying Physician, S. W. Roberts — His Residence, ...
Place of burial, Brattleboro — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	75	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box, Chestnut	20	00	" "		
Burial robe,	10	00	" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving, Prepaid					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taken to boat	3	00	Bill charged to		

Dr. — $123.55 — Cr. —

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RECORD AND BILL OF ITEMS

Yearly No. 80 FOR THE FUNERAL OF Total to date Nov 19 1903

Edward J. Sandsbury

Date of Birth, 19 Color † White Age { 26 Years, Months, 6 Days.

Date of Death, 19

Name of Deceased, Edward J Sandsbury

Place of death, Manhattan. Street, Ward No.

Residence, New York City Sex, Single, Married,

Occupation, Clerk Wife of

Birth-place, Hanniket Widow of

Name of Father, Wm Penn Sandsbury His Birth-place, * Hanniket

Maiden Name of Mother } Sarah Jane Hull Her Birth-place, * "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence, "

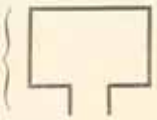
Place of burial, Hanniket. Cemetery, Lot or Grave No. Harlem Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,				Flowers,		
Size, Made by				Candles,		
Lining,				Gloves,		
Handles,				Hearse to Cemetery		
Plate,				Carriage for		
Outside Box,				" "		
Burial robe,				" "		
Preserving Body with				Carriages at Funeral,		
Washing and Dressing,				Death Notices in		
Shaving,						
Door Pall,						
Services,	From boat	2	00			
Use of Chairs,	2 Dog chairs	1	50	Goods ordered by		
Cemetery Fee,		8	00	Bill charged to		
Dr.		11.	50		Cr.	11.50

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RECORD AND BILL OF ITEMS

Yearly No. 91 FOR THE FUNERAL OF Total to date Nov 23 1909

Mary S. Whippey

Date of Birth 19 Color † White Age Years. Months Days.

Date of Death, 19

Name of Deceased, Mary S. Whippey

Place of death, Street, Ward No.

Residence, Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, William Whippey His Birth-place, *

Maiden Name of Mother Her Birth-place, * Nantucket Mass

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

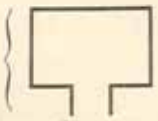
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for Family	3	00
Outside Box,			" " Guests 300 Mrs 3	6	00
Burial robe,			" " Peace	3	00
Preserving Body with			Carriages at Funeral, Extra 100 from boat 100	2	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From boat to House	4	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $12.00 Cr. 12.00 14.00 26.00

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RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date Nov 26 19

William M. Barrett.

Date of Birth 19

Date of Death, 19 Color † Age 79 Years. Months Days.

Name of Deceased,

Place of death, New York. Street, Ward No.

Residence, New York City Sex, Male. Single, Married,

Occupation, Retired. Wife of

Birth-place, Nantucket Widow of

Name of Father, John M. Barrett His Birth-place, *

Maiden Name of Mother Lydia Mitchell Her Birth-place, * Nantucket

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

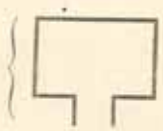
Place of burial, Cemetery, Lot or Grave No. Pine Hill Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 38 FOR THE FUNERAL OF Total to date Dec 1909

Elizabeth F. Monroe.

Date of Birth 19 Color † White Age 25 Years. 11 Months 11 Days.

Date of Death, 19

Name of Deceased, Elizabeth F. Monroe

Place of death, Hanover Street, Ward No.

Residence, Hanover Mass. Sex, Single, Married,

Occupation, Wife of

Birth-place, Providence, R.I. Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother, Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. L. Gerard His Residence,

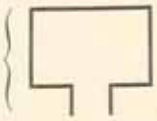
Place of burial, Hanover Mt. Vernon Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for Smith 3.00 Ayers 3.00	6	00
Outside Box,			" " "	2	00
Burial robe,			" " Mood 3.00 Perry 3.00	6	00
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	2	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	50	00		Cr.	60.00

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RECORD AND BILL OF ITEMS

Yearly No. 34 FOR THE FUNERAL OF Total to date

Thomas McNamara

Date of Birth 19

Date of Death 19 , Color † White Age { 11 Years. Months Days.

Name of Deceased, Thomas McNamara.

Place of death, Nantucket Mass. Street, Ward No.

Residence, Milk st. Sex, male Single, Married,

Occupation, Wife of

Birth-place, County Clair Widow of

Name of Father, His Birth-place, * Ireland.

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Walker His Residence,

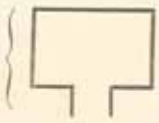
Place of burial, Nantucket, Prat Hill, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 50.	00	Flowers,		
Size, Made by			Candles,	1	00
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	10.	00	" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	83	00		Cr.	84.00
	84	00			

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RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date Dec 16 1909

William Gifford

Date of Birth ..... 19....

Date of Death, ... 19.... Color † White Age { ..... Years. ..... Months ..... 15 Days.

Name of Deceased,

Place of death, Nantucket Mass. Street, ... Ward No. .....

Residence, Milk st. Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nantucket Mass Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Walker His Residence, ...

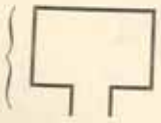
Place of burial, Nantucket Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	1	50	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $1.50 Cr. $1.50

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RECORD AND BILL OF ITEMS

Yearly No. 86 FOR THE FUNERAL OF Total to date Dec 7 1909

Emmeline Coffin.

Date of Birth 19

Date of Death, 19 Color † White. Age { 68 Years. Months Days.

Name of Deceased, Emmeline Coffin.

Place of death, Newport R. I. Street, Ward No.

Residence, " " Sex, Female Single, Married,

Occupation, Wife of Wm H Coffin.

Birth-place, Widow of " " "

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

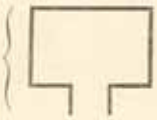
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 37 FOR THE FUNERAL OF *Total to date* Dec 31 1909

Mary Grace Keane

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 31 Years. ..... Months 14 Days.

Name of Deceased, Mary Grace Keane

Place of death, Nonquitt Mass Street, ... Ward No. .....

Residence, " " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nonquitt Mass Widow of .....

Name of Father, Patrick Keane His Birth-place, * Ireland

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. B. Gunnard His Residence, ...

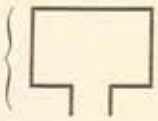
Place of burial, Catholic Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at " church

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	150	00	Flowers,		
Size, ... Made by			Candles, Stick	1	00
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Candles	8	00	Bill charged to		

Dr. 169 – 00 Cr. 169.00

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RECORD AND BILL OF ITEMS

Yearly No. 88 FOR THE FUNERAL OF *Total to date*

Lucretia M. Milke

Date of Birth 19

Date of Death, 19 Color † Black Age { 81 Years. 6 Months 27 Days.

Name of Deceased, Lucretia M. Milke

Place of death, Nantucket Mass Street, Ward No.

Residence, " " Sex, Female Single, Married, Widowed

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. J. Leonard His Residence,

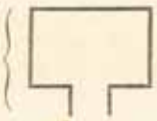
Place of burial, Boland Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	30	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 38 00 Cr. 38 00

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RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date Dec 27 1909

Charles E Veeder

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 48 Years. 5 Months 17 Days.

Name of Deceased,

Place of death, Nantucket Mass Street, Ward No.

Residence, Minneapolis Minn. Sex, Male ~~Single~~, Married,

Occupation, Manager Wife of

Birth-place, Nantucket Mass. Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J S Leonard His Residence,

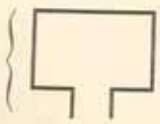
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	84	50		Cr.	84 50

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RECORD AND BILL OF ITEMS

Yearly No. 40 FOR THE FUNERAL OF *Total to date* Jan 24 19

Annie S. Owen

Date of Birth ..... 19....

Date of Death, ... 19.... Color † ..... Age { 43 Years, ... Months, ... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

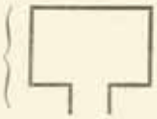
Certifying Physician, ... His Residence, ...

Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. { 

Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus ‡

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

From Wm Smith 10.00

Dr. Cr.

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RECORD AND BILL OF ITEMS

1910

Yearly No. 41

FOR THE FUNERAL OF

Total to date Jan 18 1910

Elizabeth Thayer.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 83 Years. 7 Months 3 Days.

Name of Deceased, Elizabeth Thayer

Place of death, Ashland. Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, Widowed

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

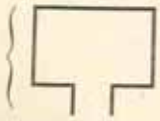
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
From trust,	2	00			
Dr.	10	00		Cr.	10 00

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RECORD AND BILL OF ITEMS

Yearly No. 42 FOR THE FUNERAL OF Total to date

Nancy B. Hussey

Date of Birth 19 Color † White Age 71 Years 10 Months 20 Days

Date of Death, 19

Name of Deceased, Nancy B. Hussey.

Place of death, Nantucket Mass. Street, Gardner, Ward No.

Residence, " " Sex, Single, Married,

Occupation, Wife of Columbus Hussey

Birth-place, Widow of " "

Name of Father, Columbus Hussey, his wife His Birth-place, * Nantucket

Maiden Name of Mother Hannah Gordon Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Marden, His Residence,

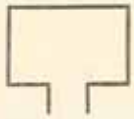
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	50.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for Lewis	3	00
Outside Box,			" " Ayer	3	00
Burial robe,			" " Ford	3	00
Preserving Body with	10.	00	Carriages at Funeral,		9.00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 3 doz.	2.	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	70	25		Cr.	70.25

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RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date Jan 21 1910

Susan R. Ellis

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 78 Years. 2 Months 2 Days.

Name of Deceased, Susan R. Ellis

Place of death, Island Home Street, ... Ward No. .....

Residence, ... Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

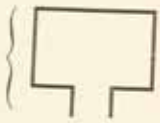
Place of burial, Newton Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	12	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	2	50	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee, Perpetual	6	00	Goods ordered by		
			Bill charged to		
Dr.	24	50			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 44 FOR THE FUNERAL OF *Total to date*

John A Thomas.

Date of Birth 19

Date of Death, 19 Color † Age { Years. Months Days.

Name of Deceased.

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞

Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dz	1	50	Goods ordered by		
Cemetery Fee, From Brat 200 Int Fee	10	00	Bill charged to		

Dr. 11 50 Cr. 11 50

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RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date Feb. 11 1910

Charlotte M. Lovain

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 81 Years. 6 Months 23 Days.

Name of Deceased, Charlotte M Lovain

Place of death, Hart. Mass Street, Fair Ward No. _____

Residence, " " Sex, Female Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, " " Widow of George Lovain

Name of Father, _____ His Birth-place, * Nantucket Mass.

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, E B Coleman His Residence, Nantucket Beach st.

Place of burial, Newtown Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	17	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 30.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 46 FOR THE FUNERAL OF Total to date Feb 26 /10

Emily F. Snow.

Date of Birth 19..

Date of Death, 19.. Color † White Age { 71 Years. 4 Months. 12 Days.

Name of Deceased, Emily F. Snow.

Place of death, Nantucket Mass. Street, Mat Centre Ward No.

Residence, " " Sex, Female Single, Married,

Occupation, Wife of Charles E. Snow

Birth-place, " " Widow of " " "

Name of Father, Samuel Carpenter. His Birth-place,* New York Nant Mass

Maiden Name of Mother } Her Birth-place,* " "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Walker. His Residence, Nantucket

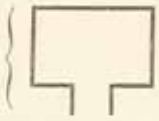
Place of burial, Prospt Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 51.00 Cr. 51.00

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RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date Feb. 1910

Alexander Barney.

Date of Birth ..... 19....

Date of Death, ... 19....

Color † White Age { 68 Years. 10 Months 19 Days.

Name of Deceased,

Place of death, Newport R.I. Street, ... Ward No. .....

Residence, Newport R.I. Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

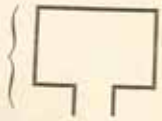
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	6	00	Bill charged to		

Dr. 6 00 Cr. 6 00

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RECORD AND BILL OF ITEMS

Yearly No. 48 FOR THE FUNERAL OF *Total to date*

Mary B. Plaskett.

Date of Birth 19

Date of Death, Nantucket Mass 19 Color † Age { 85 Years. 11 Months 16 Days.

Name of Deceased, Mary B. Plaskett

Place of death, Nantucket Mass Street, Darling Ward No.

Residence, " " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Seth Pinkham His Birth-place, * Nantucket Mass

Maiden Name of Mother } Mary Brown, Her Birth-place, * " "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. S. Leonard His Residence,

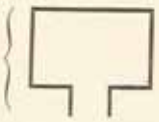
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,	3	50
Washing and Dressing, Mrs. Dillon	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 81.00 Cr. 84.50

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RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date

Harriet Coffin

Date of Birth 19

Date of Death, 19 Color † Age 78 Years. Months 5 Days.

Name of Deceased, Harriet Coffin

Place of death, Manchester House. Street, Ward No.

Residence, Darling st. Sex, Single, Married, Widowed

Occupation, Wife of Samuel Coffin

Birth-place, Widow of "

Name of Father, Fred Barnard. His Birth-place, * Halifax N.S.

Maiden Name of Mother, Harriet Barnard Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, E B Coleman His Residence,

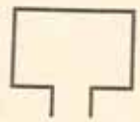
Place of burial, Pine Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at West Wareham

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	25	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	3	25
Washing and Dressing,	4	00	Death Notices in		
Shaving,					
Door Pall,					
Services, at West Wareham					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	37	00		Cr.	

$25.00
12.00
37.00

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RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date Feb 26 19

Catharine B. Glidden.

Date of Birth ..... 19....

Date of Death, ... 19.... Color † White Age { 65 Years. ..... Months ..... 25 Days.

Name of Deceased, Catharine B. Glidden.

Place of death, Nantucket Mass Street, New Ward No. .....

Residence, Nantucket Sex, Female ~~Single,~~ Married, ...

Occupation, ... Wife of Charles Glidden

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. L. Leonard, His Residence, ...

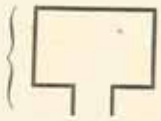
Place of burial, Cartolei. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this 1 for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	50	00	Flowers,		
Size, ... Made by			Candles, and clock	2	00
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		
Dr.	73	00		Cr. 73	00

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RECORD AND BILL OF ITEMS

1910

Yearly No. 51

FOR THE FUNERAL OF

Total to date Feb. 27 1910

Sidney Starbuck

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 68 Years. Months Days.

Name of Deceased, Sidney Starbuck

Place of death, Nantucket Street, Main Ward No. _____

Residence, Nantucket Mass Sex, Male Single, Married,

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, George Starbuck His Birth-place, * Nant. Mass

Maiden Name of Mother } Elizabeth Swain Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, J. S. Leonard His Residence, _____

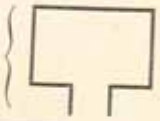
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral, Agnes Smith 3.00 Mond 3.00 Dwight 3.00	9	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Doz	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	84	50		Cr.	84.50
					9.00
					93.50

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RECORD AND BILL OF ITEMS

Yearly No. 52 FOR THE FUNERAL OF *Total to date* March 2 1910

Doris May Richards

Date of Birth ..... 19..
Date of Death ..... 19.. Color † ..... Age { ..... Years. ..... Months. 11 Days.

Name of Deceased, D M Richards

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, J S Leonard His Residence, ...

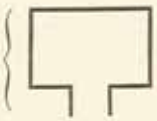
Place of burial, New-town Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	6	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, * Boat 200 lot	3	00	Bill charged to		

Dr. 9 00 Cr. 6 00

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RECORD AND BILL OF ITEMS

1910 Yearly No. 63 FOR THE FUNERAL OF Total to date March 3 1910

Eliza Jane Nickerson

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

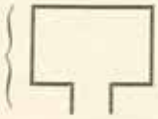
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Boat 200 Int 800	10	10	Bill charged to		

Dr.								Cr.	

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RECORD AND BILL OF ITEMS

Yearly No. 54 FOR THE FUNERAL OF *Total to date*

Ann Macy

Date of Birth 19

Date of Death, 19 Color † Age 81 Years. Months Days.

Name of Deceased,

Place of death, Street, Ward No.

Residence, Nantucket Mass Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

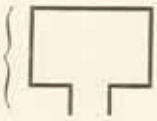
Place of burial, Quaker Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	53	00			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date March 16 1910

Antone Enas

Date of Birth ..... 19..

Date of Death ..... 19.. Color † ..... Age { 70 Years. ..... Months ..... Days.

Name of Deceased. Antone Enas

Place of death, Nantucket Mass Street, Gay Ward No. .....

Residence, " Sex, Male ~~Single~~ Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Leonard His Residence, ...

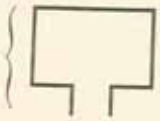
Place of burial, Catholic Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at " Chu.

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	83	00	Flowers,		
Size, ... Made by			Candles,	1	00
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	10	00	" "		
Preserving Body with	10	00	Carriages at Funeral, Ayer 3 Mod 3 Rem 3	9	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee,	8	00	Goods ordered by		
			Bill charged to		

Dr. Carriage 9.00 95.00 Cr. 95.00 96.00

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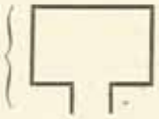
RECORD AND BILL OF ITEMS

Yearly No. 56 FOR THE FUNERAL OF Total to date Mch 23 1910

Adah P. Watkins.

Date of Birth ..... 19....
Date of Death, ... 19.... Color † White Age { 66 Years. ..... Months ..... Days.
Name of Deceased, Adah P. Watkins
Place of death, Nantucket Street, ... Ward No. .....
Residence, Nantucket Sex, Female Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Newbury Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19....
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	12	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral, Ayer	3	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	25	00		Cr.	25 00

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RECORD AND BILL OF ITEMS

Yearly No. 57 Winnie FOR THE FUNERAL OF Total to date March 23. 1910

Winnie S Chase

Date of Birth ..... 19..

Date of Death, ... 19.. Color † Mulatto { 85 Years. ..... Months 9 Days.

Name of Deceased,

Place of death, Nantucket Mass Street, Ward No.

Residence, " " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, " " Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, G. L. Gennard His Residence,

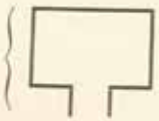
Place of burial, Nantucket Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark also Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	30	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	43	00		Cr.	43 00

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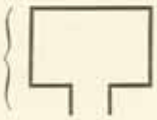
RECORD AND BILL OF ITEMS

Yearly No. 58 FOR THE FUNERAL OF Total to date March 21

Phebe C. Pitman

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 71 Years. Months 4 Days.

Name of Deceased,
Place of death, Nantucket Street, Centre. Ward No.
Residence, Sex, Female Single, Married, Widowed
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Maiden Name of Mother } Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Walker. His Residence,
Place of burial, Nantucket Prospect Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral, Open	8	00
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	61	00		Cr.	61 00

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RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date March 26. 1910

Lydia H Chase

Date of Birth ..... 19..

Date of Death ..... 19.. Color † White Age { 91 Years. ..... Months ..... Days.

Name of Deceased, Lydia H. Chase

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, " " " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nantucket Mass Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, C. S. Gerrard His Residence, ...

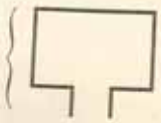
Place of burial, Nantucket Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at " .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	20	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	6	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$49.	00		Cr.	49.00

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RECORD AND BILL OF ITEMS

Yearly No. 61 FOR THE FUNERAL OF Total to date Mch 26 191

Mary Jane Easton

Date of Birth, 19

Date of Death, 19 Color †, Age { 85 Years. Months. 5 Days.

Name of Deceased, Mary J. Easton

Place of death, Nantucket Darling Street, Ward No.

Residence, Sex, Female Single, Married, Widowed

Occupation, Wife of Daniel Easton

Birth-place, Widow of

Name of Father, John Adlington His Birth-place, * Nantucket

Maiden Name of Mother, Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Walker. His Residence,

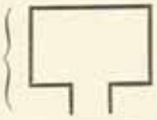
Place of burial, Nantucket P. Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral, Ayers	3	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 62 50 Cr. 62 50

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RECORD AND BILL OF ITEMS

Yearly No. 61 FOR THE FUNERAL OF Total to date March 31st 1910

Eliza Burgess

Date of Birth, 19

Date of Death, 19 Color † White Age { 53 Years. Months Days.

Name of Deceased, Eliza Burgess

Place of death, Nantucket Mass Street, Orange Ward No.

Residence, " " Sex, Female ~~Single,~~ Married,

Occupation, Wife of Walter Burgess

Birth-place, " " Widow of

Name of Father, Joseph S. Barney His Birth-place, * Nantucket

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Walker. His Residence,

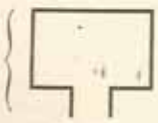
Place of burial, Nantucket Pine Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at " Orange st.

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing, mrs Daniels	3	00	Death Notices in		
Shaving,					
Door Pall, Corner Posts	25	00			
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 106.00 Cr. 106.00

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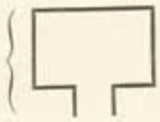
RECORD AND BILL OF ITEMS

Yearly No. 62 FOR THE FUNERAL OF Total to date April 10 1910

Still born child of Herbert Ingersoll

Date of Birth ..... 19..
Date of Death ..... 19..
Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased,
Place of death, Nantucket Street, Ward No.
Residence, Sex, Female Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, Herbert Ingersoll His Birth-place, *
Maiden Name of Mother } Mary Etta Dunham Her Birth-place, *
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, E B Coleman His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19..
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Lydia G. Hall.

Total to date April 7 1910

Date of Birth, 19

Date of Death, 19

Color † White Age 74 Years. Months Days.

Name of Deceased, Lydia G. Hall.

Place of death, New Bedford

Street, Ward No.

Residence,

Sex, Female Single, Married, Widow

Occupation,

Wife of

Birth-place, Nantucket

Widow of Davis Hall.

Name of Father, Geo H Gifford.

His Birth-place, * Nantucket

Maiden Name of Mother, Lydia G. Gifford. Olive Jenkins.

Her Birth-place, * "

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial,

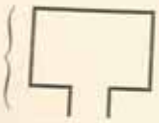
Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From Coat	8.	00	Bill charged to		

Dr. Cr.

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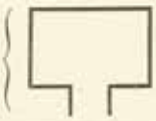
RECORD AND BILL OF ITEMS

Yearly No. 64 FOR THE FUNERAL OF Total to date April 9 1915

Isabella, Swain.

Date of Birth 19
Date of Death, 19 Color † Age { Years. Months Days.
Name of Deceased, Isabella Swain.
Place of death, Street, Ward No.
Residence, Sex, Female Single, Married,
Occupation, Wife of Charles E. Swain
Birth-place, Marlow Mills. Widow of " " "
Name of Father, David Greene His Birth-place, * Moas.
Maiden Name of Mother Hannah B. Jones Her Birth-place, * Marlow Mills
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, Walker. His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	69.	00		Cr.	69 00

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RECORD AND BILL OF ITEMS

1910

Yearly No. 65

FOR THE FUNERAL OF

Total to date Apr 18 1910.

Lydia A. Beebe.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

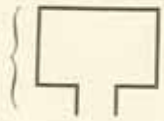
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat.			Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 66 — FOR THE FUNERAL OF — Total to date Apr 18 191

Judith L. Chadwick

Date of Birth, 19 — Color † White — Age 28 Years, 11 Months, Days.

Date of Death, 19

Name of Deceased, Judith L. Chadwick.

Place of death, Nantucket. Street, Ward No.

Residence, " Union St. Sex, Female Single, ~~Married;~~

Occupation, Wife of

Birth-place, Widow of

Name of Father, Frank P. Chadwick. His Birth-place, *

Maiden Name of Mother, Helen Clark. Her Birth-place, * Nantucket

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

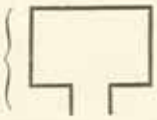
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at Nast Union St.

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Two Lots 75 Bepis	8 4	00 00	Bill charged to		

Dr.								Cr.	
			52	00				52	00

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RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date Apr 19 1910

Lydia K. Mary.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

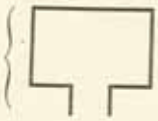
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat	2	00	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

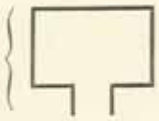
Yearly No. 68 FOR THE FUNERAL OF Total to date Apr 19 19

Mrs Echevria

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased,
Place of death, ... Street, ... Ward No. .....
Residence, ... Sex, Female Single, ... Married, ...
Occupation, ... Wife of Pauline*
Birth-place, New York. Widow of
Name of Father, Andrew. His Birth-place, * San Sebastian
Maiden Name of Mother } Sarah Mills. Her Birth-place, * New York.
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at
Time of Services,
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from Lot	2	00	Bill charged to		

Dr. 800 Cr. 800

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RECORD AND BILL OF ITEMS

1912

Yearly No. 69 FOR THE FUNERAL OF Total to date May 4 1912

Martha H. Coffin

Date of Birth 19

Date of Death, 19 Color † Age 78 Years. Months Days.

Name of Deceased, Martha H. Coffin.

Place of death, Nantucket Street, Pleasant. Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of Benjamin A. Coffin

Name of Father, Charles Chadwick His Birth-place, * Nantucket

Maiden Name of Mother Margaret Smith Her Birth-place, * Indiana.

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Leonard His Residence,

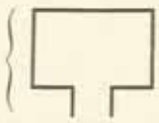
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡.
Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 3 Dog chairs	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 50 25 Cr. 50 25

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RECORD AND BILL OF ITEMS

Yearly No. 70 FOR THE FUNERAL OF Total to date May 7 1910

Hazel M. Backus.

Date of Birth 19__ Color † White Age 12 Years. 5 Months 16 Days.

Date of Death, 19__

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Roberta Bruce Her Birth-place, * Prince Edwards Island

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

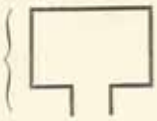
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19__

Diagram of Burial Lot. ☞



Put in the Diagram and mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	20	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,	6	00	Bill charged to		

Dr. 27.50 Cr.

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1910

RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date May 28 1910

Marjorie Harding Smith

Date of Birth, 19

Date of Death, 19 Color † White Age { 12 Years. 2 Months 20 Days.

Name of Deceased, Marjorie H. Smith

Place of death, Street, Ward No.

Residence, Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Alfred B. Smith His Birth-place, *

Maiden Name of Mother, Nettie Harding Her Birth-place, * Boston Mass.

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. E. Gerrard, His Residence,

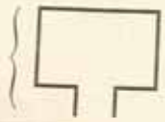
Place of burial, Forest Hills. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	5	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	55	25			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 72 FOR THE FUNERAL OF Total to date May 7 1910

Mary F. Almeda

Date of Birth 19 Color † Age 59 Years. Months Days.

Date of Death, 19

Name of Deceased, Mary F. Almeda

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of Alves Almeda

Name of Father, Manuel Santos His Birth-place, *

Maiden Name of Mother, Mary Santos Her Birth-place, * Western Islands

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. A. Howard, His Residence,

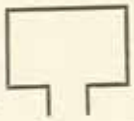
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,	2	00
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid.	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Found.	8	00	Bill charged to		
Dr.	60	00		Cr. 60 00	

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RECORD AND BILL OF ITEMS

Yearly No. 73

FOR THE FUNERAL OF

Total to date June

James F. Swain.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased, James F. Swain

Place of death, Home Street, ... Ward No. .....

Residence, Nantucket Sex, ... Single, ... Married, ...

Occupation, Jeweller. Wife of .....

Birth-place, Nantucket Widow of .....

Name of Father, Barzillai Swain His Birth-place, * .....

Maiden Name of Mother Eunice Shaw Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, J. D. Leonard His Residence, ...

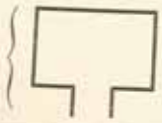
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at Warren.

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	50	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluids	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	73	00		Cr.	73 00

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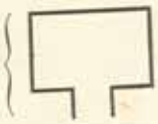
RECORD AND BILL OF ITEMS

Yearly No. 74 — FOR THE FUNERAL OF — Total to date

Stephen S. Peterson

Date of Birth ..... 19..
Date of Death ..... 19.. Color † ..... Age { 74 Years, ... Months, ... Days.

Name of Deceased, Stephen S. Peterson
Place of death, Chelsea, — Street, ... Ward No. .....
Residence, " — Sex, ... Single, ... Married, ...
Occupation, ... — Wife of .....
Birth-place, Plymouth — Widow of .....
Name of Father, Alexander Peterson. — His Birth-place, * .....
Maiden Name of Mother } ..... — Her Birth-place, * .....
Cause of death, } Primary, ... — Duration, ...
Cause of death, } Secondary, ... — Duration, ...
Certifying Physician, ... — His Residence, ...
Place of burial, ... — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19.. — Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡. Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,			Bill charged to		
Cemetery Fee,	8	00			

Dr. — Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 75 FOR THE FUNERAL OF *Total to date* May 1910

John M. Mitchell

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 74 Years, 6 Months, ... Days.

Name of Deceased,

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, Male Single, ... Married, ...

Occupation, Retired Wife of .....

Birth-place, ... Widow of .....

Name of Father, Francis Mitchell His Birth-place, * .....

Maiden Name of Mother } Lacey Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, B. J. Leonard His Residence, ...

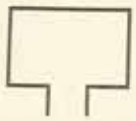
Place of burial, Pratt Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	60	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for Family	3	00
Outside Box,			" " Friends	3	00
Burial robe,	10	00	" " Ayer	3	00
Preserving Body with Fluid	10	00	Carriages at Funeral, Pease	3	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	93	00		12	00
	Found 105	00		Cr. 105	00

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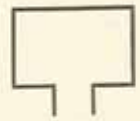
RECORD AND BILL OF ITEMS

Yearly No. 76 FOR THE FUNERAL OF Total to date May 14 1911

Robert B. Coffin

Date of Birth 19
Date of Death, 19
Color † White Age 79 Years. 4 Months 21 Days.

Name of Deceased, Robert B. Coffin
Place of death, Nant "
Street, Pearl Ward No.
Residence, "
Sex, Male ~~Single,~~ Married,
Occupation,
Wife of
Birth-place, Nantucket
Widow of
Name of Father, George N. Coffin
His Birth-place, *
Maiden Name of Mother, Emmeline Barnes
~~Her~~ Birth-place, * Nantucket
Cause of death, Primary,
Duration,
Cause of death, Secondary,
Duration,
Certifying Physician, Marku
His Residence,
Place of burial, Prospect Hill
Cemetery, Lot or Grave No. Section No.
Funeral Services at Nant. Pearl st.
Time of Services,
Date of Interment, 19
Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡
Designate size of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	85.	25		Cr.	25

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RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date

Joseph A. Starbuck

Date of Birth 19

Date of Death, 19 Color † White Age 74 Years. Months Days.

Name of Deceased, Joseph A. Starbuck.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Male Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, William Starbuck His Birth-place, * Nantucket

Maiden Name of Mother, Sarah W. Allen Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

1910

Name of Benjamin S. Coffin
Place of Death Nantucket
Name of Father Obed Coffin
Birthplace of Father Nant
Mother "
Maiden Name of Mother Constance Comm
Coffin Mfr
coffin 10.00
Robe 5.00
Lowering on 5.00
Hdl. 5.00 31 00 Cr 31 00

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RECORD AND BILL OF ITEMS

Total to date June 15 1910

Yearly No. 78

FOR THE FUNERAL OF

Elita M. Adams

Date of Birth 19

Date of Death, 19

Color † White Age 88 Years. 5 Months 13 Days.

Name of Deceased, Elita M. Adams

Place of death, Nantucket

Residence, "

Occupation,

Birth-place, Centuncee Mass

Name of Father, Herman Hinckley

Maiden Name of Mother, Prudence T Bowers

Cause of death, Primary,

Cause of death, Secondary,

Certifying Physician,

Place of burial, Prospect Hill

Funeral Services at Nantucket 17 Fair st

Time of Services,

Date of Interment, 19

Street, 17 Fair St

Ward No.

Sex, Female Single, Married,

Wife of Alden H Adams

Widow of

His Birth-place, *

Her Birth-place, * Nagiot

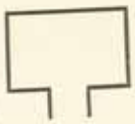
Duration,

Duration,

His Residence,

Cemetery, Lot or Grave No. Section No.

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,	8	00	Bill charged to		
Cemetery Fee,					
	58	00		Cr.	58 00

Dr.

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RECORD AND BILL OF ITEMS

Yearly No. 79

FOR THE FUNERAL OF

Total to date June 12 1910

Harriet R. Easton

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 74 Years. ..... Months ..... Days.

Name of Deceased, Harriet R. Easton

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Newport R. I Widow of .....

Name of Father, Wm R. Easton His Birth-place, * .....

Maiden Name of Mother } Eliza Baker Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Walker His Residence, ...

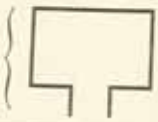
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at Nantucket No Walker 91

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	75	00	Flowers,		
Size, ... Made by	10	00	Candles,		
Lining,	8	00	Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		
Dr.	93	00		Cr.	93 00

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RECORD AND BILL OF ITEMS

Yearly No. 80 — FOR THE FUNERAL OF — Total to date June 1918

Hattanne Mosey

Date of Birth, 19__ — Color † White — Age { Years, Months, Days

Date of Death, 19__

Name of Deceased, Hattanne Mosey

Place of death, Nantucket — Street, — Ward No.

Residence, " — Sex, — Single, — Married,

Occupation, — Wife of

Birth-place, " — Widow of Albert L. Mosey

Name of Father, — His Birth-place, *

Maiden Name of Mother — Her Birth-place, *

Cause of death, Primary, — Duration,

Cause of death, Secondary, — Duration,

Certifying Physician, F. D. Leonard — His Residence,

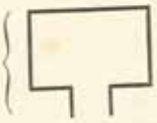
Place of burial, Nantucket — Cemetery, Lot or Grave No. — Section No.

Funeral Services at "

Time of Services,

Date of Interment, 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	53	00	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to Cemetery	
Plate,			Carriage for	
Outside Box,			" "	
Burial robe,	8	00	" "	
Preserving Body with			Carriages at Funeral,	
Washing and Dressing,	3	00	Death Notices in	
Shaving,				
Door Pall,				
Services,			Goods ordered by	
Use of Chairs,				
Cemetery Fee,	8	00	Bill charged to	
Dr.	74	00		Cr. 74 00

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RECORD AND BILL OF ITEMS

Yearly No. 81

FOR THE FUNERAL OF

Total to date June 27 1911

Rachel M. Brown

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 70 Years. ..... Months ..... Days.

Name of Deceased, Rachel M. Brown

Place of death, Nantucket Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of Brown

Birth-place, ... Widow of .....

Name of Father, Peter Merle His Birth-place, * Somerville, Mass.

Maiden Name of Mother } Rachel A. Merle Her Birth-place, * .....

Cause of death, } Primary, Mary A. Merle Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

Place of burial, ...

Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	60	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	80	25		Cr.	80.25

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RECORD AND BILL OF ITEMS

Total to date June 1910

Yearly No. 82

FOR THE FUNERAL OF

Norman E Burdick

Date of Birth ..... 19..

Date of Death, ... 19..

Color † White Age { 1 Years. Months Days.

Name of Deceased, Norris E. Burdick

Place of death, Nantucket

Street, Venino Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Benjamin F. Burdick

His Birth-place, * New Bedford

Maiden Name of Mother } Susan P. Ellis

Her Birth-place, * Nantucket

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. d. Leonard

His Residence,

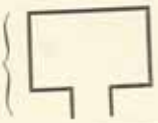
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,	3	00	Bill charged to		
Cemetery Fee,					

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 83

FOR THE FUNERAL OF

Total to date July 23 1910

Samuel Nevin

Date of Birth, 19

Date of Death, 19 Color † White Age { 62 Years, 11 Months, 17 Days.

Name of Deceased, Samuel Nevin

Place of death, Sea Isle

Residence, Summer Street, Ward No.

Occupation, Broker Sex, Male ~~Single,~~ Married,

Birth-place, Wife of

Widow of

Name of Father, John Neet Nevin His Birth-place, * Philadelphia Pa.

Maiden Name of Mother, Anne Elliot Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

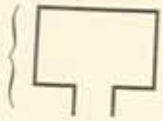
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	#60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery,		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	10	00	Carriages at Funeral,	9	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Trip trips & Boat	2	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Philadelphia Funeral	9	00	Bill charged to		
Dr.	86	00		Cr.	86,00

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RECORD AND BILL OF ITEMS

Yearly No. 84 FOR THE FUNERAL OF Total to date July 24 1910

Stillborn child of Morris R. Trill

Date of Birth ..... 19..

Date of Death, Born dead 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Morris R Trill

Place of death, Nant. Street, ... Ward No. .....

Residence, ... Sex, Male Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Morris R Trill His Birth-place, * Maryland.

Maiden Name of Mother } Adelaide O. Ben Her Birth-place, * Michigan.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

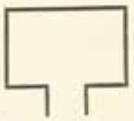
Certifying Physician, ... His Residence, ...

Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot } 

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. 3 00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 85 FOR THE FUNERAL OF Total to date July 24, 1910

Mary Albri Starbuck

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 66 Years. 8 Months 25 Days.

Name of Deceased, Mary Albri Starbuck

Place of death, Nantucket Street, Cliff Road. Ward No. .....

Residence, 303 East Ave Rochester Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Chas H. Starbuck His Birth-place, * .....

Maiden Name of Mother } Eliza Barnard. Her Birth-place, * Mass.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Jr. C. Edmond. His Residence, ...

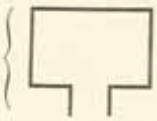
Place of burial, Rochester N.Y. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at Rochester N.Y.

Time of Services, ...

~~Date of~~ Interment, 11 July 1910

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	10	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Removing body	2	00			
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,			Bill charged to		
Dr.	53.	50		Cr.	53.50

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RECORD AND BILL OF ITEMS

Yearly No. 86 FOR THE FUNERAL OF Total to date July 26 1.10

Alexander Brill

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { 79 Years. 3 Months 15 Days.
Name of Deceased, Alexander Brill
Place of death, Nantucket, Street, Ward No.
Residence, Nant. School st Sex, Male Single, Married,
Occupation, Wife of
Birth-place, Nantucket Widow of
Name of Father, S. Brill His Birth-place, * Maryland
Maiden Name of Mother } Eliza Fisher Her Birth-place, * Edgartown
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19..
Diagram of Burial Lot. } Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	7	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	5	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 85. 00 Cr. 35 00

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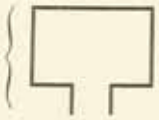
RECORD AND BILL OF ITEMS

Yearly No. 87 FOR THE FUNERAL OF Total to date July 31 1910

Annie E. Lewis

Date of Birth 19__
Date of Death, 19__ Color † White Age { 24 Years. 9 Months 31 Days.
Name of Deceased, Annie E. Lewis
Place of death, Nanticoke Street, Pair Ward No.
Residence, " Pair st Sex, Female Single, Married,
Occupation, Wife of Lincoln E. Lewis.
Birth-place, Maryland Widow of
Name of Father, His Birth-place, *
Maiden Name of Mother } Phillips. Her Birth-place, * Maryland.
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, Roberts P. Hill His Residence,
Place of burial, Nant. Pair st Cemetery, Lot or Grave No. Section No.
Funeral Services at " "
Time of Services,
Date of Interment, 19__
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 58 00 (Donated) Cr. 58 00

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RECORD AND BILL OF ITEMS

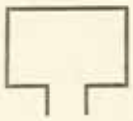
Yearly No. 88 FOR THE FUNERAL OF *Total to date* July 30/10

Hachaine Roberts

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 32 Years. 8 Months 17 Days.

Name of Deceased, Hachaine Roberts
Place of death, Nant
Street, 4 mile Ward No. .....
Residence, " Sex, Female Single, ~~Married~~
Occupation, School Teacher Wife of .....
Birth-place, " Widow of .....
Name of Father, Patrick Roberts His Birth-place, * .....
Maiden Name of Mother } Ellen Prucial Her Birth-place, * Ireland.
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, Walker. His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
~~Date of~~ Interment, Coatsville 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid.	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	58	00		Cr. 58 00	

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RECORD AND BILL OF ITEMS

Yearly No. 89

FOR THE FUNERAL OF Sarah B. Swain

Total to date Aug 7 196

Date of Birth, 19

Date of Death, 19 Color † White Age { 84 Years, 8 Months, 24 Days.

Name of Deceased, Sarah B. Swain

Place of death, Mont. Street, Darling Ward No.

Residence, Mont a D. 24 Sex, Female Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Jonathan Swain His Birth-place, * Nantucket

Maiden Name of Mother } Margaret Cottle Her Birth-place, * "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Walker His Residence,

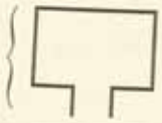
Place of burial, Proc Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	75	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee,	2	25	Goods ordered by		
	2	00	Bill charged to		

Dr. 95-25 Cr. 95.25

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RECORD AND BILL OF ITEMS

Yearly No. 90 FOR THE FUNERAL OF Total to date Aug 15 1

Horace B. Bach.

Date of Birth 19

Date of Death, 19 Color † White Age 75 Years, Months, Days.

Name of Deceased, Horace B Bach

Place of death, Nantucket Street, Lily Ward No.

Residence, " Sex, Male ~~Single,~~ Married,

Occupation, Boatman Wife of

Birth-place, Colrit Widow of

Name of Father, Horace Bach. His Birth-place, * Cape Cod.

Maiden Name of Mother Polly Phillips. Her Birth-place, * " "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

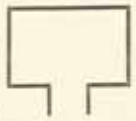
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	30	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 43 00 Cr. 43 00

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RECORD AND BILL OF ITEMS

Yearly No. 91

FOR THE FUNERAL OF

Total to date Aug 21 1910

Alexander B. Calaway

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Alexander B. Calaway

Place of death, Nantucket Street, ... Ward No. .....

Residence, ... Sex, Male Single, ... Married, ...

Occupation, Seaman Wife of .....

Birth-place, Nant. Widow of .....

Name of Father, Aley Calaway His Birth-place, * Nantucket

Maiden Name of Mother } Eliza Coffin Her Birth-place, * "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, E Bleakman His Residence, ...

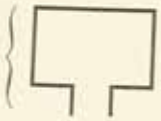
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	30	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 43.00 Cr. 43.00

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RECORD AND BILL OF ITEMS

Yearly No. 92 FOR THE FUNERAL OF Total to date Aug 23 1912

James H. Davis

Date of Birth 19

Date of Death, 19 Color † White Age 71 Years. 7 Months 29 Days.

Name of Deceased, James H. Davis

Place of death, Rest Street, Orange Ward No.

Residence, " Orange st Sex, Single, Married,

Occupation, Tea Broker Wife of

Birth-place, Widow of

Name of Father, unknown His Birth-place, *

Maiden Name of Mother " Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Wacker His Residence,

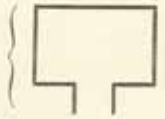
Place of burial, Prog. Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at Orange st.

Time of Services, 11 A. M.

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	30	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	48	00		Cr. 40.00	

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RECORD AND BILL OF ITEMS

Yearly No. 98

FOR THE FUNERAL OF

Total to date Sept 5 19

Stillborn of Stanley Barley

Date of Birth ..... 19..

Date of Death, ... 19.... Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

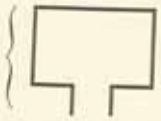
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	3	50	Bill charged to		

Dr. 3 50 Cr. 3 50

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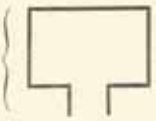
RECORD AND BILL OF ITEMS

Yearly No. 94 FOR THE FUNERAL OF Total to date

Alden H. Adams.

Date of Birth 19
Date of Death 19
Color † White Age 90 Years 4 Months 23 Days

Name of Deceased, Alden H. Adams
Place of death, Nantucket Street, Fair Ford School Ward No.
Residence, " Sex, Male Single, Married, Widowed
Occupation, Retired Wife of
Birth-place, Widow of
Name of Father, Alpheus His Birth-place, * Marion
Maiden Name of Mother, Abigail Wing Her Birth-place, * Sandwich
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Pine Hill Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19
Diagram of Burial Lot.



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	63	00			Cr. 63.00

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RECORD AND BILL OF ITEMS

Yearly No. 95

FOR THE FUNERAL OF

Total to date Sept 2 1910

Stillborn child of Herbert Burnett

Date of Birth ..... 19..

Date of Death ..... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased .....

Place of death ..... Street ..... Ward No. .....

Residence ..... Sex ..... Single ..... Married .....

Occupation ..... Wife of .....

Birth-place ..... Widow of .....

Name of Father, Herbert Burnett His Birth-place, * .....

Maiden Name of Mother } Ethel Burnes Her Birth-place, * no Cambridge.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician ..... His Residence, ...

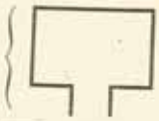
Place of burial ..... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services .....

Date of Interment ..... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 96 FOR THE FUNERAL OF Total to date Sept 7 1915

Lucy Souza

Date of Birth 19__
Date of Death 19__ Color † White Age { 7 Years, 7 Months, 10 Days

Name of Deceased, Lucy Souza
Place of death, Mass. Street, Dover Ward No.
Residence, " Sex, Female Single, Married,
Occupation, Wife of
Birth-place, " Widow of
Name of Father, Leonid Souza His Birth-place, * Ireland
Maiden Name of Mother } Her Birth-place, * Pike
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Catholic Cemetery, Lot or Grave No. Section No.
Funeral Services at " ch.
Time of Services,
Date of Interment, 19__ Diagram of Burial Lot. }

Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	25	00	Flowers,	2	00
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,			Bill charged to		
Cemetery Fee, Forward Undtie	8	00			

Cr. 30.00

Dr. $30.00

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RECORD AND BILL OF ITEMS

Yearly No. 97

FOR THE FUNERAL OF

Total to date Sept 20 1910

Eliza A. Obrempt

Date of Birth ..... 19....

Date of Death, ... 19.... Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Eliza A Obrempt

Place of death, Nantucket Street, Hussey Ward No. .....

Residence, " Sex, Female Single, Widow Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of Oscar S. Obrempt

Name of Father, Chas M Myrick His Birth-place, * .....

Maiden Name of Mother } Elizabeth N. Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

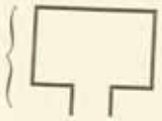
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	50	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Three trips to town	4	50			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	72	50		Cr.	72.50

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RECORD AND BILL OF ITEMS

Yearly No. 98

Total to date Sept 20 1910

FOR THE FUNERAL OF

Lydia M. Fisher

Date of Birth 19..

Date of Death 19..

Color †

Age { Years. Months Days.

Name of Deceased Lydia M. Fisher

Place of death Nantucket

Street

Ward No.

Residence "

Sex

Single

Married

Occupation

Wife of

Birth-place "

Widow of

Name of Father George Marshall

His Birth-place * Nantucket

Maiden Name of Mother Mary Ming

Her Birth-place * Albany, N York.

Cause of death, Primary

Duration

Cause of death, Secondary

Duration

Certifying Physician

His Residence

Place of burial

Cemetery, Lot or Grave No.

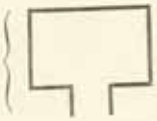
Section No.

Funeral Services at

Time of Services

Date of Interment 19..

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number			Flowers		
Size	Made by		Candles		
Lining			Gloves		
Handles			Hearse to	Cemetery	
Plate			Carriage for		
Outside Box			" "		
Burial robe			" "		
Preserving Body with			Carriages at Funeral		
Washing and Dressing			Death Notices in		
Shaving					
Door Pall					
Services			Goods ordered by		
Use of Chairs			Bill charged to		
Cemetery Fee					

Cr. $2 00

Dr. 42 00

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RECORD AND BILL OF ITEMS

Yearly No. 99

FOR THE FUNERAL OF

Total to date Sept. 30. 1910

Peter Hoy

Date of Birth 19

Date of Death, 19 Color † White Age 79 Years. 9 Months 5 Days.

Name of Deceased, Peter Hoy

Place of death, Duke Lonan Street, Ward No.

Residence, Sex, Male Single, Married, Widower

Occupation, Retired. Wife of

Birth-place, Ireland. Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

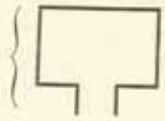
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From boat	2	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 10.00 Cr. 10.00

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RECORD AND BILL OF ITEMS

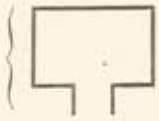
Yearly No. 100 — FOR THE FUNERAL OF — Total to date Oct 6 1910

Pauline Echeverria

Date of Birth ____ 19__
Date of Death, ____ 19__ Color † ____ Age { 71 Years. 3 Months 29 Days.

Name of Deceased,
Place of death, Mountain View, Cal. Street, Our Souls Hospital, Ward No. ____
Residence, " " Sex, ____ Single, ____ Married, ____
Occupation, Retired. Wife of ____
Birth-place, Spain. Widow of ____
Name of Father, Romulo Echeverria. His Birth-place, * Spain.
Maiden Name of Mother } Jormine Paralton. Her Birth-place, *
Cause of death, } Primary, ____ Duration, ____
Cause of death, } Secondary, ____ Duration, ____
Certifying Physician, ____ His Residence, ____
Place of burial, Bartolie. Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	10	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. 10. 00 Cr. 10.00

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1910

RECORD AND BILL OF ITEMS

Yearly No. 101

FOR THE FUNERAL OF

Total to date Oct 11 1910

William H. Grant.

Date of Birth ..... 19....

Date of Death, ... 19.... Color † White Age { ..... Years. ..... Months ..... 9 Days.

Name of Deceased, Nantucket

Place of death, " Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } Mary J. McHand Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Gouard, His Residence, So. Natick,

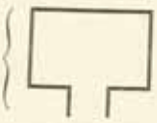
Place of burial, Newtown Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡

Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	25.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. 26 50 Cr. 26.50

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RECORD AND BILL OF ITEMS

Yearly No. 102 FOR THE FUNERAL OF Total to date Oct.

Andrew E. Johnson

Date of Birth 19..

Date of Death 19.. Color † White Age 33 Years, 26 Days

Name of Deceased Andrew E. Johnson

Place of death New Bedford Street Ward No.

Residence Sex Male Single Married

Occupation Wife of

Birth-place Widow of

Name of Father Joseph W. Johnson His Birth-place * Nantucket

Maiden Name of Mother Ida M. Temelson Her Birth-place * "

Cause of death, Primary Duration

Cause of death, Secondary Duration

Certifying Physician His Residence

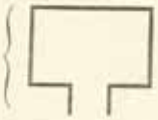
Place of burial Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services

Date of Interment 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡

Designate size of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number			Flowers		
Size Made by			Candles	$2.00	
Lining			Gloves		
Handles			Hearse to Cemetery		
Plate			Carriage for		
Outside Box			" "		
Burial robe			" "		
Preserving Body with			Carriages at Funeral		
Washing and Dressing			Death Notices in		
Shaving					
Door Pall					
Services					
Use of Chairs			Goods ordered by		
Cemetery Fee, Tremont 2.00 Int 8.00 Foundd	10.00		Bill charged to		
Dr.	12.00				Cr. 12.00

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RECORD AND BILL OF ITEMS

Yearly No. 183.

FOR THE FUNERAL OF

Total to date Oct 11 1910

Emma B. Coffin

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † ____ Age { ____ Years. ____ Months ____ Days.

Name of Deceased, Emma B Coffin

Place of death, Danvers Mass. Street, ____ Ward No. ____

Residence, ____ Sex, ____ Single, ____ Married, ____

Occupation, ____ Wife of ____

Birth-place, ____ Widow of ____

Name of Father, George W. Coffin His Birth-place, * Nantucket mass

Maiden Name of Mother ____ Her Birth-place, * ____

Cause of death, Primary, ____ Duration, ____

Cause of death, Secondary, ____ Duration, ____

Certifying Physician, ____ His Residence, ____

Place of burial, Prospect Hill Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	8	00	Bill charged to		

Dr. 8.00 Cr. 8 00

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RECORD AND BILL OF ITEMS

Yearly No. 104. FOR THE FUNERAL OF Total to date Oct 11 1910

Emily C. Hussey.

Date of Birth, 19 Color † Age { Years. Months Days.

Date of Death, 19

Name of Deceased, Emily C. Hussey

Place of death, Boston Mass Street, Ward No.

Residence, Nantucket, Orange st Sex, Female Single, Married,

Occupation, Wife of

Birth-place, " Widow of Obed L. Hussey.

Name of Father, Charles R. Ray His Birth-place, * Nantucket

Maiden Name of Mother, Clarissa Folger. Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

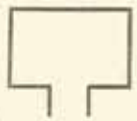
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Transfer 200 lot	10.	00	Bill charged to		

Dr. $ 10.00 Cr. 10.00

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RECORD AND BILL OF ITEMS

Yearly No. 105

FOR THE FUNERAL OF

Total to date Oct 17 1910

Mary A. Monte

Date of Birth, 19

Date of Death, 19 Color † White Age { 24 Years. 4 Months. 25 Days.

Name of Deceased, Mary A. Monte

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Female Single, Married,

Occupation, Wife of Myron T. Monte

Birth-place, Brooklyn N.Y. Widow of

Name of Father, Frances Forsen His Birth-place, * Ireland.

Maiden Name of Mother, Ellen Dow. Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, G. L. Leonard His Residence,

Place of burial, Catholic. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.

Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$40.	00	Flowers,		
Size, Made by			Candles,	2.	00
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Forward	8	00	Bill charged to		
	2	00			
Dr.	$60.	00		Cr.	60 00

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RECORD AND BILL OF ITEMS

Yearly No. 106 FOR THE FUNERAL OF Total to date Oct 17 1910

Stilman J. Myron F. Monte

Date of Birth 19

Date of Death 19 Color † White Age { Years. Months Days.

Name of Deceased

Place of death Nantucket Street Ward No.

Residence Sex Male Single Married

Occupation Wife of

Birth-place Widow of

Name of Father Myron F. Monte His Birth-place, *

Maiden Name of Mother Mary A. Forsen Her Birth-place, * Brooklyn N.Y.

Cause of death, Primary Duration

Cause of death, Secondary Duration

Certifying Physician J. E. Osmond His Residence

Place of burial Cathedral Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services

Date of Interment 19

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this § for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number			Flowers		
Size, Made by			Candles		
Lining			Gloves		
Handles			Hearse to Cemetery		
Plate			Carriage for		
Outside Box			" "		
Burial robe			" "		
Preserving Body with			Carriages at Funeral		
Washing and Dressing			Death Notices in		
Shaving					
Door Pall					
Services					
Use of Chairs			Goods ordered by		
Cemetery Fee			Bill charged to		

Dr. Paid. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 107

FOR THE FUNERAL OF

Total to date Oct 17 1910

Lydia C. Dunham

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 62 Years. 6 Months 24 Days.

Name of Deceased, Lydia C. Dunham.

Place of death, Nantucket Street, Liberty Ward No. .....

Residence, " Sex, Female ~~Single~~ Married, ...

Occupation, ... Wife of James H. Dunham.

Birth-place, Nantucket Widow of .....

Name of Father, James F. Barnard His Birth-place, * Nantucket

Maiden Name of Mother } Charlotte Coms. Her Birth-place, * "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

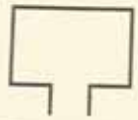
Place of burial, Norte. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral, 3 Aged, Sister, Mrs.	$9.00	
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, J. Mrs Freeborn	3.	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. Cr. 60 00

		Forward	51.	00					
			60.	00					

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RECORD AND BILL OF ITEMS

Yearly No. 108 — FOR THE FUNERAL OF — Total to date Oct 24 1910

George N. Barrett

Date of Birth Nantucket 19__ — Color † White — Age 39 Years, __ Months, 22 Days

Date of Death, 19__

Name of Deceased, George N. Barrett

Place of death, Nantucket — Street, — Ward No.

Residence, " — Sex, Male — Single, — Married,

Occupation, Grocer Clerk — Wife of

Birth-place, Nantucket — Widow of

Name of Father, George A Barr — His Birth-place, * Nantucket

Maiden Name of Mother, Emma Sylvia — Her Birth-place, * "

Cause of death, Primary, — Duration,

Cause of death, Secondary, — Duration,

Certifying Physician, J. L. Gerard — His Residence, No. Main St.

Place of burial, Prospect Hill — Cemetery, Lot or Grave No. — Section No.

Funeral Services at

Time of Services,

Date of Interment, 19__

Diagram of Burial Lot. Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	43	00		Cr.	43 00

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RECORD AND BILL OF ITEMS

Yearly No. 109

FOR THE FUNERAL OF

Total to date Oct 27 1910

Joseph Peterson

Date of Birth ..... 19..

Date of Death, ... 19.. Color † Black Age { 21 Years. ..... Months ..... Days.

Name of Deceased,

Place of death, ... Street, ... Ward No.

Residence, Nantucket Mass. Sex, ... Single, ... Married,

Occupation, Day Laborer. Wife of

Birth-place, New Bedford Widow of

Name of Father, Parlow Turnoside. His Birth-place, * Cape De Verde Island.

Maiden Name of Mother } Mary Turnoside. Her Birth-place, * Cape De Verde Islands.

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

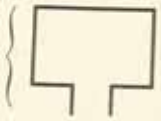
Place of burial, Cemetery, Lot or Grave No. ..... Section No.

Funeral Services at

Time of Services,

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$17	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral, 3	9	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 30. 00 Cr. 30.00

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RECORD AND BILL OF ITEMS

Yearly No. 110 — FOR THE FUNERAL OF — Total to date Oct 27 1910

Mary E. Chadwick

Date of Birth ..... 19..
Date of Death, ... 19.. Color † White Age { 81 Years. 7 Months 3 Days.
Name of Deceased, Mary E. Chadwick
Place of death, Manchester Street, ... Ward No. .....
Residence, " Sex, Female Single, ... Married, Widow
Occupation, Dressmaker Wife of .....
Birth-place, New York Widow of George A Chadwick.
Name of Father, Thomas Campbell His Birth-place, * unknown.
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Mt. Vernon Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	#70	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,	3	00	Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid:	10.	00	Carriages at Funeral, 3.	9	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	25	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$93.	25		Cr.	93 25
					9 00
					$102 25

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RECORD AND BILL OF ITEMS

Yearly No. 111

FOR THE FUNERAL OF

Total to date Nov 4 1910

Nancy H. Foegen

Date of Birth, 19

Date of Death, 19 Color † White Age { 47 Years. Months Days.

Name of Deceased, Nancy H. Foegen

Place of death, Minneapolis Street, Ward No.

Residence, " Sex, Female Single, Married,

Occupation, School Teacher Wife of

Birth-place, Nantucket Widow of

Name of Father, Alfred Foegen His Birth-place, * Nantucket

Maiden Name of Mother } Sarah G. Coffin Her Birth-place, * "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	20	Goods ordered by		
Cemetery Fee, Vault 2.00 Cut Lo	10	00	Bill charged to		

Dr. *12 25 Cr. 12.25

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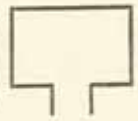
RECORD AND BILL OF ITEMS

Yearly No. 112 FOR THE FUNERAL OF Total to date Nov 12 1910

Mary B. Coleman.

Date of Birth, 19
Date of Death, 19
Color † White Age { 79 Years. 1 Months 10 Days.

Name of Deceased, Mary B. Coleman.
Place of death, Nantucket Street, Ward No.
Residence, " Sex, Female. Single, Married,
Occupation, Wife of
Birth-place, Nantucket. Widow of
Name of Father, James B. Coleman. His Birth-place, * Nantucket.
Maiden Name of Mother Lydia M. Mary. Her Birth-place, * Nantucket
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Mt. Vernon. Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19

Diagram of Burial Lot. 

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	No 40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	9.	50
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, G. McDarb	2	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Forward,	9.	50			
Dr.	$60.	50		Cr.	60 50

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RECORD AND BILL OF ITEMS

Yearly No. 118

FOR THE FUNERAL OF

Total to date Nov 14, 1910

Mary H. Gray

Date of Birth, 19

Date of Death, 19 Color † Age { 61 Years. Months Days.

Name of Deceased, Mary H. Gray

Place of death, Cambridge Street, 12 Cottage Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, Nantucket Widow of John Gray

Name of Father, Joseph James His Birth-place, * Nantucket

Maiden Name of Mother, Annie Waldron Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

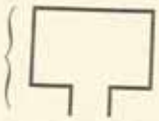
Place of burial, Mt. Vernon Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for	2	00
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall, crape	2	00			
Services,					
Use of Chairs, 2 1/2 doz.	1	75	Goods ordered by		
Cemetery Fee, Brown Book 2	8	00	Bill charged to		
Forward	9	00			
Dr.	22	75	Cr.	22	75

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RECORD AND BILL OF ITEMS

Yearly No. 114

FOR THE FUNERAL OF

William H. Lawrence

Total to date Nov 21 1910

Date of Birth 19

Date of Death, 19

Color † Age { Years. Months Days.

Name of Deceased, William H. Lawrence.

Place of death, Nantucket Mass Street, Gardner Ward No.

Residence, Sex, male Single, Married,

Occupation, Retired Merchant. Wife of

Birth-place, Nantucket, Widow of

Name of Father, Andrew Lawrence, His Birth-place, * Boston Mass.

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. L. Leonard, His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$60 00	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Hearse to Cemetery	
Plate,		Carriage for	
Outside Box,	20 00	" "	
Burial robe,		" "	
Preserving Body with fluid	5 00	Carriages at Funeral,	
Washing and Dressing,	5 00	Death Notices in	
Shaving,			
Door Pall,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee, Taken to boat	2 00	Bill charged to	

Dr. $92.00 Cr. $92.00

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RECORD AND BILL OF ITEMS

Yearly No. 115 FOR THE FUNERAL OF Total to date Nov 21 1910

Stillborn of Stephen Walsh

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

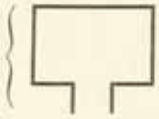
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	4	00	Bill charged to		

Dr.								Cr.	

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RECORD AND BILL OF ITEMS

Yearly No. 116 — FOR THE FUNERAL OF — Total to date Mar 22 1910

William C. Jernegan

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 61 Years. ____ Months ____ 12 Days.

Name of Deceased, William C. Jernegan.

Place of death, Nantucket Mass Street, ____ Ward No. ____

Residence, " " Sex, male Single, ____ Married, ____

Occupation, Carriage Driver Wife of ____

Birth-place, Nantucket Mass Widow of ____

Name of Father, William Jernegan His Birth-place, * Edgartown

Maiden Name of Mother } Lewis P. Pleasants Her Birth-place, * ____

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, J. L. Howard His Residence, ____

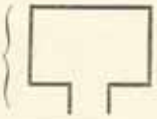
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	3	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	53	00		Cr.	53 00

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RECORD AND BILL OF ITEMS

910

Yearly No. 117 FOR THE FUNERAL OF Total to date Dec 11, 1910

Rebecca M. Macy.

Date of Birth ..... 19....

Date of Death, ... 19.... Color † ..... Age { 87 Years. 8 Months 16 Days.

Name of Deceased,

Place of death, ... Street, ... Ward No.

Residence, ... Sex, ... Single, ... Married,

Occupation, ... Wife of

Birth-place, ... Widow of Joseph B. Macy

Name of Father, Barzillai R. Crosby ~~Joseph B. Macy~~ His Birth-place, *

Maiden Name of Mother } Rebecca A. Orr. Her Birth-place, *

Cause of death, } Primary, ... Duration,

Cause of death, } Secondary, ... Duration,

Certifying Physician, Walker. His Residence,

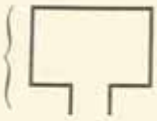
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No.

Funeral Services at

Time of Services,

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	8.	00	Carriages at Funeral,	6	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$71.	00		Cr. 71.00 cash 6.00 $77.00	

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RECORD AND BILL OF ITEMS

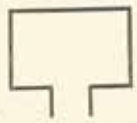
Yearly No. 118 FOR THE FUNERAL OF Total to date Dec 17. 1910

Sarah J. Paddock.

Date of Birth ..... 19..
Date of Death ..... 19.. Color † White Age { ..... Years ..... Months ..... Days.

Name of Deceased, Sarah J. Paddock
Place of death, Nantucket Mass Street, Ward No.
Residence, " Sex, ~~Single~~, Married,
Occupation, Wife of Henry Paddock.
Birth-place, Widow of
Name of Father, Frederic F. Whippey His Birth-place, * Nantucket
Maiden Name of Mother } Hannah. Her Birth-place, * Barnstable.
Cause of death, } Primary, Duration,
Cause of death, } Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	17.	50
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,	8	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	17.	50	Bill charged to		
Dr.	$88.	60		Cr. $88.50	

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RECORD AND BILL OF ITEMS

Yearly No. 119

FOR THE FUNERAL OF

Total to date Dec 25. 1911

Mary G. Coffin

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 80 Years. 3 Months 11 Days.

Name of Deceased, Mary G. Coffin.

Place of death, Nantucket Mass. Street, _____ Ward No. _____

Residence, " Sex, Female Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of Thomas Coffin.

Name of Father, Joseph Coffin. His Birth-place, * Nantucket Mass

Maiden Name of Mother } Lucy Her Birth-place, * Falmouth.

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

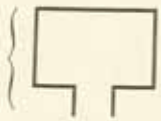
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	9.	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,	2	50			
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $15.50 Cr.

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RECORD AND BILL OF ITEMS

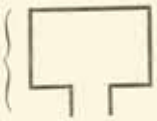
Yearly No. 120. FOR THE FUNERAL OF Total to date Dec 30 1910

Almira F. Swain

Date of Birth, 19
Date of Death, 19 Color † Age { Years. Months Days.

Name of Deceased,
Place of death, Street, Ward No.
Residence, Sex, Female. ~~Single,~~ Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, His Birth-place, *
Maiden Name of Mother Her Birth-place, *
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From vat $2.00 Int. 8	10.	00	Bill charged to		

Dr. 10 00 Cr. 10 00

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RECORD AND BILL OF ITEMS

1910.

Yearly No. 121 FOR THE FUNERAL OF Total to date Dec 31 1911

Emmeline G. Macy

Date of Birth 19 Color † White Age 72 Years. Months Days.

Date of Death, 19

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Female ~~Single,~~ Married,

Occupation, Wife of Charles Macy

Birth-place, Widow of

Name of Father, John Adlington His Birth-place, * Nantucket

Maiden Name of Mother Emma Gardner Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gerrard, His Residence,

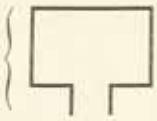
Place of burial, P. Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 3 Doz. 75 Ea	2.	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 60 25 Cr. 60

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RECORD AND BILL OF ITEMS

Yearly No. 122. FOR THE FUNERAL OF Total to date Jan 6 1911

Helen B. Worth.

Date of Birth 19

Date of Death, 19 Color † White Age { 75 Years, Months, Days

Name of Deceased, Helen B. Worth.

Place of death, Nantucket Street, Ward No.

Residence, Sex, Female ~~Single,~~ Married,

Occupation, Wife of

Birth-place, Widow of Calvin Worth.

Name of Father, George Winslow His Birth-place, * Nantucket

Maiden Name of Mother } Lore Barnard Her Birth-place, * Nantucket

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Walker. His Residence,

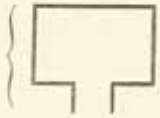
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall, Flowers	1	50			
Services,	3	00			
Use of Chairs, 8 Dozy —	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$74.	75		Cr. $74.	75

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RECORD AND BILL OF ITEMS

Yearly No. 128

FOR THE FUNERAL OF

Total to date Jan 16 1911

Frank A. Mitchell

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 84 Years. / Months 24 Days.

Name of Deceased, Frank A Mitchell

Place of death, Nantucket Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Montpelier. Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, Robeste His Residence, _____

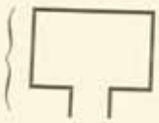
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	60.	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with fluid	10.	00	Carriages at Funeral,	9	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$73.	00			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 124

FOR THE FUNERAL OF

Total to date Jan 20 1911

Charles B. Brooks.

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 54 Years. 2 Months 10 Days.

Name of Deceased, Charles B. Brooks.

Place of death, Nantucket Mass Street, Summer, Mt. Frederick Lane Ward No. _____

Residence, _____ Sex, Male Single, _____ Married, _____

Occupation, Boatman Wife of _____

Birth-place, _____ Widow of _____

Name of Father, John R. Brooks. His Birth-place, * Nantucket

Maiden Name of Mother } Lucretia Coffin Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, J. L. Gromadl. His Residence, _____

Place of burial, Mt. Vernon Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot } ☞

Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	9	00
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr. Forward	2 00 / 53. 50			Cr. 53 50	

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RECORD AND BILL OF ITEMS

Yearly No. 125

FOR THE FUNERAL OF

Total to date Jan 22 1911

Sarah Davis Gardner

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 79 Years. ..... Months 10 Days.

Name of Deceased, Sarah Davis Gardner

Place of death, Roslindale Street, 83 Ardale St. Ward No. .....

Residence, ... Sex, Female Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of Roland Gardner.

Name of Father, William Gardner. His Birth-place, * Nantucket

Maiden Name of Mother } Nancy Davis Her Birth-place, * "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

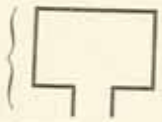
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	8	00	Bill charged to		8

Dr. Cr. 8.00

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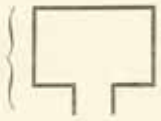
RECORD AND BILL OF ITEMS

Yearly No. 126 FOR THE FUNERAL OF Total to date Feb. 2 1911

Annie M. Phinney

Date of Birth 19
Date of Death, 19 Color † Age { 57 Years. 1 Months 6 Days.
Name of Deceased, Annie M. Phinney
Place of death, Medford Street, 4 Albion Ward No.
Residence, " C. Hospital Sex, Single, Married,
Occupation, Wife of Frank Allen Phinney
Birth-place, Nantucket Mass Widow of
Name of Father, Charles Adams His Birth-place, * Nantucket
Maiden Name of Mother Phebe Austin Her Birth-place, * "
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Newton Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,	6.	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From Brat	8	00	Bill charged to		

Dr. 8.00 Cr. 5.00

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RECORD AND BILL OF ITEMS

Yearly No. 127

FOR THE FUNERAL OF

Total to date Feb 16 1911

Rebecca C. Myers

Date of Birth 19

Date of Death, 19 Color † Age 63 Years. Months 3 Days.

Name of Deceased, Rebecca C. Myers

Place of death, Nantucket Street, Lily Ward No.

Residence, " Sex, Female ~~Single~~ Married,

Occupation, Wife of Henry Myers

Birth-place, Fallsburg Widow of

Name of Father, George G. Hussey His Birth-place, * Nantucket

Maiden Name of Mother, Avis, Me. Her Birth-place, * Nantucket

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Walker His Residence,

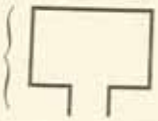
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with Fluid	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Mrs Davis	3.	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $81. 00 Cr. 81 00

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RECORD AND BILL OF ITEMS

Yearly No. 128 FOR THE FUNERAL OF Total to date Feb. 7. 1911

Margaret. Foley.

Date of Birth 19

Date of Death, 19 Color † White Age { 70 Years. 11 Months Days.

Name of Deceased, Margaret Foley.

Place of death, Nantucket Street, Union Ward No.

Residence, " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of Michael Foley

Name of Father, His Birth-place, * Irelandd

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. L. Leonard His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19 Diagram of Burial Lot.

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,	1	50	Hearse to Cemetery	
Plate,			Carriage for	
Outside Box,			" "	
Burial robe,			" "	
Preserving Body with			Carriages at Funeral, 10 Calls for Lyman	2 67
Washing and Dressing,			Death Notices in	
Shaving,				
Door Pall,				
Services,				
Use of Chairs,			Goods ordered by	
Cemetery Fee, 800 — 300	8 11	00	Bill charged to	
Forward	2	67		
Dr.	15	17	Cr.	15.17

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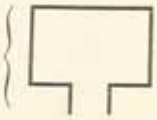
RECORD AND BILL OF ITEMS

Yearly No. 129. FOR THE FUNERAL OF Total to date Feb 16. 1911

Hannah M Eres.

Date of Birth ..... 19....
Date of Death, ... 19.... Color † ..... Age { 77 Years. 1 Months ..... Days.
Name of Deceased, Hannah M Eres
Place of death, Nantucket Street, Hussey Ward No. .....
Residence, ... Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Nantucket Widow of Prince M Eres
Name of Father, Seth Coffin His Birth-place, * Nantucket
Maiden Name of Mother } Lydia Folger. Her Birth-place, * "
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, E B Coleman. His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Mrs Davis	3	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	51	00	Cr.	51	00

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RECORD AND BILL OF ITEMS

Brought to Nantucket
Total to date Jan 28. 1911

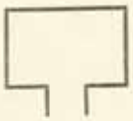
Yearly No. 130

FOR THE FUNERAL OF

Hubert S. Sweet

Date of Birth ____ 19__
Date of Death, ____ 19__
Color † White Age { 54 Years. ____ Months ____ Days.
Name of Deceased, Hubert S Sweet.
Place of death, Boston
Street, ____ Ward No. ____
Residence, "
Sex, Male Single, ____ Married, ____
Occupation, ____
Wife of ____
Birth-place, ____
Widow of ____
Name of Father, John N W. Sweet
His Birth-place, * New York
Maiden Name of Mother } Sarah Swain.
Her Birth-place, * Nantucket
Cause of death, } Primary, ____
Duration, ____
Cause of death, } Secondary, ____
Duration, ____
Certifying Physician, ____
His Residence, ____
Place of burial, Prospect Hill
Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	8	00	Bill charged to		

Dr. $8 00 Cr. 8 00

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RECORD AND BILL OF ITEMS

Yearly No. 131

FOR THE FUNERAL OF

Total to date March 8, 1911

John W. Summerhayes

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 76 Years. ____ Months ____ Days.

Name of Deceased, John W. Summerhayes

Place of death, Nantucket Street, ____ Ward No. ____

Residence, ____ Sex, Male ~~Single,~~ Married, ____

Occupation, ____ Wife of ____

Birth-place, Nantucket Widow of ____

Name of Father, Wm Summerhayes His Birth-place, * Nantucket

Maiden Name of Mother } Lydia Myers Her Birth-place, * Nantucket

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, J. L. Gerard His Residence, ____

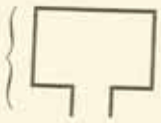
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this 1 for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$75	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box, Chestnut	20	00	" "		
Burial robe,			" "		
Preserving Body with fluid	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taking to boat	3	00	Bill charged to		
Dr.	$113	00		Cr. 113.00	

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RECORD AND BILL OF ITEMS

Yearly No. 132 FOR THE FUNERAL OF Total to date March 12 1911

Stillborn child J. Mary Anderson.

Date of Birth 19 Color † Age { Years. Months Days.

Date of Death, 19

Name of Deceased,

Place of death, Nantucket Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

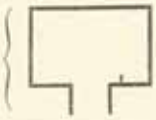
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	8.	3.	50	Flowers,	
Size, Made by				Candles,	
Lining,				Gloves,	
Handles,				Hearse to Cemetery	
Plate,				Carriage for	
Outside Box,				" "	
Burial robe,				" "	
Preserving Body with				Carriages at Funeral,	
Washing and Dressing,				Death Notices in	
Shaving,					
Door Pall,					
Services,					
Use of Chairs,				Goods ordered by	
Cemetery Fee,				Bill charged to	

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 138

FOR THE FUNERAL OF

Total to date March 24 1911

Elizabeth E. Addington

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 78 Years. 2 Months 7 Days.

Name of Deceased, Elizabeth E. Addington

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, " " " Sex, Female Single, ... Married, ...

Occupation, School teacher Wife of .....

Birth-place, Nantucket Widow of .....

Name of Father, John Addington His Birth-place, * Nantucket

Maiden Name of Mother } Anna Gardner Her Birth-place, * Machias Me.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Roberts His Residence, ...

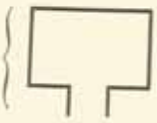
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1.	50	Goods ordered by		
Cemetery Fee, Interment	8.	00	Bill charged to		
Dr.	60.	50		Cr.	60.50

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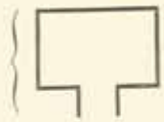
RECORD AND BILL OF ITEMS

Yearly No. 134 — FOR THE FUNERAL OF — Total to date April 1911

Ann M. Coffin

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.
Name of Deceased, Ann M. Coffin
Place of death, ... Street, ... Ward No. .....
Residence, ... Sex, ... Single, ... Married, ...
Occupation, ... Wife of Horace P. Coffin
Birth-place, Nantucket — Widow of .....
Name of Father, William Folger — His Birth-place, * .....
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡
Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Interment		8.00			
Use of Chairs, 2 Doz		1.50	Goods ordered by		
Cemetery Fee, From Boat		2.00	Bill charged to		
Dr.		$11.50			Cr. 11.50

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RECORD AND BILL OF ITEMS

Yearly No. 135

FOR THE FUNERAL OF

Total to date April 7, 1911

Joseph H. Ray

Date of Birth ..... 19..

Date of Death, ... 19..

Color † White Age { 63 Years, 3 Months, 25 Days

Name of Deceased, Joseph. H. Ray.

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, " " Sex, Male Single, ... Married, ...

Occupation, Fisherman Wife of .....

Birth-place, Nantucket Mass Widow of .....

Name of Father, Thomas Ray. His Birth-place, * Azores

Maiden Name of Mother } Charlotte Sukey Her Birth-place, * Nantucket mass

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Gouard. His Residence, 20. Main St.

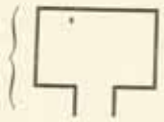
Place of burial, Newlown Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot, ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$30.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with	5	00	Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		
Dr.	$54.	00		Cr.	54 00

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RECORD AND BILL OF ITEMS

Yearly No. 136

FOR THE FUNERAL OF

Total to date March 28 19

Richard R. Holstead

Date of Birth 19

Date of Death, 19 Color † White Age { 29 Years. - Months 3 Days.

Name of Deceased, Richard R. Holstead

Place of death, Nantucket Mass Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Baltimore Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

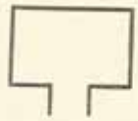
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	17.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Body to town.	5.	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taking to Vault	3	00	Bill charged to		
Dr.	34	00		Cr.	34 00

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RECORD AND BILL OF ITEMS

Yearly No. 137

FOR THE FUNERAL OF

Total to date March 2, 1911

Nelson Dawson

Date of Birth, 19

Date of Death, 19 Color † White Age { 54 Years, Months, Days.

Name of Deceased, Nelson Dawson

Place of death, Nantucket mass Street, Ward No.

Residence, New London Sex, Single, Married,

Occupation, Sea Captain Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

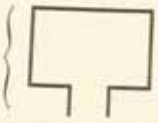
Place of burial, New London Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡. Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with Fluid	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall, Funeral notice	1	00			
Services, Taking body to town	5	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, " " to boat	3	00	Bill charged to		
Dr.	$72	00		Cr.	$72 00

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RECORD AND BILL OF ITEMS

Yearly No. 138 — FOR THE FUNERAL OF — Total to date April 1, 1911

Lydia G. Beane

Date of Birth, 19__ — Color †, Age { 86 Years, Months, 4 Days.

Date of Death, 19__

Name of Deceased, Lydia G. Beane

Place of death, Nantucket Mass. Street, Ward No.

Residence, " " Sex, Single, Married,

Occupation, Wife of

Birth-place, " " Widow of Henry W. Beane

Name of Father, Samuel Barrett — His Birth-place, *

Maiden Name of Mother — Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

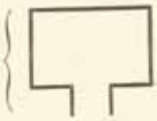
Certifying Physician, E B Coleman — His Residence,

Place of burial, Nantucket Cemetery, Lot or Grave No. Section No.

Funeral Services at Cliff Road

Time of Services,

Date of Interment, 19__ — Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	30.	00	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to Cemetery	
Plate,			Carriage for	
Outside Box,			" "	
Burial robe,			" "	
Preserving Body with			Carriages at Funeral,	
Washing and Dressing,			Death Notices in	
Shaving,				
Door Pall,				
Services,				
Use of Chairs, 2 Dozen	1	50	Goods ordered by	
Cemetery Fee, Interment	8	00	Bill charged to	

Dr. $39.50 — Cr. $39.50

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RECORD AND BILL OF ITEMS

Yearly No. 139

FOR THE FUNERAL OF

Total to date April 10 1911

Sarah C Perkins

Date of Birth ..... 19....

Date of Death, Rochester mass 19.... Color † White Age { 48 Years. ..... Months 17 Days.

Name of Deceased, Sarah C. Perkins

Place of death, Rochester Street, ... Ward No. .....

Residence, " " mass Sex, Female Single, ... Married, ...

Occupation, ... Wife of B. Perkins

Birth-place, Nantucket Mass. Widow of .....

Name of Father, Thomas McNow. His Birth-place, * Ireland.

Maiden Name of Mother } ..... Her Birth-place, * Nantucket.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

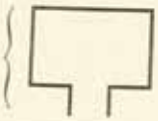
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment fee out	8	00	Bill charged to		

Dr. $8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 140

FOR THE FUNERAL OF

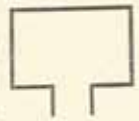
Total to date Apr 7 1911

Thomas F. Ryder
Eliza N. Ryder.

Date of Birth 19
Date of Death 19
Color † Age 82 Years. Months Days.

Name of Deceased, Eliza N. Ryder
Place of death, Wauluckt Street, Ward No.
Residence, Chatham Sex, Single, Married,
Occupation, Wife of Joel Ryder
Birth-place, " Widow of
Name of Father, His Birth-place, *
Maiden Name of Mother Jane Eldredge Her Birth-place, * Chatham
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, E B Coleman His Residence,
Place of burial, Chatham Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	50.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,	3	00	Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	00	Goods ordered by		
Cemetery Fee, Taking to boat	3	00	Bill charged to		
Dr.	$68	00		Cr.	$68 00

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RECORD AND BILL OF ITEMS

Yearly No. 141

FOR THE FUNERAL OF

Total to date April 18 1911

Katharine Robinson.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Katharine Robinson

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, " " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Longfort Ireland Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

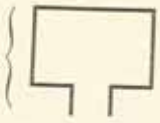
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	70	00	Flowers,		
Size, ... Made by			Candles,	2	00
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,	19	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	2	00	Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		
Dr.	111	00		Cr.	111.00

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RECORD AND BILL OF ITEMS

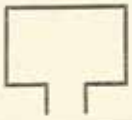
Yearly No. 142 FOR THE FUNERAL OF Total to date May 4. 1911

Minnie G. Folger

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 26 Years. 2 Months 12 Days.

Name of Deceased, Minnie G. Folger
Place of death, Nantucket Mass Street, ... Ward No. .....
Residence, " " Sex, Female Single, ... Married, ...
Occupation, ... Wife of Oscar Folger
Birth-place, " " Widow of .....
Name of Father, Joseph Folger Jr His Birth-place, * Nantucket Mass
Maiden Name of Mother } Lizzie Thomas Her Birth-place, * " "
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. S. Gronard His Residence, ...
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡
Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 143 FOR THE FUNERAL OF Total to date May 2 1911

Ferdinand Echeverria

Date of Birth ..... 19....

Date of Death, ... 19.... Color † White Age { 19 Years, ... Months, ... Days

Name of Deceased, Ferdinand Echeverria

Place of death, Baltimore, Md. Street, ... Ward No. .....

Residence, Morrison N. J. Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, New York. Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } Anita Palyvall Her Birth-place, * New York.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

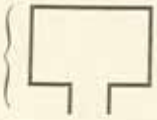
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		

Dr. $8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 144

FOR THE FUNERAL OF

Total to date May 31 1911

Mary Elizabeth Hanford

Date of Birth 19

Date of Death, 19

Color †

Age { 58 Years. 4 Months 8 Days

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of James A. Hanford

Birth-place, Leonard Mass Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

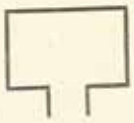
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		

Dr. $8.00 Cr.

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1911

RECORD AND BILL OF ITEMS

Yearly No. 145

FOR THE FUNERAL OF

Total to date Dec 17, 1910

Edward N. Cobb.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 96 Years. 6 Months 27 Days.

Name of Deceased,

Place of death, Newton Mass Street, Ward No.

Residence, Sex, male Single, Married,

Occupation, Retired Wife of

Birth-place, Nantucket Mass Widow of

Name of Father, George Cobb His Birth-place, * Nantucket Mass

Maiden Name of Mother } Susan Myers. Her Birth-place, * " "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

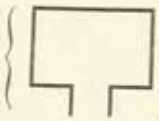
Place of burial, North Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		

Dr. $8.00 Cr.

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RECORD AND BILL OF ITEMS

Total to date Feb. 19. 1911

Yearly No. 146.

FOR THE FUNERAL OF

Elizabeth H. Coffin

Date of Birth ..... 19..

Date of Death ..... 19..

Color † White Age { 78 Years. 6 Months. 27 Days.

Name of Deceased, Elizabeth H Coffin

Place of death, ... Street, ... Ward No. .....

Residence, 20 maple st Brooklyn N.Y. Sex, Female Single, ... Married, ...

Occupation, ... Wife of Roland Coffin

Birth-place, Nantucket Mass Widow of .....

Name of Father, Obed Starbuck His Birth-place, * .....

Maiden Name of Mother } Emmie Paddock Her Birth-place, * Nantucket Mass

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

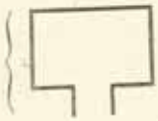
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,				Flowers,	
Size, ... Made by				Candles,	
Lining,				Gloves,	
Handles,				Hearse to ..... Cemetery	
Plate,				Carriage for	
Outside Box,				" "	
Burial robe,				" "	
Preserving Body with				Carriages at Funeral,	
Washing and Dressing,				Death Notices in	
Shaving,					
Door Pall,					
Services,					
Use of Chairs,				Goods ordered by	
Cemetery Fee, Interment	8	00		Bill charged to	
Dr.	8.	00			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 147

FOR THE FUNERAL OF

Total to date May 26 1911

Nancy P. Starbuck

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † White Age { 55 Years. 8 Months 23 Days.

Name of Deceased, Nancy P. Starbuck

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Frederic P. Starbuck His Birth-place, * Nantucket Mass

Maiden Name of Mother } Elizabeth A Starbuck Her Birth-place, * " "

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

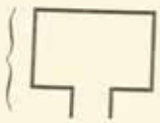
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with*			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Int from boat	8	00	Bill charged to		

Dr. * 8. 00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 148

FOR THE FUNERAL OF

Rita C. Monte

Total to date May 7 1911

Date of Birth 19

Date of Death, 19 Color † White Age { 7 Years. 6 Months 0 Days.

Name of Deceased, Rita C. Monte

Place of death, Nantucket Mass Street, Ward No.

Residence, " " " Sex, Female Single, Married,

Occupation, Wife of

Birth-place, New Bed " " " Widow of

Name of Father, William F. Monte His Birth-place, * Florency Mass

Maiden Name of Mother, Mary B. Coffin Her Birth-place, * New York

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Howard His Residence,

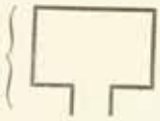
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	12.	10	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	6	00	Bill charged to		

Dr. $18. 00 Cr. 18.00

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1911

RECORD AND BILL OF ITEMS

Yearly No. 149

FOR THE FUNERAL OF

Total to date May 18 1911

Sheldon G. Harry Tobey.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased,*

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Harry Tobey His Birth-place, * New York

Maiden Name of Mother } Edith M. Hamblin Her Birth-place, * Nantucket

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

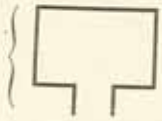
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	3	50	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

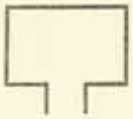
Yearly No. 150 — FOR THE FUNERAL OF — Total to date May 24 1911

Adelaide R. Fisher

Date of Birth, 19__
Date of Death, 19__
Color † White Age { 36 Years, 6 Months, 16 Days

Name of Deceased, Adelaide R. Fisher
Place of death, Medford — Street, — Ward No.
Residence, Nantucket Mass. — Sex, — ~~Single~~, — Married,
Occupation, — Wife of Oliver C. Fisher
Birth-place, Nantucket — Widow of
Name of Father, Joseph King — His Birth-place, * ~~Nantucket~~ Brazil
Maiden Name of Mother, Eliza R. Sylva — Her Birth-place, * Nantucket
Cause of death, Primary, — Duration,
Cause of death, Secondary, — Duration,
Certifying Physician, — His Residence,
Place of burial, — Cemetery, Lot or Grave No. — Section No.
Funeral Services at
Time of Services,
Date of Interment, 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this for every Grave in it. And mark thus Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From boat	2	00			
Use of Chairs,	2	00	Goods ordered by		
Cemetery Fee, Int. ~~from boat~~	8	00	Bill charged to		
Dr.	$12	00		Cr.	12 00

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RECORD AND BILL OF ITEMS

Yearly No. 151

FOR THE FUNERAL OF

Total to date May 28. 1911

Albert. P. Gibbs

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months. ..... Days.

Name of Deceased, Albert P. Gibbs

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nantucket Widow of .....

Name of Father, Stephen Gibbs His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

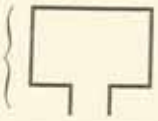
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$30	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,	6	00
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		
Dr.	$53.	00		Cr. 53	00

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RECORD AND BILL OF ITEMS

Yearly No. 152

FOR THE FUNERAL OF Charles D. Coffin

Total to date June 16, 19[illegible]

Date of Birth ____ 19__

Date of Death, ____ 19__

Color † White Age { 59 Years. ____ Months ____ Days.

Name of Deceased, Charles D. Coffin

Place of death, ____ Street, ____ Ward No. ____

Residence, ____ Sex, ____ Single, ____ ~~Married~~

Occupation, ____ Wife of ____

Birth-place, Nantucket Widow of ____

Name of Father, ____ His Birth-place, * ____

Maiden Name of Mother } Sarah Ann Ransom Her Birth-place, * ____

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, ____ His Residence, ____

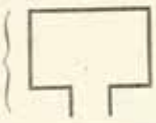
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡

Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			*Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	$		Goods ordered by		
Cemetery Fee,	1.	00	Bill charged to		

Dr. $1.00 Cr. $1.00

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RECORD AND BILL OF ITEMS

Yearly No. 153

FOR THE FUNERAL OF

Total to date June 7 1911

Mary E. Lewis.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased,

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married,

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother ..... Her Birth-place, * .....

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

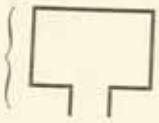
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	30.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee, Interment	8	00	Goods ordered by		
			Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

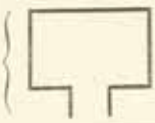
Yearly No. 154 — FOR THE FUNERAL OF — Total to date June 16. 1911

Horace E. Hewitt

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { 79 Years. 2 Months 12 Days.

Name of Deceased, Horace E. Hewitt
Place of death, Nantucket Mass Street, ... Ward No. .....
Residence, ... Sex, ... Single, ... Married, ...
Occupation, Engineer Wife of .....
Birth-place, New York Widow of .....
Name of Father, Potter Hewitt His Birth-place, * .....
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	20.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		

Dr. 43. 01 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 155

FOR THE FUNERAL OF

Total to date June 7. 1911

Miriam W. Reed

Date of Birth ..... 19....

Date of Death, ... 19.... Color † Black Age { 81 Years. 1 Months 11 Days.

Name of Deceased, Miriam W. Reed

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, " " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, St. Louis Mo. Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, F. S. Gouard His Residence, ...

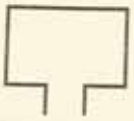
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	17	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment	8	00	Bill charged to		
Dr.	$30.	00		Cr.	30.00

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RECORD AND BILL OF ITEMS

Yearly No. 156 FOR THE FUNERAL OF Total to date June 26 1911

Helen Randall Wilson

Date of Birth, 19

Date of Death, 19

Color † White Age { 26 Years. 11 Months Days.

Name of Deceased, Helen Randall Wilson

Place of death, Wanlucket Mass Street, Ward No.

Residence, 325 W. 92nd St New York Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Flushing N York Widow of

Name of Father, Henry R. Wilson His Birth-place, * Brooklyn N.Y.

Maiden Name of Mother } Lottie Harding Her Birth-place, * " "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. S. Howard His Residence,

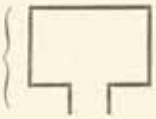
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	.00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, To boat.	3	00	Bill charged to		

Dr. $68.00 Cr. $68.00

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RECORD AND BILL OF ITEMS

Yearly No. 157

FOR THE FUNERAL OF

Total to date June 26, 1911

Mildred De Haven

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 17 Years. ..... Months ..... Days.

Name of Deceased, Mildred De Haven

Place of death, Nantucket Mass Street, ... Ward No. .....

Residence, Pierpoint St. 1541 Sex, Female Single, ... ~~Married,~~

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Hugh De Haven His Birth-place, * Philadelphia

Maiden Name of Mother } ..... Her Birth-place, * Cleveland

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Gerrard His Residence, ...

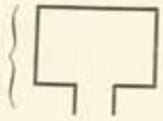
Place of burial, Brooklyn Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	50.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,	6.	00	" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Permit		50			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment ~~Body to boat~~	3	00	Bill charged to		
Dr.	$64.00			Cr.	$64.00

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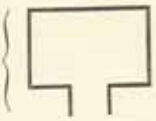
RECORD AND BILL OF ITEMS

Yearly No. 158 FOR THE FUNERAL OF Total to date June 26 1911

Inlyse Rochet

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 40 Years. ..... Months ..... Days.

Name of Deceased, Inlyse Rochet
Place of death, Nantucket Mass. Street, ... Ward No. .....
Residence, Albany, New York Sex, ... Single, ... Married, ...
Occupation, C. Valet Wife of .....
Birth-place, Switzerland Widow of .....
Name of Father, unknown His Birth-place, * .....
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19.. Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,	6	00	" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Permit		50			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Body taken to boat	3	00	Bill charged to		
Dr.	84	50			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 159

FOR THE FUNERAL OF

Total to date

Thomas B. Keane.

Date of Birth 19

Date of Death, 19

Color † White, Age 29 Years. Months Days.

Name of Deceased, Thomas B. Keane.

Place of death, Nantucket

Street, Ward No.

Residence, Boston Mass.

Sex, Single, Married,

Occupation, Broker.

Wife of

Birth-place, New York.

Widow of

Name of Father,

His Birth-place, *

Maiden Name of Mother

Her Birth-place, *

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial,

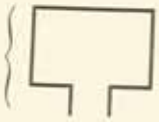
Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	150	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,		50			
Use of Chairs,					
Cemetery Fee, From house 3.00 & bal. 300	6	00	Goods ordered by		
			Bill charged to		
Dr.	171.	50		Cr. 171.50	

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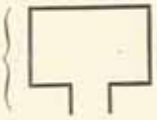
RECORD AND BILL OF ITEMS

Yearly No. 160 — FOR THE FUNERAL OF — Total to date July 2 1911

Sarah J. Brigham

Date of Birth ..... 19..
Date of Death ..... 19.. Color † ..... Age { 79 Years. ..... Months ..... Days.
Name of Deceased, Sarah J. Brigham
Place of death, Nantucket — Street, ... Ward No. .....
Residence, 520 Rochester — Sex, ... Single, ... Married, ...
Occupation, ... — Wife of .....
Birth-place, Dorchester — Widow of .....
Name of Father, William Williams — His Birth-place, * .....
Maiden Name of Mother — Her Birth-place, * .....
Cause of death, Primary, ... — Duration, ...
Cause of death, Secondary, ... — Duration, ...
Certifying Physician, J. S. Howard — His Residence, ...
Place of burial, ... — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus ‡ ‡. Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taken to boat	3	00	Bill charged to		

Dr. $73. 00 Cr.

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RECORD AND BILL OF ITEMS

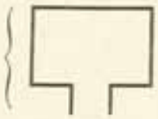
Yearly No. 161 FOR THE FUNERAL OF Total to date July 15 1911

Harriet N. Macy.

Date of Birth ..... 19.....
Date of Death, ... 19.....
Color † ..... Age { 89 Years. 3 Months. Days.

Name of Deceased, Harriet N. Macy.
Place of death, Falmouth. Street, ... Ward No. .....
Residence, Falmouth Sex, ... Single, ... Married, ...
Occupation, ... Wife of Charles E. Macy.
Birth-place, Marstons Mills Widow of .....
Name of Father, Joseph Landers His Birth-place, * Unknown.
Maiden Name of Mother } Tabitha Phinney Her Birth-place, * Cape Cod.
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19.....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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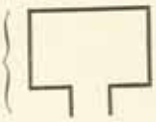
RECORD AND BILL OF ITEMS

Yearly No. 162 FOR THE FUNERAL OF Total to date June 28 1911

Elizabeth G. Parker.

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { 80 Years. 10 Months 27 Days.
Name of Deceased, Elizabeth G. Parker.
Place of death, Nantucket Mass Street, Gardner Ward No. .....
Residence, " " Sex, Female ~~Single,~~ Married, ...
Occupation, ... Wife of Ezekiel Parker.
Birth-place, " " Widow of .....
Name of Father, ... His Birth-place, * .....
Maiden Name of Mother ..... Her Birth-place, * .....
Cause of death, Primary, ... Duration, ...
Cause of death, Secondary, ... Duration, ...
Certifying Physician, J. S. Kennedy His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡
Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 37	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 45.	00			Cr. $

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RECORD AND BILL OF ITEMS

Yearly No. 163

FOR THE FUNERAL OF

Total to date June 16 1911

Lilian L. Covell

Date of Birth ..... 19....

Date of Death, ... 19....

Color † White Age { 56 Years. 10 Months 29 Days.

Name of Deceased, Lilian L. Covell.

Place of death, ... Street, ... Ward No. .....

Residence, Bedford St. New Bedford Sex, Female Single, ... Married, ...

Occupation, ... Wife of David Covell

Birth-place, Nantucket Mass Widow of .....

Name of Father, Benjamin Luce His Birth-place, * Nantucket Mass

Maiden Name of Mother } Harriet F. Chadwick Her Birth-place, * " "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

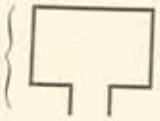
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat	8	00	Bill charged to		

Dr. Cr.

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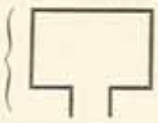
RECORD AND BILL OF ITEMS

Yearly No. 164 — FOR THE FUNERAL OF — Total to date Aug 22 1911

Mary N. Suler

Date of Birth ____ 19__
Date of Death, ____ 19__ Color † Black Age { 71 Years. ____ Months ____ Days.
Name of Deceased, Mary N. Suler
Place of death, ____ Street, ____ Ward No. ____
Residence, Harrisburg, Pa. Sex, Female Single, ____ Married, ____
Occupation, ____ Wife of Jacob T. Suler
Birth-place, " Widow of ____
Name of Father, Edward L. Coates His Birth-place, * Baltimore Md.
Maiden Name of Mother { deceased Mary N. Coates, maiden name unknown. Her Birth-place, * Maytown Pa.
Cause of death, } Primary, ____ Duration, ____
Cause of death, } Secondary, ____ Duration, ____
Certifying Physician, ____ His Residence, ____
Place of burial, Harrisburg Pa. Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	70.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,	5.	00	" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Body to Boat	3	00	Bill charged to		

Dr. $85.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 165

FOR THE FUNERAL OF

Total to date Aug 21 1911

Charlotte Lunnard

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 68 Years. ..... Months ..... Days.

Name of Deceased, Charlotte Lunnard

Place of death, New York. Street, ... Ward No. .....

Residence, New York Sex, ... Single, ... Married, ...

Occupation, ... Wife of Kingston G. Lunnard.

Birth-place, Philadelphia Pa. Widow of .....

Name of Father, Herman Onnick His Birth-place, * Pottegrove Town.

Maiden Name of Mother } Mary J. Torrence Her Birth-place, * Phila. Pa.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

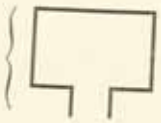
Place of burial, Cartolie Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for 3.	6	00
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee, From boat	8	00	Goods ordered by		
			Bill charged to		

Dr. 8 00

Cr.

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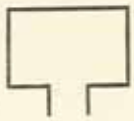
RECORD AND BILL OF ITEMS

Yearly No. 166. FOR THE FUNERAL OF Total to date Aug 24, 191

Lawrence Gardner.

Date of Birth Nantucket Mass 19
Date of Death, 19
Color † White Age { 54 Years. Months Days.
Name of Deceased, Lawrence Gardner
Place of death, Nantucket Mass Street, Ward No.
Residence, Roxbury Sex, Male Single, Married,
Occupation, Ins Agent Wife of
Birth-place, Nantucket Widow of
Name of Father, Robert F. Gardner His Birth-place, *
Maiden Name of Mother Lucretia Macy Her Birth-place, * Nantucket
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, G. L. Gunnard His Residence,
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $78.00 Cr. $78

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RECORD AND BILL OF ITEMS

Yearly No. 167

FOR THE FUNERAL OF

Total to date Aug 29 1911

Susan C. Lawrence.

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 72 Years. ____ Months ____ Days.

Name of Deceased, Susan C Lawrence

Place of death, Nantucket Mass Street, ____ Ward No. ____

Residence, " " Sex, Female ~~Single,~~ Married,

Occupation, ____ Wife of Rev. Edw Abbott Lawrence.

Birth-place, " " Widow of ____

Name of Father, George Suffield. His Birth-place, * Nantucket mass

Maiden Name of Mother } Quink Shef. Her Birth-place, * ____

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, ____ His Residence, ____

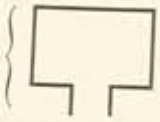
Place of burial, North. Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, 1911

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	60	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 doz .75	1	50	Goods ordered by		
Cemetery Fee,	0	00	Bill charged to		

Dr. 77 50 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 168 FOR THE FUNERAL OF Total to date Aug 29, 1911

Celeminia Packer

Date of Birth 19 Color † Age Years. Months Days.

Date of Death, 19

Name of Deceased, Celeminia Packer

Place of death, Nantucket Street, Ward No.

Residence, Nantucket Mass Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Josephine Packer His Birth-place, * Western Islands

Maiden Name of Mother, Mary J. Espinosa Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, E B Coleman His Residence,

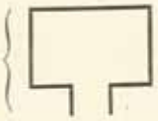
Place of burial, Catholic Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	1	50	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 169

FOR THE FUNERAL OF

Total to date Aug 25. 1911

Mary Shephard.

Date of Birth, 19

Date of Death, 19 Color † White Age { 58 Years. 11 Months 3 Days.

Name of Deceased, Mary Shephard

Place of death, Sid Bennett Street, Ward No.

Residence, Roxbury Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, James S Shephard His Birth-place, *

Maiden Name of Mother, Margaret Alder Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Roberts His Residence,

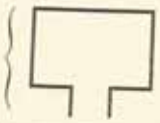
Place of burial, Roxbury Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this 1 for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	30	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	10	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, Two trips to Sconset	12	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment			Bill charged to		
Dr.	$52.00			Cr.	$52.00

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RECORD AND BILL OF ITEMS

Yearly No. 173 FOR THE FUNERAL OF Total to date Aug 26. 1911

George Hussey Paddock

Date of Birth 19

Date of Death, 19 Color † White Age { 82 Years. Months 6 Days.

Name of Deceased, George Hussey Paddock,

Place of death, Nantucket Mass Street, Ward No.

Residence, Providence R. I. Sex, Male Single, Married,

Occupation, (Builder) Wife of

Birth-place, Nantucket Mass Widow of

Name of Father, George S. Paddock His Birth-place, * Nantucket

Maiden Name of Mother } Lydia Hussey Her Birth-place, * Nantucket

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. L. Gerard His Residence,

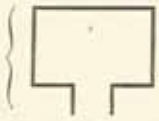
Place of burial, Providence R. I. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, To Boat	3	00	Bill charged to		
Dr.	$78.	00		Cr.	78.00

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RECORD AND BILL OF ITEMS

Yearly No. 171 FOR THE FUNERAL OF Total to date Aug 25 141

Mary Rose Sylva

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months. 18 Days.

Name of Deceased, Mary Rose Sylva

Place of death, Nantucket mass Street, ... Ward No. .....

Residence, Nantucket " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " " Widow of .....

Name of Father, Guymin Sylva His Birth-place, * Western Islands

Maiden Name of Mother } Virginia Pekee Her Birth-place, * Western Islands

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

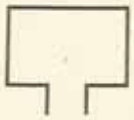
Place of burial, Catholic Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	5	50	Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 173. FOR THE FUNERAL OF Total to date Aug 28 1911

Lydia F. Mckenzie

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 72 Years. 3 Months ____ Days.

Name of Deceased, Lydia F. Mckenzie

Place of death, Nantucket Mass Street, ____ Ward No. ____

Residence, " " Sex, Female ~~Single~~, Married,

Occupation, ____ Wife of Thomas F. Mckenzie

Birth-place, " " Widow of ____

Name of Father, George Chadwick His Birth-place, * Nantucket Mass

Maiden Name of Mother } Lilly Coffin Her Birth-place, * " "

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, J. S. Gunnison His Residence, ____

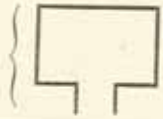
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$30.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.00		Bill charged to		

Dr. $38.00 Cr. 38.00

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RECORD AND BILL OF ITEMS

Yearly No. _____

FOR THE FUNERAL OF

Total to date Sept 5. 1911

Edward F. Wing

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 73 Years. 2 Months 22 Days.

Name of Deceased, Edward F. Wing

Place of death, Nantucket Pantry Street, _____ Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, Painter Wife of _____

Birth-place, Nantucket Widow of _____

Name of Father, George Wing, His Birth-place, * Maine

Maiden Name of Mother } Rebecca Taylor Her Birth-place, * Nantucket

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, L. A. Gray His Residence, Nantucket 16 Water st.

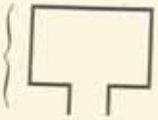
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$25	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4	00	" "		
Preserving Body with	4	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$51	00		Cr.	$51.00

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RECORD AND BILL OF ITEMS

Yearly No. 174

FOR THE FUNERAL OF Clara Pitman

Total to date Sept 6, 1911

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 47 Years. 6 Months ..... Days.

Name of Deceased, Clara Pitman.

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, Cashier. Wife of .....

Birth-place, ... Widow of .....

Name of Father, Benj. F. Pitman. His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

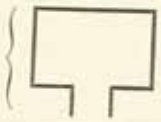
Certifying Physician, ... His Residence, ...

Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } 

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee, From Cont 300, Lot 800	11	00	Goods ordered by		
			Bill charged to		

Dr. $11.00 Cr. $11.00

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RECORD AND BILL OF ITEMS

Yearly No. 175

FOR THE FUNERAL OF

Total to date Sept 11, 1911

Emily A. McNeill

Date of Birth, 19

Date of Death, 19 Color † Age 76 Years. 7 Months 14 Days.

Name of Deceased, Emily A. McNeill

Place of death, Street, Ward No.

Residence, Litchfield, Conn. Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, Davis Dotteres His Birth-place, * Delaware

Maiden Name of Mother, Annie E. Warren Her Birth-place, * Philadelphia

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

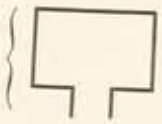
Place of burial, Litchfield, Conn. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	*125	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,					
Cemetery Fee, Taking to boat	3	00	Goods ordered by		
			Bill charged to		

Dr. *138. 00 Cr. 138 00

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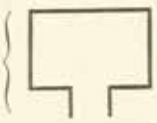
RECORD AND BILL OF ITEMS

Yearly No. 176 — FOR THE FUNERAL OF — Total to date Sept 16, 1911

Gertrude M. Dunham.

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { 52 Years. 4 Months 16 Days.

Name of Deceased, Gertrude M. Dunham,
Place of death, Nantucket — Street, ... Ward No. .....
Residence, " — Sex, Female. ~~Single,~~ Married,
Occupation, ... — Wife of George Dunham,
Birth-place, " — Widow of .....
Name of Father, Josiah Hughes — His Birth-place, * England.
Maiden Name of Mother } Gertrude A. — Her Birth-place, * "
Cause of death, } Primary, ... — Duration, ...
Cause of death, } Secondary, ... — Duration, ...
Certifying Physician, E B Coleman — His Residence, ...
Place of burial, Newtown — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$30.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $43.00 Cr. 43.00

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RECORD AND BILL OF ITEMS

1911 Yearly No. 177

FOR THE FUNERAL OF John Perry.

Total to date Sept 28. 1911

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 68 Years. ..... Months ..... Days.

Name of Deceased, John Perry.

Place of death, ... Street, ... Ward No. .....

Residence, Nantucket. Sex, Male. Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, St. George Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } Frances Sylvia. Her Birth-place, * St. George.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Jos S. Gonard, His Residence, ...

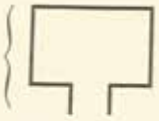
Place of burial, New Bedford. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$50.	00	Flowers,		
Size, ... Made by			Candles,	2.	00
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taking to boat	3	00	Bill charged to		
Forward	2	00			
Dr.	$78.	00		Cr. $78.00	

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RECORD AND BILL OF ITEMS

Yearly No. 178 FOR THE FUNERAL OF Total to date Oct 6. 190

Matthew Macy

Date of Birth 19 Color † White Age 73 Years. 10 Months 8 Days.

Date of Death, 19

Name of Deceased, Matthew Macy.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Male. Single, ~~Married,~~

Occupation, Farmer. Wife of

Birth-place, Nantucket Widow of

Name of Father, Peter Macy. His Birth-place, * Nantucket

Maiden Name of Mother, Elizabeth Gardner, Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, G. S. Coward His Residence,

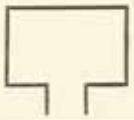
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark into Burial with double dagger thus ‡ Designate size of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$73.	00		Cr.	$2.00

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RECORD AND BILL OF ITEMS

Yearly No. 179

FOR THE FUNERAL OF

Total to date Oct 12 1911

Caroline Q. Joseph.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 62 Years. 1 Months 7 Days.

Name of Deceased, Caroline Q. Joseph.

Place of death, Wauchuset Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of Philip Joseph.

Birth-place, Londonderry N H Widow of .....

Name of Father, Peter Martin. His Birth-place, * .....

Maiden Name of Mother } Margaret Dikens Her Birth-place, * Londonderry N.H.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Conard. His Residence, ...

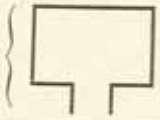
Place of burial, Newton Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral Ford & Ayers 3 Smith 3		
Washing and Dressing,	5.	00	Death Notices in		9.00
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$63.	00		Cr.	$63.00
	9.	00			9.00
	$72.	00			$72.00

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RECORD AND BILL OF ITEMS

Yearly No. 180 FOR THE FUNERAL OF Total to date Oct. 24 1911

George H. Gardner.

Date of Birth, 19__

Date of Death, 19__ Color †, Age { Years. Months Days.

Name of Deceased, George H. Gardner.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Farmer. Wife of

Birth-place, Nantucket Widow of

Name of Father, John J. Gardner. His Birth-place, * Nantucket

Maiden Name of Mother, Susan Norris Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

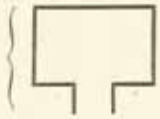
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1.	50	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. $72. 50 Cr. $50.0

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RECORD AND BILL OF ITEMS

Yearly No. 181

FOR THE FUNERAL OF

Total to date Oct 24, 1911

Phebe C. Ray.

Date of Birth ..... 19.... ~

Date of Death, ... 19.... Color † ..... Age { 85 Years. 10 Months 10 Days.

Name of Deceased, Phebe C. Ray

Place of death, Medfield, Mass. Street, ... Ward No. .....

Residence, Nantucket Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nantucket. Widow of John Ray.

Name of Father, Edward Gahan. His Birth-place, * .....

Maiden Name of Mother } Susan Chase. Her Birth-place, * Nantucket

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

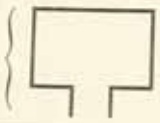
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‖ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat 3, lot 1/2	11.00		Bill charged to		

Dr. $11.00 Cr. $1.00

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RECORD AND BILL OF ITEMS

Yearly No. 182

FOR THE FUNERAL OF

Total to date Oct 26 1911

Emily C. Oldrich

Date of Birth, 19

Date of Death, 19

Color †, Age 64 Years, Months, Days.

Name of Deceased, Emily C. Oldrich.

Place of death, Nantucket, Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of Frederic Oldrich.

Name of Father, His Birth-place, *

Maiden Name of Mother, Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, E. B. Coleman, His Residence,

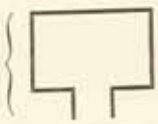
Place of burial, P. Hill, Cemetery, Lot or Grave No., Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	6	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 50.	50		Cr.	50 50

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RECORD AND BILL OF ITEMS

Yearly No. 183 FOR THE FUNERAL OF Total to date Nov 17 1911

Edgar C. Mansfield.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 56 Years. ..... Months ..... Days.

Name of Deceased, Edgar C. Mansfield.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Nantucket Widow of .....

Name of Father, Alexander Mansfield His Birth-place, * Nantucket

Maiden Name of Mother } Susan Christian Her Birth-place, * "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

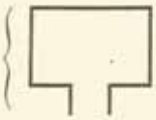
Place of burial, Everett. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 60	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 3 dozen	2.	25	Goods ordered by		
Cemetery Fee, Taking to boat	3.	00	Bill charged to		
Dr.	$ 80.	25		Cr.	$ 80.25

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RECORD AND BILL OF ITEMS

Yearly No. 184

FOR THE FUNERAL OF

Total to date Nov. 18. 1911

Freda Hall Ryder.

Date of Birth ..... 19..

Date of Death, ... 19..

Color † ..... Age { 8 Years. 11 Months 13 Days.

Name of Deceased, Freda Hall Ryder

Place of death, Nantucket

Street, ... Ward No. .....

Residence, "

Sex, ... Single, ... Married, ...

Occupation, ...

Wife of .....

Birth-place, Chatham.

Widow of .....

Name of Father, Edmund Ryder

His Birth-place, * Chatham.

Maiden Name of Mother } Flora Emory.

Her Birth-place, * "

Cause of death, } Primary, ...

Duration, ...

Cause of death, } Secondary, ...

Duration, ...

Certifying Physician, E B Coleman,

His Residence, ...

Place of burial, Chatham.

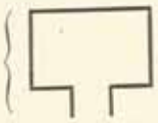
Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$20.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Remains taken to Wharf	2	00	Bill charged to		

Dr. $25. 00 Cr. $25. 00

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RECORD AND BILL OF ITEMS

Yearly No. 185

FOR THE FUNERAL OF

Total to date Dec 6 1911

Irvin B. Gaydel

Date of Birth 19

Date of Death 19 Color † Age Years. Months Days. 19

Name of Deceased, Irvin B. Gaydnee.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Josiah B. Gaydl, His Birth-place, * Nantucket

Maiden Name of Mother, Lizzie R. Owen. Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gorard, His Residence,

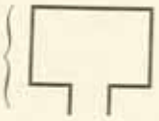
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡

Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	52	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1.50		Bill charged to		
Dr.	$8.50				Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 186 — FOR THE FUNERAL OF — Total to date Dec 20 1911

Child J. Wallace Coleman.

Date of Birth ____ 19__ — Color † ____ Age { ____ Years, ____ Months, ____ Days.

Date of Death, ____ 19__

Name of Deceased, Child of Wallace Coleman,

Place of death, Nantucket — Street, ____ Ward No. ____

Residence, " — Sex, ____ Single, ____ Married, ____

Occupation, ____ — Wife of ____

Birth-place, " — Widow of ____

Name of Father, Wallace, Coleman, — His Birth-place, * ____

Maiden Name of Mother, Carrie Bowen, — Her Birth-place, * Nantucket,

Cause of death, Primary, ____ — Duration, ____

Cause of death, Secondary, ____ — Duration, ____

Certifying Physician, ____ — His Residence, ____

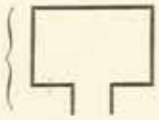
Place of burial, ____ — Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	3,	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1,	50	Bill charged to		

Dr. 84. 50. — Cr. 4,5

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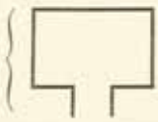
RECORD AND BILL OF ITEMS

Yearly No. 187 FOR THE FUNERAL OF Total to date Dec 28 1911

Charles H. Allen.

Date of Birth ..... 19....
Date of Death, ... 19.... Color † ..... Age { 82 Years. 9 Months 19 Days.
Name of Deceased, Charles H. Allen
Place of death, Nantucket Street, ... Ward No. .....
Residence, " Sex, Male Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, " Widow of .....
Name of Father, Benjamin Allen. His Birth-place, * Nantucket
Maiden Name of Mother } Jemima Black. Her Birth-place, * "
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. S. Howard His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19....
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡‡. Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$44	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5,	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,		75	Goods ordered by		
Cemetery Fee,	8,	00	Bill charged to		
Dr.	$53.	75		Cr.	$53.75

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RECORD AND BILL OF ITEMS

Yearly No. 181

FOR THE FUNERAL OF

Total to date Dec. 26. 1911

Mary E. Hamblin

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 54 Years. ..... Months ..... Days.

Name of Deceased, Mary E Hamblin

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of George Hamblin.

Birth-place, ... Widow of .....

Name of Father, George "Spencer His Birth-place, * Chatham.

Maiden Name of Mother } Eliza Jackson. Her Birth-place, * Nantucket

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Walker. His Residence, ...

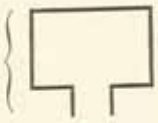
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral, Smith 3, Dyer 3, Wood 3.	$ 9.00	
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$ 53.	00	$ 9.00		Cr. $ 62.00

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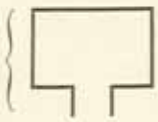
RECORD AND BILL OF ITEMS

Yearly No. 189 — FOR THE FUNERAL OF — Total to date Dec 28 1911

Edward B. Coffin.

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.
Name of Deceased, Edward B. Coffin.
Place of death, Nantucket Street, ... Ward No. .....
Residence, " Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, Edward Coffin. His Birth-place, * Nantucket
Maiden Name of Mother } Elizabeth Bunt. Her Birth-place, * "
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡
Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. $81.00 Cr. $81.00

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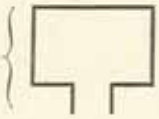
RECORD AND BILL OF ITEMS

Yearly No. 190 FOR THE FUNERAL OF Total to date Jan 5. 1912

Mary B. Field.

Date of Birth / 19
Date of Death, 19 Color † Age { 93 Years. 6 Months Days.
Name of Deceased, Mary B. Field
Place of death, Nantucket Street, Ward No.
Residence, " Sex, Single, Married,
Occupation, Wife of Lucius Field Utica N.Y.
Birth-place, Hanover. Widow of
Name of Father, John Thomas. His Birth-place, * Pembroke.
Maiden Name of Mother Mary Bundy Her Birth-place, * Wellesley, Mass
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, J. S. Cunard, His Residence,
Place of burial, Pembroke. Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, 2 trips to Lemet.	6	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Taken to boat.	3.	00	Bill charged to		
Dr.	$69.	00			Cr. $69.00

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RECORD AND BILL OF ITEMS

Yearly No. 191

FOR THE FUNERAL OF

Total to date Jan 9. 1912

Julia Owen.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 74 Years. 11 Months 7 Days.

Name of Deceased, Julia Owen.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } Rosa, Emmett. Her Birth-place, * Boston Mass

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

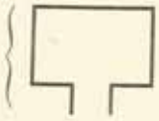
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$30.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	5.	00	" "		
Preserving Body with			Carriages at Funeral, Work	3	00
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2. Dozen	1	50	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	44.	50		Cr.	44. 50

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RECORD AND BILL OF ITEMS

Yearly No. 192 FOR THE FUNERAL OF Total to date Jan 10 1912

Joseph. Sylvia. DeRosa.

Date of Birth 19

Date of Death, 19 Color † Age { Years. Months Days.

Name of Deceased, Joseph. Sylvia. DeRosa.

Place of death, Nantucket Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Joseph. S. DeRosa. His Birth-place,* Fayal.

Maiden Name of Mother Rita. J. Sylvia. Her Birth-place,* "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

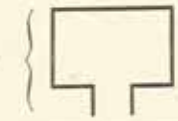
Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19 Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	6	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $54.00 Cr. $54.

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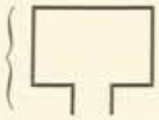
RECORD AND BILL OF ITEMS

Yearly No. 193 — FOR THE FUNERAL OF — Total to date

Thomas D. Ramsdell

Date of Birth ____ 19__
Date of Death, ____ 19__ — Color † ____ Age { 43 Years. 3 Months 1 Days.
Name of Deceased, Thomas D. Ramsdell
Place of death, New York City. — Street, ____ Ward No. ____
Residence, " — Sex, ____ Single, ____ Married, ____
Occupation, ____ — Wife of ____
Birth-place, Nantucket. — Widow of ____
Name of Father, William Ramsdell. — His Birth-place, * Nantucket
Maiden Name of Mother } Amelia Rand — Her Birth-place, * Nantucket.
Cause of death, } Primary, ____ — Duration, ____
Cause of death, } Secondary, ____ — Duration, ____
Certifying Physician, ____ — His Residence, ____
Place of burial, Prospect Hill — Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $8.00 — Cr. $8.00

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RECORD AND BILL OF ITEMS

Yearly No. 194 FOR THE FUNERAL OF Total to date Jan 17, 1912

Susan P. Jones.

Date of Birth 19 Color † Age 80 Years. 10 Months 27 Days.

Date of Death, 19

Name of Deceased, Susan P. Jones.

Place of death, Nantucket. Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of Asa P. Jones

Birth-place, " Widow of

Name of Father, Samuel P. Meader His Birth-place, * Nantucket

Maiden Name of Mother Mary Paddack. Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, E. B. Coleman, His Residence,

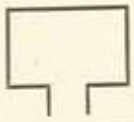
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$40.	00	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to Cemetery	
Plate,			Carriage for	
Outside Box,			" "	
Burial robe,			" "	
Preserving Body with			Carriages at Funeral,	
Washing and Dressing,	5	00	Death Notices in	
Shaving,				
Door Pall,				
Services,				
Use of Chairs,			Goods ordered by	
Cemetery Fee,	8	00	Bill charged to	
Dr.	$53.	00		Cr. $53.00

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RECORD AND BILL OF ITEMS

Yearly No. 195 — FOR THE FUNERAL OF — Total to date Jan 22 1912

Lydia B. Chase

Date of Birth ..... 19..... Color † ..... Age { ..... Years. ..... Months ..... Days.

Date of Death, ... 19..

Name of Deceased, Lydia B. Chase,

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of Walter B Chase.

Birth-place, " Widow of .....

Name of Father, Edward Morris His Birth-place, * .....

Maiden Name of Mother } Susan Calder Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Wacker. His Residence, ...

Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19.....

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1.	50	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$62.	50			Cr. $62.50

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RECORD AND BILL OF ITEMS

Yearly No. 196 FOR THE FUNERAL OF Total to date Jan 23. 1912

Clara May Hosler

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years, 6 Months, ... Days.

Name of Deceased, Clara May Hosler

Place of death, Nt

Residence, Nantucket Street, ... Ward No. .....

Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Antone Hosler His Birth-place, * St George

Maiden Name of Mother } Anne Perry Her Birth-place, * New Bedford.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

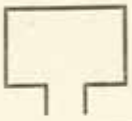
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$10.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	3.	00	Bill charged to		
Dr.	$13.	00		Cr.	13.00

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RECORD AND BILL OF ITEMS

Yearly No. 197 FOR THE FUNERAL OF Total to date Jan 25 1912

Alvie Cox.

Date of Birth 19

Date of Death, 19 Color † Age { 85 Years. Months Days.

Name of Deceased, Alvie Cox

Place of death, Nantucket Street, Ward No.

Residence, " Sex, ~~Single~~ Married,

Occupation, Wife of Patrick Cox

Birth-place, Ireland. Widow of

Name of Father, Thomas Kelley. His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. A. Gerard. His Residence,

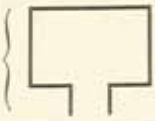
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $73. 00 Cr. $73.00

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RECORD AND BILL OF ITEMS

Yearly No. 198

Total to date Jan 28 1912

FOR THE FUNERAL OF Keziah C. Coffin.

Date of Birth ..... 19..

Date of Death ..... 19..

Color † White Age { 69 Years, 2 Months, ... Days.

Name of Deceased, Keziah C. Coffin.

Place of death, Nantucket

Street, ... Ward No. .....

Residence, "

Sex. Female Single, ~~Married,~~

Occupation, ...

Wife of .....

Birth-place, "

Widow of .....

Name of Father, John C Coffin

His Birth-place, * Nantucket

Maiden Name of Mother } Sarah Ray.

Her Birth-place, * "

Cause of death, } Primary, ...

Duration, ...

Cause of death, } Secondary, ...

Duration, ...

Certifying Physician, ...

His Residence, ...

Place of burial, Prospect Hill

Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,	8	00	Bill charged to		
Cemetery Fee,					
Dr.	$73.	00		Cr.	$73.00

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RECORD AND BILL OF ITEMS

Yearly No. 199

FOR THE FUNERAL OF

Total to date Feb. 1, 1912

Sarah L. Tebbetts.

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † White Age { 43 Years. 2 Months 24 Days.

Name of Deceased, Sarah L. Tebbetts

Place of death, Nantucket Street, ____ Ward No. ____

Residence, " Sex, Female. Single, ____ Married, ____

Occupation, ____ Wife of Harry P. Tebbetts.

Birth-place, " Widow of ____

Name of Father, Albert F. Folger His Birth-place, * ____

Maiden Name of Mother } Sarah S. Phinney. Her Birth-place, * ____

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, L. S. Gunard His Residence, ____

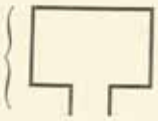
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at Rec. 134 Main St.

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$60.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	15.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 3 Doz.	2	25	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $90. 25 Cr. $90.25

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RECORD AND BILL OF ITEMS

Yearly No. 200

FOR THE FUNERAL OF

Susan C. Williams

Total to date Jan 31 1912

Susan C. Williams

Date of Birth ..... 19..

Date of Death, Susan C Williams 19..

Color † ..... Age { 57 Years, 2 Months, 29 Days

Name of Deceased,

Place of death, Nantucket

Street, ... Ward No. .....

Residence, "

Sex, ... Single, ... Married, ...

Occupation,

Wife of .....

Birth-place, Nantucket

Widow of .....

Name of Father, John S. Appleton

His Birth-place, * Nantucket

Maiden Name of Mother } Eliza. B. Dayton

Her Birth-place, * "

Cause of death, } Primary,

Duration,

Cause of death, } Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, Mt. Vernon

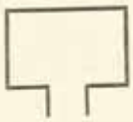
Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at

Time of Services,

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$30	00	Flowers,	
Size, ... Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to ..... Cemetery	
Plate,			Carriage for	
Outside Box,	8	00	" "	
Burial robe,			" "	
Preserving Body with			Carriages at Funeral,	
Washing and Dressing,	5	00	Death Notices in	
Shaving,				
Door Pall,				
Services,	1	00	Goods ordered by	
Use of Chairs,	8	00	Bill charged to	
Cemetery Fee,				
Dr.	$52.	00		Cr. $52.00

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RECORD AND BILL OF ITEMS

Yearly No. 201

FOR THE FUNERAL OF

Mary Marke

Total to date Feb 14 1912

Date of Birth, 19__

Date of Death, 19__ Color †, Age { 1 Years, 9 Months, 2 Days.

Name of Deceased, Mary Marke.

Place of death, Woonsocket. Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Antoine Marke His Birth-place, * St. Michael

Maiden Name of Mother, Mary Sylvia Her Birth-place, * Florence

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

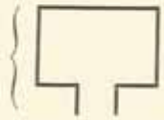
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19__

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	812	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	3	00	Bill charged to		

Dr. $15.00 Cr.

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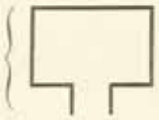
RECORD AND BILL OF ITEMS

Yearly No. 912 FOR THE FUNERAL OF Total to date Feb. 14 1912

Emma A Chapel.

Date of Birth ..... 19..
Date of Death, ... 19.. Color † White Age { 69 Years. 11 Months 11 Days.
Name of Deceased, Emma A. Chapel
Place of death, Nantucket Mass. Street, ... Ward No. .....
Residence, " " Sex, ... Single, ... Married, ...
Occupation, ... Wife of Clarence R Chapel
Birth-place, Nantucket Widow of .....
Name of Father, Joseph B. Patterson His Birth-place, * Chatham.
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. E. Gemard. His Residence, ...
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 40	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. $59. 00 Cr. 58.00

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RECORD AND BILL OF ITEMS

Yearly No. 203

FOR THE FUNERAL OF

Total to date Feb. 15, 1912.

Ann M. Folger.

Date of Birth 19

Date of Death, 19 Color † Age 80 Years. 3 Months 7 Days.

Name of Deceased, Ann M. Folger.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Caleb G. Folger. His Birth-place, * Nantucket.

Maiden Name of Mother Mary F. Macy Her Birth-place, * Nantucket

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

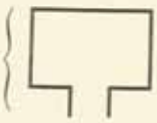
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$50	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for Geo. Wood	3	00
Outside Box,			" " Wm H H Smith	3.	00
Burial robe,	9	00	" " Reuben S. Aspinwall	6	00
Preserving Body with			Carriages at Funeral,	$12	00
Washing and Dressing,	3.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1	.50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$70.	50		Cr.	70.50

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RECORD AND BILL OF ITEMS

Yearly No. 214

Total to date Feb. 29. 1912

FOR THE FUNERAL OF

May, Macy.

Date of Birth 19

Date of Death, 19

Color †

Age 74 Years. Months Days.

Name of Deceased, May, Macy.

Place of death, Nantucket

Street, Ward No.

Residence, "

Sex, Single, Married,

Occupation, Wife of Bradford Macy.

Birth-place, "

Widow of " "

Name of Father, Barzillai, N.

His Birth-place, * Nantucket

Maiden Name of Mother Elizabeth W. Essex.

Her Birth-place, * "

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, Prospect Hill.

Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,	8	00	Bill charged to		
Cemetery Fee,					
	$43.	00			Cr. 43 00

Dr.

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RECORD AND BILL OF ITEMS

Yearly No. 205

FOR THE FUNERAL OF

Total to date Feb. 22. 1912

Myron F. Norris.

Date of Birth ..... 19....

Date of Death, ... 19.... Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Myron F. Norris.

Place of death, Manufactat. Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of .....

Name of Father, Charles B. Norris. His Birth-place, * Nova

Maiden Name of Mother } Sarah H. Hamstow Her Birth-place, * Chatham

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Leonard. His Residence, ...

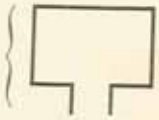
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10,	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$93.	00		Cr. $93. 00	

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RECORD AND BILL OF ITEMS

Yearly No. 216 FOR THE FUNERAL OF Total to date March 5. 1912

Marion G. Chase.

Date of Birth 19

Date of Death, 19 Color † Age 49 Years. Months Days.

Name of Deceased, Marion G. Chase

Place of death, Nantucket Mass Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, School Teacher Wife of

Birth-place, Green Valley, Cal. Widow of

Name of Father, James F. Chase His Birth-place, * Nantucket

Maiden Name of Mother, Ann M. Brock Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

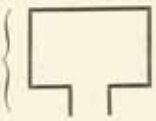
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. $43.00 Cr. $43.00

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RECORD AND BILL OF ITEMS

Yearly No. 217 FOR THE FUNERAL OF Total to date March 9 1912.

Charles H. Holm

Date of Birth ..... 19....

Date of Death, ... 19.... Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Chas H. Holm.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, Denmark. Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

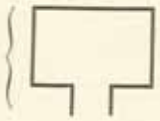
Place of burial, Woodlawn Everett. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡

Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 50.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	P.	00	" "		
Preserving Body with	5	00	Carriages at Funeral,		
Washing and Dressing,	5	10	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, People to boat	5	00	Bill charged to		

Dr. $ 73. 00 Cr. 73 00

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RECORD AND BILL OF ITEMS

Yearly No. 208 FOR THE FUNERAL OF Total to date March

Seadora A. Hetherbee,

Date of Birth 19 Color † Age 50 Years. 4 Months 14 Days.

Date of Death, 19

Name of Deceased,

Place of death, Chilmar Street, Ward No.

Residence, Sex, ~~Single,~~ Married,

Occupation, Wife of Myron L. Hetherbee

Birth-place, nantucket mass. Widow of

Name of Father, George Ashby. His Birth-place, * Virginia.

Maiden Name of Mother Charlotte Harper. Her Birth-place, * nantucket.

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

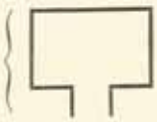
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr.								Cr.
							Paid by	

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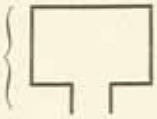
RECORD AND BILL OF ITEMS

Yearly No. 209 FOR THE FUNERAL OF Total to date March 12 1912

William Field.

Date of Birth 19..
Date of Death, 19.. Color † Age { Years. Months Days.
Name of Deceased, William Field.
Place of death, Clinton Street, Ward No.
Residence, Nantucket Sex, Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, Thomas B. Field His Birth-place, * Nantucket
Maiden Name of Mother Lydia M. Folger Her Birth-place, * Nantucket
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19..
Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 doz.	1.	50	Goods ordered by		
Cemetery Fee, From lot 200 Lot 8	10.	00	Bill charged to		

Dr. $11. 50 Cr. 11. 50

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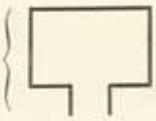
RECORD AND BILL OF ITEMS

Yearly No. 210 FOR THE FUNERAL OF Total to date Mch 15. 1912

Elmington P. Ryder

Date of Birth 19..
Date of Death, 19.. Color † Age { Years. Months 21 Days.
Name of Deceased, Elmington P. Ryder
Place of death, Nantucket Street, Ward No.
Residence, Nantucket Sex, Single, Married,
Occupation, Wife of
Birth-place, Widow of
Name of Father, Stephen L. Ryder His Birth-place, * Chatham,
Maiden Name of Mother Evelyn Tabor Her Birth-place, * Nantucket
Cause of death, Primary, Duration,
Cause of death, Secondary, Duration,
Certifying Physician, E. B. Coleman His Residence,
Place of burial, Cemetery, Lot or Grave No. Section No.
Funeral Services at
Time of Services,
Date of Interment, 19..
Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	#2	50	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. $4.00 Cr. 4.00

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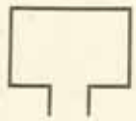
RECORD AND BILL OF ITEMS

Yearly No. 211 — FOR THE FUNERAL OF — Total to date March 17, 1912

Charlotte A. Brock.

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 88 Years. 2 Months. 5 Days.
Name of Deceased, Charlotte A. Brock,
Place of death, Nantucket Mass. Street, ... Ward No. .....
Residence, " " Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Nantucket Widow of .....
Name of Father, Thomas Coleman His Birth-place, * N. H.
Maiden Name of Mother Emma Paddack, Her Birth-place, * N. H.
Cause of death, Primary, ... Duration, ...
Cause of death, Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Nauta Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$58.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$81.	00		Cr.	81. 00

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RECORD AND BILL OF ITEMS

Yearly No. 212

Total to date March 18 19

FOR THE FUNERAL OF

Joseph F. Williams

Date of Birth 19

Date of Death, 19

Color †

Age { 68 Years. 11 Months 14 Days.

Name of Deceased, Joseph F. Williams

Place of death, Nantucket

Street,

Ward No.

Residence, "

Sex,

Single,

Married,

Occupation,

Wife of

Birth-place,

Widow of

Name of Father, John Williams

His Birth-place, * Western Islands

Maiden Name of Mother, Martha Fish

Her Birth-place, * Nantucket, Mass.

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, Prospect Hill

Cemetery, Lot or Grave No.

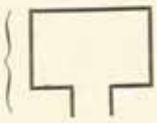
Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 80.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	4.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 1 Dozen.		75	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 47.	75			Cr. $ 47.

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RECORD AND BILL OF ITEMS

Yearly No. 213 — FOR THE FUNERAL OF — Total to date March 23 1912

Benjamin B. Tobey.

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † ____ Age { 75 Years. 8 Months. 18 Days.

Name of Deceased, Benjamin B. Tobey.

Place of death, Nantucket Street, ____ Ward No. ____

Residence, " Sex, ____ Single, ____ Married, ____

Occupation, ____ Wife of ____

Birth-place, " Widow of ____

Name of Father, Obed Tobey. His Birth-place, * Sandwich.

Maiden Name of Mother } Nancy Levin. Her Birth-place, * New Bedford

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, E. B. Fleming His Residence, ____

Place of burial, Prospect Hill Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. } ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Doz.	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $74.50 Cr. $74.50

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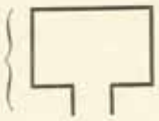
RECORD AND BILL OF ITEMS

Yearly No. 214 — FOR THE FUNERAL OF — Total to date March 25 1912

William M. Eldredge

Date of Birth ..... 19..
Date of Death ..... 19..
Color † ..... Age { 85 Years, 10 Months, 14 Days

Name of Deceased, William M. Eldredge
Place of death, Nantucket — Street, ... Ward No. .....
Residence, " — Sex, ... Single, ... Married, ...
Occupation, Seaman — Wife of .....
Birth-place, Nantucket — Widow of .....
Name of Father, James Eldredge — His Birth-place, * Fair Haven
Maiden Name of Mother, Deborah Pinkham — Birth-place, * Nantucket
Cause of death, Primary, ... — Duration, ...
Cause of death, Secondary, ... — Duration, ...
Certifying Physician, ... — His Residence, ...
Place of burial, ... — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19.. — Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$17.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$33.	00		Cr. 4 50	

Paid in full $33.00

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RECORD AND BILL OF ITEMS

Yearly No. 215

FOR THE FUNERAL OF

Total to date Jan 9 1912

Charlotte R Curtis

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 75 Years. 9 Months 8 Days.

Name of Deceased, Charlotte R. Curtis

Place of death, Burlington Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Boston Mass. Widow of _____

Name of Father, Hoyrick Curtis His Birth-place, * _____

Maiden Name of Mother } Sarah Coleman. Her Birth-place, * Unknown

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

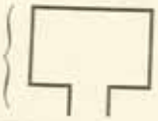
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat.	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 216

FOR THE FUNERAL OF

Total to date Mar 26 1912

Musonii Sprague

Date of Birth, 19

Date of Death, 19

Color †

Age 75 Years, 4 Months, 22 Days

Name of Deceased, Musonii Sprague

Place of death, Nantucket Mass

Street, Liberty

Ward No.

Residence, "

Sex,

Single,

Married,

Occupation,

Wife of

Birth-place, "

Widow of

Name of Father, Sylvester Hodges

His Birth-place, * Barnstable Mass.

Maiden Name of Mother, Tryphena Bearse.

Her Birth-place, * Colrit.

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

Certifying Physician,

His Residence,

Place of burial, Prospect Hill

Cemetery, Lot or Grave No.

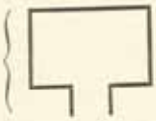
Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$30.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 2 Dozen	1.	50	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$44.	50		Cr.	44.50

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RECORD AND BILL OF ITEMS

Yearly No. 217 FOR THE FUNERAL OF Total to date Mch 23 1912

Lydia B. Rogers.

Date of Birth ..... 19.... Color † ..... Age { 71 Years. ..... Months ..... 27 Days.

Date of Death, ... 19....

Name of Deceased, Lydia B. Rogers

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of Ezekiel Rogers.

Name of Father, ... His Birth-place, * unknown

Maiden Name of Mother ..... Her Birth-place, * "

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, J. S. Gouard His Residence, ...

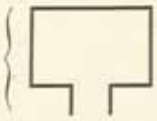
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $44.50 Cr. 44.50

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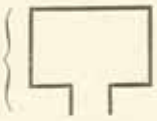
RECORD AND BILL OF ITEMS

Yearly No. 218 FOR THE FUNERAL OF Total to date May 26. 1912

Rebecca. M. Farnum,

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 90 Years. 2 Months 8 Days.
Name of Deceased, Rebecca. M. Farnum.
Place of death, ... Street, ... Ward No. .....
Residence, ... Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Nantucket Widow of .....
Name of Father, Hiram Walton His Birth-place, * Nantucket
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to	8.	00

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 219 — FOR THE FUNERAL OF — Total to date Oct 6

Alexander C. James

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 73 Years. 8 Months 1 Days.

Name of Deceased, Alexander C. James.
Place of death, Nantucket Street, ... Ward No. .....
Residence, Fair Haven Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Nantucket. Widow of .....
Name of Father, Elwin James His Birth-place, * .....
Maiden Name of Mother } Sarah E. Sandsbury Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, P. L. Gonzales His Residence, ...
Place of burial, Fairhaven Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$60	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box, Chestnut.	20.	00	" "		
Burial robe,			" "		
Preserving Body with Embalming	10.	00	Carriages at Funeral,		
Washing and Dressing, "	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 1 Dozen.		75	Goods ordered by		
Cemetery Fee, To boat.	2.	00	Bill charged to		
Dr.	$98.	75		Cr.	98.75

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RECORD AND BILL OF ITEMS

Yearly No. 220

FOR THE FUNERAL OF

Total to date

Date of Birth 19

Date of Death, 19

Color †

Age { Years. Months Days.

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Malden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

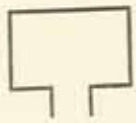
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,			Bill charged to		
Cemetery Fee,					

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 221 FOR THE FUNERAL OF Total to date Apr 9 1912.

Mabel Gomes.

Date of Birth ..... 19....

Date of Death, ... 19.... Color † ..... Age { ..... Years. 10 Months 25 Days.

Name of Deceased, Mabel Gomes.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, Fema Single, Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Manuel Gomes His Birth-place, * Cape De Verde

Maiden Name of Mother } Anna Somehand, Her Birth-place, * Cape " "

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. L. Leonard. His Residence, ...

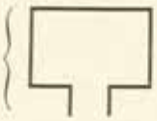
Place of burial, Catholic Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$2	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,	3.	10	" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	2	00	Bill charged to		

Dr. $6.10 Cr. 6.10

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RECORD AND BILL OF ITEMS

Total to date April 16 1912

Yearly No. 222

FOR THE FUNERAL OF

Route, May, Holgate.

Date of Birth ..... 19..

Date of Death ..... 19..

Color † ..... Age { 8 Years. 3 Months. ..... Days.

Name of Deceased, Route. May. Holgate.

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, Frank O. Holgate. His Birth-place, * Providence R.I.

Maiden Name of Mother } Gertrude, C. Her Birth-place, * Nantucket

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Roberts. His Residence, Nantucket

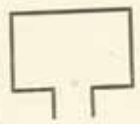
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$8.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box			" "		
Burial robe,			" "		
Preserving Body with Fluid.	3.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,			Goods ordered by		
Use of Chairs,			Bill charged to		
Cemetery Fee,	3.	00			
Dr.	$9.00			Cr.	

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RECORD AND BILL OF ITEMS

Yearly No. 223

FOR THE FUNERAL OF

Total to date Apr. 19 1912

Charles Macy.

Date of Birth 19

Date of Death, 19

Color † White Age 77 Years. 4 Months 15 Days.

Name of Deceased, Charles Macy.

Place of death, Manticket (Block Island) Street, Ward No.

Residence, " " Sex, Single, Married,

Occupation, Wife of

Birth-place, Manticket Widow of

Name of Father, George Macy. His Birth-place, * Manticket

Maiden Name of Mother, Eliza L. T. Her Birth-place, * Providence R.I.

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Fred Gerrard His Residence,

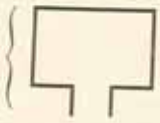
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$9	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	6	00	Bill charged to		
Dr.	$20	00		Cr.	20.00

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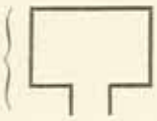
RECORD AND BILL OF ITEMS

Yearly No. 224 — FOR THE FUNERAL OF — Total to date April 20 1912

Julia A. Enas

Date of Birth ____ 19__
Date of Death, ____ 19__
Color † White Age { 86 Years, 1 Months, ____ Days
Name of Deceased, Julia A. Enas.
Place of death, Nantucket — Street, ____ Ward No. ____
Residence, Nantucket. — Sex, ____ Single, ____ Married, ____
Occupation, ____ Wife of John W. Enas.
Birth-place, ____ Widow of ____
Name of Father, ____ His Birth-place, * ____
Maiden Name of Mother { Julia A. Harvey / Ruth Clark. — Her Birth-place, * Salem / " " Pelham N.H.
Cause of death, Primary, ____ Duration, ____
Cause of death, Secondary, ____ Duration, ____
Certifying Physician, Dr. Austin — His Residence, ____
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	$17	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $25. 00 — Cr. 25 00

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RECORD AND BILL OF ITEMS

Yearly No. 225 FOR THE FUNERAL OF Total to date May 7. 1912

Cornelius Dunham.

Date of Birth ..... 19.....

Date of Death, ... 19.... Color † White Age { ..... Years. ..... Months 3 Days.

Name of Deceased, Cornelius Dunham.

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of .....

Name of Father, Edgar Dunham. His Birth-place, * Nantucket Mass.

Maiden Name of Mother } Welsh Lunie. Her Birth-place, * Ireland

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, Dr. Roberts. His Residence, ...

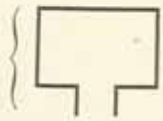
Place of burial, "Catholic". Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number,	$ 3.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. $4.50 Cr. 4.50

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RECORD AND BILL OF ITEMS

Yearly No. 226 FOR THE FUNERAL OF Total to date May 21 1912

Phebe B. Long

Date of Birth 19

Date of Death, 19 Color † White Age { 67 Years. 9 Months 13 Days.

Name of Deceased, Phebe B. Long.

Place of death, ~~Nantucket~~ Cape Cod Mass Street, Ward No.

Residence, " " Sex, Female Single, ~~Married~~,

Occupation, Seamstress Wife of

Birth-place, Nantucket Widow of

Name of Father, George H. Long His Birth-place, * Nantucket

Maiden Name of Mother Hannah B. King Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

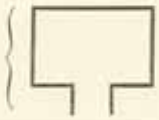
Place of burial, North Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From boat.	2	00			
Use of Chairs,	1	00	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $11. 00 Cr. 11.0

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RECORD AND BILL OF ITEMS

Yearly No. 22 — FOR THE FUNERAL OF — Total to date May 31 1912

Mary E. Field.

Date of Birth ..... 19..... Color † White Age 60 Years. 6 Months 3 Days.

Date of Death, ... 19.....

Name of Deceased, Mary E. Field.

Place of death, Nantucket. Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of Thomas B. Field.

Name of Father, Charles Cary. His Birth-place, * .....

Maiden Name of Mother, Louisa Fanning. Her Birth-place, * Nantucket

Cause of death, Primary, ... Duration, ...

Cause of death, Secondary, ... Duration, ...

Certifying Physician, G. L. Gossard. His Residence, Nantucket.

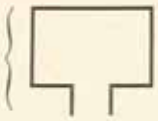
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19.....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‖ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$40.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $48. 00 Cr. 48. 00

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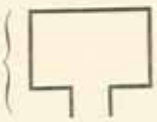
RECORD AND BILL OF ITEMS

Yearly No. 228 — FOR THE FUNERAL OF — Total to date June 10 1912

Mary E. Fisher

Date of Birth ____ 19__
Date of Death, ____ 19__
Color † White Age { ____ Years. ____ Months ____ Days.

Name of Deceased, Mary E. Fisher
Place of death, Nantucket — Street, ____ Ward No. ____
Residence, " — Sex, ____ Single, ____ Married, ____
Occupation, ____ — Wife of George S. Fisher
Birth-place, " — Widow of ____
Name of Father, ____ — His Birth-place, * ____
Maiden Name of Mother ____ — Her Birth-place, * ____
Cause of death, Primary, ____ — Duration, ____
Cause of death, Secondary, ____ — Duration, ____
Certifying Physician, E B Coleman — His Residence, ____
Place of burial, ____ — Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__ — Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 30.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 46.	00		Cr.	$ 46.00

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RECORD AND BILL OF ITEMS

Yearly No. 229

FOR THE FUNERAL OF

Total to date June 15 1912

Elizabeth B. Gardner.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † White Age { 80 Years. 10 Months ..... Days.

Name of Deceased, Elizabeth B. Gardner.

Place of death, Nantucket Street, ... Ward No. .....

Residence, Nantucket. Sex, ... Single, ... Married, ...

Occupation, ... Wife of William C. Gardner.

Birth-place, Nantucket Widow of .....

Name of Father, Matthew Crosby, His Birth-place, * .....

Maiden Name of Mother } Elizabeth Barnard Her Birth-place, * Nantucket. Mass.

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

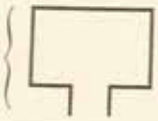
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From Coat	8.00		Bill charged to		
Dr.	27.00			Cr.	6.00

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RECORD AND BILL OF ITEMS

Yearly No. 230

FOR THE FUNERAL OF

Total to date June 26. 1912

Marianna Hussey.

Date of Birth 19

Date of Death, 19

Color † White Age { 51 Years. 4 Months 22 Days.

Name of Deceased, Marianna Hussey.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Female Single, ~~Married~~

Occupation, School Teacher. Wife of

Birth-place, N (Illinois) Widow of

Name of Father, Edward B. Hussey His Birth-place,* Nantucket

Maiden Name of Mother } Anna Myrick Her Birth-place,* "

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Dr. Walker His Residence, "

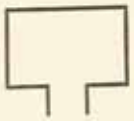
Place of burial, North Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$50.	00	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Hearse to Cemetery	
Plate,			Carriage for	
Outside Box,			" "	
Burial robe,			" "	
Preserving Body with	10	00	Carriages at Funeral,	
Washing and Dressing,			Death Notices in	
Shaving,				
Door Pall,				
Services,				
Use of Chairs,			Goods ordered by	
Cemetery Fee,	8	00	Bill charged to	
Dr.	$68	00	Cr.	$68.00

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RECORD AND BILL OF ITEMS

Yearly No. 231 — FOR THE FUNERAL OF — Total to date June 28 1912

Sarah N. Lewis.

Date of Birth ..... 19....

Date of Death, Nantucket Island Home 19.... Color † White Age { 80 Years. 9 Months 22 Days.

Name of Deceased, Sarah N Lewis.

Place of death, Island Home Street, ... Ward No. .....

Residence, " " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " " Widow of Freeman Lewis.

Name of Father, David Coffin His Birth-place, * Nantucket

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, J. S. Conard. His Residence, ...

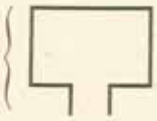
Place of burial, Newtown - Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19....

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 232

Total to date July 1 1912

FOR THE FUNERAL OF

Roland W. Chase.

Date of Birth ..... 19..

Date of Death, ... 19..

Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Roland W. Chase

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

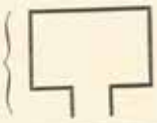
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, From boat.	8	00	Bill charged to		

Dr. $8.00 Cr. 8.00

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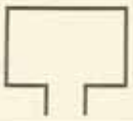
RECORD AND BILL OF ITEMS

Yearly No. 233 — FOR THE FUNERAL OF — Total to date July 4, 1912

Arthur C. Clark

Date of Birth ..... 19..
Date of Death, ... 19.. Color † White Age { 57 Years. 7 Months ..... Days.

Name of Deceased, Arthur C. Clark
Place of death, Dorchester Mass. Street, ... Ward No. .....
Residence, Dorchester Mass Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Nantucket Widow of .....
Name of Father, Albert S. Clark. His Birth-place, * Nantucket
Maiden Name of Mother } Sarah C. Holmes. Her Birth-place, * "
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat.	8	00	Bill charged to		

Dr. $8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 234 FOR THE FUNERAL OF Total to date July 6 1912

Sheborn

Date of Birth 19

Date of Death 19 Color † Age Years. Months Days.

Name of Deceased,

Place of death, Nantucket Street, Ward No.

Residence, Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gouard. His Residence,

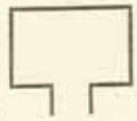
Place of burial, South. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. Cr.

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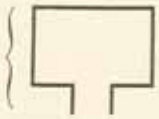
RECORD AND BILL OF ITEMS

Yearly No. 235 — FOR THE FUNERAL OF — Total to date July 11 1912

Josephine N. Barker.

Date of Birth ____ 19__
Date of Death, / 19__ Color † ____ Age { 64 Years. 3 Months 7 Days.
Name of Deceased, Josephine N. Barker.
Place of death, ____ Street, ____ Ward No. ____
Residence, St Louis. Sex, ____ Single, ____ Married, ____
Occupation, ____ Wife of ____
Birth-place, New Orleans. Widow of James Barker.
Name of Father, ____ His Birth-place, * ____
Maiden Name of Mother ____ Her Birth-place, * ____
Cause of death, Primary, ____ Duration, ____
Cause of death, Secondary, ____ Duration, ____
Certifying Physician, ____ His Residence, ____
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__
Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $8.00 Cr. 8.00

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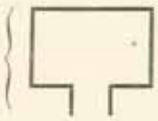
RECORD AND BILL OF ITEMS

Yearly No. 236 — FOR THE FUNERAL OF — Total to date July 14 1912

Samuel C. Lamb.

Date of Birth ____ 19__
Date of Death ____ 19__ Color † ____ Age { ____ Years, ____ Months, ____ Days.
Name of Deceased, Samuel C. Lamb.
Place of death, ____ Street, ____ Ward No. ____
Residence, Woonsocket Sex, ____ Single, ____ Married, ____
Occupation, Retired Wife of ____
Birth-place, " Widow of ____
Name of Father, Gardner Lamb. His Birth-place, * ____
Maiden Name of Mother, Susan Crosby. Her Birth-place, * Woonsocket.
Cause of death, Primary, ____ Duration, ____
Cause of death, Secondary, ____ Duration, ____
Certifying Physician, J. S. Gerard His Residence, ____
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____
Funeral Services at ____
Time of Services, ____
Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$ 40.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1.	50	Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$ 62.	50		Cr.	62.50

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RECORD AND BILL OF ITEMS

Yearly No. 237

FOR THE FUNERAL OF

Total to date Aug 1 1912

Delia M. Coffin

Date of Birth ..... 19..

Date of Death, ... 19..

Color † White Age { 80 Years. 6 Months 6 Days.

Name of Deceased, Delia M. Coffin.

Place of death, Nantucket

Street, ... Ward No. .....

Residence, "

Sex, Female ~~Single,~~ Married, ...

Occupation, ...

Wife of Edward B. Coffin

Birth-place, ...

Widow of .....

Name of Father, Peter Hussey

His Birth-place, * Nantucket

Maiden Name of Mother } Eliza B.

Her Birth-place, * Nantucket

Cause of death, } Primary, ...

Duration, ...

Cause of death, } Secondary, ...

Duration, ...

Certifying Physician, ...

His Residence, ...

Place of burial, Prospect Hill

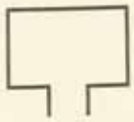
Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 60.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	15.	00	" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
	$ 93.	00		Cr.	$ 93. 00

2.50

Dr.

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RECORD AND BILL OF ITEMS

Total to date Aug 5 1912

Yearly No. 280

FOR THE FUNERAL OF

Amelia A. Platt.

Date of Birth 19..

Date of Death, 19..

Color † White. Age { 60 Years. 10 Months 18 Days.

Name of Deceased, Amelia A. Platt.

Place of death, Street, Ward No.

Residence, Montclair, N.J. Sex, Single, Married,

Occupation, Wife of

Birth-place, New York. Widow of Jessie Platt

Name of Father, P. Schade. His Birth-place,* France.

Maiden Name of Mother } Her Birth-place,*

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

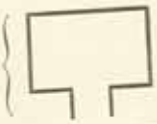
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡

Designate site of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 80.00	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Hearse to Cemetery	
Plate,		Carriage for	
Outside Box,		" "	
Burial robe,	10.00	" "	
Preserving Body with		Carriages at Funeral,	
Washing and Dressing, by Mrs Davis	5 00	Death Notices in	
Shaving,			
Door Pall,			
Services, to Boat.	8.00		
Use of Chairs,		Goods ordered by	
Cemetery Fee,		Bill charged to	
	$98.00		Cr. 98.00

Dr.

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RECORD AND BILL OF ITEMS

Yearly No. 239 FOR THE FUNERAL OF Total to date Aug 18 1912.

John Craig –

Date of Birth 19

Date of Death, 19 Color † White Age 49 Years. Months Days.

Name of Deceased, John Craig.

Place of death, Street, Ward No.

Residence, Utica N.Y. Sex, Single, Married,

Occupation, Wife of

Birth-place, Lambe – Widow of

Name of Father, William Craig His Birth-place, * Scotland.

Maiden Name of Mother, May Hamlin. Her Birth-place, * Scotland.

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr Pinover. His Residence,

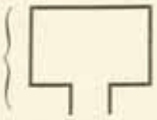
Place of burial, Canada – Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	80.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box, Zinc lined	10	00	" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, 2 trips to Somset	6	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. $106. 00 Cr.

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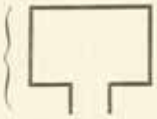
RECORD AND BILL OF ITEMS

Yearly No. 240 — FOR THE FUNERAL OF — Total to date Aug 11 1912

Mary E. Chadwick

Date of Birth ..... 19..
Date of Death ..... 19.. Color † White Age { ..... Years. ..... Months ..... Days.
Name of Deceased, Mary E. Chadwick.
Place of death, Nantucket — Street, ... Ward No. .....
Residence, " — Sex, ... Single, ... Married, ...
Occupation, Dressmaker. — Wife of .....
Birth-place, Nantucket — Widow of .....
Name of Father, George D. Chadwick — His Birth-place, * .....
Maiden Name of Mother, Mary Campbell. — Her Birth-place, * New York
Cause of death, Primary, ... — Duration, ...
Cause of death, Secondary, ... — Duration, ...
Certifying Physician, E B Coleman. — His Residence, ...
Place of burial, ... — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$70.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8.	00	" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$97.	50		Cr.	$97.50

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RECORD AND BILL OF ITEMS

912

Yearly No. 241 FOR THE FUNERAL OF Total to date Aug 17 1912

Charles W. Gaylord.

Date of Birth 19 Color † White Age 49 Years. 6 Months 1 Days.

Date of Death, 19

Name of Deceased, Charles W Gaylord.

Place of death, Nantucket mass. Street, Ward No.

Residence, Hartford Conn Sex, Single, Married,

Occupation, Musician. Wife of

Birth-place, Conn. Widow of

Name of Father, Ezekiah Gaylord His Birth-place, * Conn

Maiden Name of Mother Emily H. Barlow Her Birth-place, * Rochester N Y ~~Mass~~

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J S Gronard. His Residence,

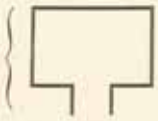
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate size of Monument thus ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 95.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services, To Boat	3	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, (Front)	1	.50	Bill charged to		
Dr.	$ 113.	00		Cr.	113.00

2.50

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RECORD AND BILL OF ITEMS

Yearly No. 242

Total to date Aug 25 1912

FOR THE FUNERAL OF

May G Walton

Date of Birth 19

Date of Death 19

Color † White Age 83 Years 3 Months 10 Days

Name of Deceased Mary G. Walton

Place of death Nantucket Street Ward No.

Residence " Sex Female ~~Single~~ Married

Occupation " Wife of

Birth-place " Widow of

Name of Father William Walton His Birth-place * Nantucket Mass

Maiden Name of Mother Mary Macy. Her Birth-place * " "

Cause of death, Primary, Duration

Cause of death, Secondary, Duration

Certifying Physician E. B. Coleman. His Residence

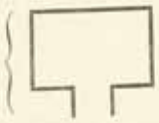
Place of burial Prospect Hill. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services

Date of Interment 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number	$40.	00	Flowers	
Size Made by			Candles	
Lining			Gloves	
Handles			Hearse to Cemetery	
Plate			Carriage for	
Outside Box			" "	
Burial robe			" "	
Preserving Body with			Carriages at Funeral	
Washing and Dressing	5	00	Death Notices in	
Shaving				
Door Pall				
Services			Goods ordered by	
Use of Chairs	8	00	Bill charged to	
Cemetery Fee				

Dr. $53. 00 Cr. $53.00

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RECORD AND BILL OF ITEMS

1912

Yearly No. 243 FOR THE FUNERAL OF Total to date Aug 23 1912

Elizabeth G. Parker.

Date of Birth 19

Date of Death 19 Color † Age 80 Years 3 Months 23 Days

Name of Deceased, Elizabeth G. Parker

Place of death, Everett Mass Street, Ward No.

Residence, Everett Mass. Sex, Female Single, Married,

Occupation, Wife of

Birth-place, Nantucket Widow of Nathan Parker.

Name of Father, Chas A. Clark His Birth-place, * Nantucket

Maiden Name of Mother, Sarah Gardner, Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

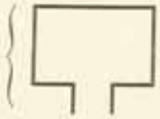
Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, from boat.	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 244

FOR THE FUNERAL OF

George F. Nickerson

Total to date Aug 26 1912

Date of Birth, 19

Date of Death, 19

Color † White Age 75 Years. Months. Days.

Name of Deceased, George F. Nickerson

Place of death, Street, Ward No.

Residence, Bridge Baker Sex, Male Single, Married,

Occupation, Depot Master Wife of

Birth-place, Widow of

Name of Father, Kimball B. Nickerson His Birth-place,* Chatham

Maiden Name of Mother, Eliza A Pratt Her Birth-place,* Quincy

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, Dr. Walker His Residence,

Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	80	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, Permit		50			
Use of Chairs,			Goods ordered by		
Cemetery Fee, To Vault	8	00	Bill charged to		
Dr.	$48.	50		Cr.	$48.50

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RECORD AND BILL OF ITEMS

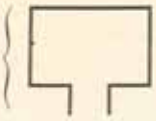
1912 — Yearly No. 245 FOR THE FUNERAL OF Total to date Aug 31 1912.

Joseph Q. Powers.

Date of Birth ..... 19..
Date of Death, ... 19.. Color † ..... Age { 64 Years. 2 Months 3 Days.

Name of Deceased, Joseph Q. Powers
Place of death, Nantucket. Street, ... Ward No. .....
Residence, Longenglugh, Sex, ... Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, Allen E. Powers. His Birth-place, * .....
Maiden Name of Mother } Lucy C. Allen. Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. S. Conard, His Residence, ...
Place of burial, Troy N. Y. Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus ‡. Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$80	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, To Vault	3	00	Bill charged to		

8.50 Dr. $98. 00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 246 FOR THE FUNERAL OF Total to date Sept. 11 1912

Carolyn. C. Conklin

Date of Birth Barnstable. 19

Date of Death, 19 Color † Age { Years. Months Days.

Name of Deceased, Carolyn C. Conklin

Place of death, Montclair Street, Ward No.

Residence, Bloomfield Ave Sex, Single, Married,

Occupation, Wife of

Birth-place, Newark. Widow of

Name of Father, Henry Smith His Birth-place, * Jefferson N.J.

Maiden Name of Mother Lucinda Sabiley. Her Birth-place, *

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gerard. His Residence,

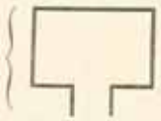
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark also Burial with double dagger thus ‡ Designate site of Monument thus

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$100.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices In		
Shaving,					
Door Pall,					
Services, Two trips to Secaucus	6	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, To boat.	1	00	Bill charged to		
Dr.	$119.00				Cr. $119.00

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RECORD AND BILL OF ITEMS

Yearly No. 247

FOR THE FUNERAL OF

Total to date Aug 31 1912

Onward Fish

Date of Birth ____ 19__

Date of Death, ____ 19__ Color † ____ Age { 84 Years, 6 Months, 1 Days.

Name of Deceased, Onward Fish.

Place of death, N. Street, ____ Ward No. ____

Residence, Dorchester Sex, ____ Single, ____ Married, ____

Occupation, ____ Wife of ____

Birth-place, Barnstable. Widow of ____

Name of Father, Zenas Fish. His Birth-place, * ____

Maiden Name of Mother } Lydia Nye. Her Birth-place, * Barnstable

Cause of death, } Primary, ____ Duration, ____

Cause of death, } Secondary, ____ Duration, ____

Certifying Physician, ____ His Residence, ____

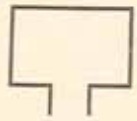
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	$40.	00	Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From boat.	2	00			
Use of Chairs, Effusay	5.	00	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 55. 00 Cr. 10.00

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RECORD AND BILL OF ITEMS

Yearly No. 248

FOR THE FUNERAL OF

Total to date Sept 15 1912

Judith J. Fisk

Date of Birth 19

Date of Death 19

Color † White Age 76 Years. 9 Months 24 Days.

Name of Deceased, Judith J. Fisk

Place of death, Nantucket

Street, Ward No.

Residence, "

Sex, Single, Married,

Occupation,

Wife of

Widow of George G. Fisk

Birth-place,

Name of Father, Thomas Derick

His Birth-place, *

Maiden Name of Mother, Anna G Chase

Her Birth-place, * Nantucket

Cause of death, Primary,

Duration,

Cause of death, Secondary,

Duration,

His Residence,

Certifying Physician,

Place of burial, Nantucket

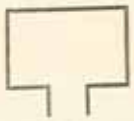
Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. Add mark like this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,	2	25	Goods ordered by		
Use of Chairs,	8	00	Bill charged to		
Cemetery Fee,					
	$73.25			Cr. $73.2	

Dr.

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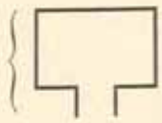
RECORD AND BILL OF ITEMS

Yearly No. 249 — FOR THE FUNERAL OF — Total to date Sept. 20 1912

Nelson Clark

Date of Birth ..... 19..
Date of Death ..... 19.. Color † ..... Age { 78 Years. 7 Months 2 Days.

Name of Deceased, Nelson Clark
Place of death, Nantucket — Street, ... Ward No. .....
Residence, " " — Sex, ... Single, ... Married, ...
Occupation, ... — Wife of .....
Birth-place, " — Widow of .....
Name of Father, Albert S. Clark — His Birth-place, * Nantucket
Maiden Name of Mother, Sarah C. Holmes — Her Birth-place, * Nantucket
Cause of death, Primary, ... — Duration, ...
Cause of death, Secondary, ... — Duration, ...
Certifying Physician, ... — His Residence, ...
Place of burial, ... — Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19.. — Diagram of Burial Lot. ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	44	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,			Bill charged to		
Dr.	$56.	50		Cr.	$56.50

$73.25

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RECORD AND BILL OF ITEMS

Yearly No. 258 FOR THE FUNERAL OF Total to date Sept 30 1912

Lama Spencer

Date of Birth, 19

Date of Death, 19 Color † White Age { 59 Years. 6 Months 27 Days.

Name of Deceased, Lama Spencer

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Single, Married,

Occupation, Wife of

Birth-place, " Widow of Roland S Spencer

Name of Father, Chas. H. Gibbs His Birth-place, * Nantucket

Maiden Name of Mother, Mary L. Stevens Birth-place, * Nantucket

Cause of death, Primary, / Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gunard His Residence,

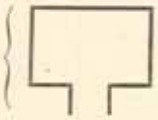
Place of burial, Mt. Vernon Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 40	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with	~~10~~	~~00~~	Carriages at Funeral,		
Washing and Dressing,	~~6~~	~~00~~	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$ 57.	50		Cr.	$ 57.50

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RECORD AND BILL OF ITEMS

912

Yearly No. 251 FOR THE FUNERAL OF Total to date Oct 2 1912

Amy Burchell

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, Amy Burchell

Place of death, Manchester Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of .....

Name of Father, Samuel B. Burchell His Birth-place, * Chatham

Maiden Name of Mother } Ada E. Foster Her Birth-place, * St John

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, F. S. Gerard His Residence, ...

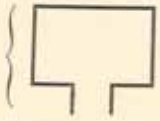
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr.									Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 252 FOR THE FUNERAL OF Total to date Sept 30 1912

Charles W. Bunker.

Date of Birth 19

Date of Death, 19 Color † Age 63 Years, 3 Months, 6 Days

Name of Deceased, Charles W. Bunker

Place of death, ~~Arlington~~ Nantucket Mass. Street, Ward No.

Residence, Arlington Mass Sex, Single, Married,

Occupation, Paleeman Wife of

Birth-place, Nantucket Widow of

Name of Father, James H Bunker His Birth-place, *

Maiden Name of Mother Ann M Coleman Her Birth-place, * Nantucket

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Prospect Hill Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞

Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. 8.00 Cr. 8.00

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RECORD AND BILL OF ITEMS

Yearly No. 253 FOR THE FUNERAL OF Total to date Oct 14, 1912

Elizabeth K Chase

Date of Birth ..... 19..

Date of Death, Elizabeth K Chase 19..

Color † White. Age { 89 Years. 5 Months 26 Days.

Name of Deceased,

Place of death, Nantucket Street, Ward No.

Residence, Nantucket Sex, Single, Married,

Occupation, Wife of

Birth-place, Nantucket Widow of

Name of Father, David B. Chase His Birth-place, *

Maiden Name of Mother } Nancy Starbuck Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, J. L. Gerard His Residence,

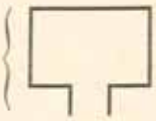
Place of burial, Friends Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 80.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		

Dr. $43.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 254

FOR THE FUNERAL OF

Total to date Oct 14, 19

George N Neall ?

Date of Birth 19

Date of Death, 19 Color † White Age { 65 Years. Months Days.

Name of Deceased, George N. Neall

Place of death, Nantucket Street, Ward No.

Residence, Philadelphia Sex, Single, Married,

Occupation, Wife of

Birth-place, Phil Pa Widow of

Name of Father, Elijah Neall. His Birth-place, * Phil

Maiden Name of Mother Elizabeth Moore Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J. S. Gerrard. His Residence,

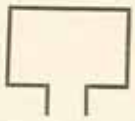
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot.



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus:

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$225. 00	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Hearse to Cemetery	
Plate,		Carriage for	
Outside Box,		" "	
Burial robe,		" "	
Preserving Body with	10. 00	Carriages at Funeral,	
Washing and Dressing,	5. 00	Death Notices in	
Shaving,			
Door Pall,			
Services,			
Use of Chairs,		Goods ordered by	
Cemetery Fee, To trat	4. 00	Bill charged to	
Dr.	$244. 00		Cr. $244.00

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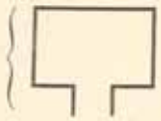
RECORD AND BILL OF ITEMS

Yearly No. 255 FOR THE FUNERAL OF *Total to date* Oct. 14, 1912

Almira G. Beckman

Date of Birth ..... 19..
Date of Death, ... 19.. Color † White Age { 78 Years. 3 Months 20 Days.
Name of Deceased, Almira G. Beckman
Place of death, Wauwatosa Street, ... Ward No. .....
Residence, " Sex, Female Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, ... Widow of .....
Name of Father, William Grant His Birth-place, * .....
Maiden Name of Mother } Nancy Austin Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, ... His Residence, ...
Place of burial, Mt. Vernon Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

~~Casket or~~ Coffin Number, Tray.	$17.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	3	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	$36.	00		Cr.	$36. 00

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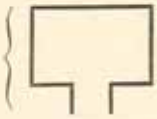
RECORD AND BILL OF ITEMS

Yearly No. 256 FOR THE FUNERAL OF Total to date Oct. 23 1912.

David B. Andrews.

Date of Birth ..... 19..
Date of Death, ... 19.. Color † White Age { 74 Years. 2 Months 7 Days.
Name of Deceased, David B. Andrews
Place of death, Nantucket Street, ... Ward No. .....
Residence, " Sex, Male ~~Single~~, ... Married, ...
Occupation, ... Wife of .....
Birth-place, " Widow of .....
Name of Father, Charles Andrews His Birth-place, * Nantucket
Maiden Name of Mother } Eunice Gardner Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, J. S. Gossard His Residence, ...
Place of burial, Prospect Hill Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..
Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 80.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,	8	00	" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,		75	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $51. 75 Cr.

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RECORD AND BILL OF ITEMS

1912. Yearly No. 257 FOR THE FUNERAL OF Total to date Oct 23 1912

Infant child of Kieran Macy

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { ..... Years. ..... Months ..... Days.

Name of Deceased, ...

Place of death, ... Street, ... Ward No. .....

Residence, ... Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, ... Widow of .....

Name of Father, ... His Birth-place, * .....

Maiden Name of Mother } ..... Her Birth-place, * .....

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

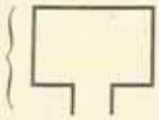
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	35 3	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	1	50	Bill charged to		

Dr. 4 50 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 255 FOR THE FUNERAL OF Total to date Oct 23 1912

Patrick Keane

Date of Birth 19

Date of Death, 19 Color † White Age { 82 Years. 7 Months 3 Days.

Name of Decased, Patrick Keane.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, male ~~Single,~~ Married,

Occupation, Wife of

Birth-place, " Widow of

Name of Father, Patrick Keane His Birth-place, * Ireland.

Maiden Name of Mother Mary Conway. Her Birth-place, * "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

Certifying Physician, J S Howard His Residence,

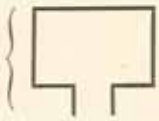
Place of burial, Catholic Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 80.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5.	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs, 7 Candles.	2	75	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $ 105. 75 Cr. 105.75

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RECORD AND BILL OF ITEMS

Yearly No. 259 — FOR THE FUNERAL OF — Total to date Oct 21 1912

Henry Macy

Date of Birth ____ 18__ — Color † White — Age 84 Years, ____ Months, ____ Days.

Date of Death, ____ 19__

Name of Deceased, Henry Macy.

Place of death, ____ Street, ____ Ward No. ____

Residence, Sailors Snug Harbor. — Sex, Male. Single, ____ Married, ____

Occupation, ____ Wife of ____

Birth-place, Nantucket — Widow of ____

Name of Father, Graham Macy — His Birth-place, * Nantucket

Maiden Name of Mother, Lucretia Clark. — Her Birth-place, * "

Cause of death, Primary, ____ Duration, ____

Cause of death, Secondary, ____ Duration, ____

Certifying Physician, ____ His Residence, ____

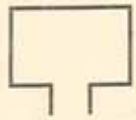
Place of burial, ____ Cemetery, Lot or Grave No. ____ Section No. ____

Funeral Services at ____

Time of Services, ____

Date of Interment, ____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ____ Made by ____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ____ Cemetery ____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $8.00 — Cr. $8.00

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RECORD AND BILL OF ITEMS

Yearly No. 260 FOR THE FUNERAL OF *Total to date*

John K Raymond

Date of Birth 19..

Date of Death, 19.. Color † White Age { 70 Years. Months Days.

Name of Deceased, John R Raymond.

Place of death, Nantucket Street, Ward No.

Residence, " Sex, Male ~~Single,~~ Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, William Raymond His Birth-place, * Nantucket

Maiden Name of Mother } Mary James Her Birth-place, *

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

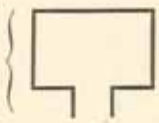
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark *this* Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	40.	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,	1	60	Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $64. 50 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. 261 FOR THE FUNERAL OF Total to date

Stillborn child J. Herbert Bennett.

Date of Birth 19 Color † Age { Years. Months Days.

Date of Death, 19

Name of Deceased,

Place of death, Street, Ward No.

Residence, Sex, Male Single, Married,

Occupation, Wife of

Birth-place, Widow of

Name of Father, His Birth-place, *

Maiden Name of Mother } Ethel Bunce Her Birth-place, * Cambridge

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

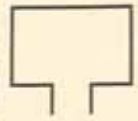
Place of burial, Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡

Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,	$ 4.	50	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr.								Cr.	

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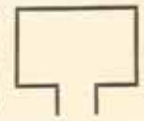
RECORD AND BILL OF ITEMS

Yearly No. 262 — FOR THE FUNERAL OF — Total to date Dec 9 1912

George P. Warren

Date of Birth ..... 19..
Date of Death, ... 19..
Color † White Age { ..... Years. ..... Months ..... Days.

Name of Deceased, George P. Warren.
Place of death, ... Street, ... Ward No. .....
Residence, Detroit. Sex, Male Single, ... Married, ...
Occupation, ... Wife of .....
Birth-place, Worcester. Widow of .....
Name of Father, Samuel Warren. His Birth-place, * Worcester Mass.
Maiden Name of Mother } ..... Her Birth-place, * .....
Cause of death, } Primary, ... Duration, ...
Cause of death, } Secondary, ... Duration, ...
Certifying Physician, E B Coleman. His Residence, ...
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....
Funeral Services at .....
Time of Services, ...
Date of Interment, ... 19..

Diagram of Burial Lot. 

Put in the Diagram one mark like this ‡ for every Grave in it. And mark this Burial with double dagger thus: ‡
Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services, 2 Trips to Stonest	16.	00			
Use of Chairs,			Goods ordered by		
Cemetery Fee, Use of Basket	3	00	Bill charged to		
Dr.	$28.00				Cr.

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RECORD AND BILL OF ITEMS

1912

Yearly No. 263

FOR THE FUNERAL OF

Total to date Dec 9 1912

Ann E. Chase.

Date of Birth ..... 19..

Date of Death, ... 19.. Color † ..... Age { 81 Years. ½ Months 9 Days.

Name of Deceased, Ann E. Chase

Place of death, Nantucket Street, ... Ward No. .....

Residence, " Sex, ... Single, ... Married, ...

Occupation, ... Wife of .....

Birth-place, " Widow of .....

Name of Father, Barzilla Macalander His Birth-place, * .....

Maiden Name of Mother } Eliza A. Ewer Her Birth-place, * Nantucket

Cause of death, } Primary, ... Duration, ...

Cause of death, } Secondary, ... Duration, ...

Certifying Physician, ... His Residence, ...

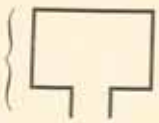
Place of burial, ... Cemetery, Lot or Grave No. ..... Section No. .....

Funeral Services at .....

Time of Services, ...

Date of Interment, ... 19..

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or ~~Coffin~~ Number,	30.	00	Flowers,		
Size, ... Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to ..... Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing, 76.	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		
Dr.	43.	00			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF *Total to date* Dec 11 1912

Ellen M Porter.

Date of Birth _____ 19__ Color † _____ Age { 50 Years. ____ Months. ____ Days.

Date of Death, _____ 19__

Name of Deceased, _____

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, Jon Porter His Birth-place, * Calcutta L[illegible]

Maiden Name of Mother } Christiana Merrill Her Birth-place, * Massachusetts

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

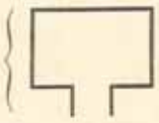
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 55	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8	00	Bill charged to		

Dr. $ 78. 00 Cr.

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RECORD AND BILL OF ITEMS

1912

Yearly No. _____ FOR THE FUNERAL OF Total to date Dec 19 1912

Elizabeth A. Gifford.

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 74 Years. 2 Months 14 Days.

Name of Deceased, _____

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

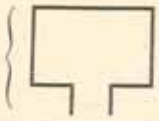
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services, From Bat	2	10			
Use of Chairs,			Goods ordered by		
Cemetery Fee,	8.	00	Bill charged to		
Dr.	$10.	10			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF *Total to date* Dec 24 1912

Judah E. Mckenzie

Date of Birth _____ 19__

Date of Death, Nantucket (Island Home) 19__ Color † _____ Age { 66 Years. 8 Months 13 Days.

Name of Deceased, Judah E Mckenzie

Place of death, Nantucket (I.H.) Street, _____ Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, " Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

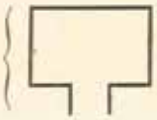
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or~~ Coffin Number,	17	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,	5	00	Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee,	2	00	Bill charged to		

Dr. 30.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF Total to date Dec 23 1912

Helen M. R.

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 78 Years. 5 Months 17 Days.

Name of Deceased, Helen M Belcher

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

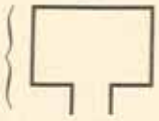
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark *this* Burial with double dagger thus: ‡ Designate size of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with			Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, Interment from trust.	8	00	Bill charged to		

Dr.								Cr.	

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF *Total to date* Dec 25 1912

Hannah B Sharp.

Date of Birth _____ 19__ Color † _____ Age { 81 Years. _____ Months _____ Days.

Date of Death, _____ 19__

Name of Deceased, _____

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

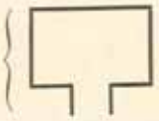
Certifying Physician, _____ His Residence, _____

Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__ Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	$ 65.	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,	5	00			
Door Pall,					
Services, To Bat	3	00			
Use of Chairs,	7	50	Goods ordered by		
Cemetery Fee,			Bill charged to		

Dr. Pd. 51 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF Total to date Dec 27 1912

Charles F. Folger

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 77 Years. 1 Months 8 Days.

Name of Deceased, Charles F. Folger

Place of death, Nantucket Street, _____ Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, " Widow of _____

Name of Father, Alfred Folger His Birth-place, * Nantucket.

Maiden Name of Mother } Lydia Burke. Her Birth-place, * New York.

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, J. S. Gouard. His Residence, _____

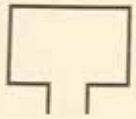
Place of burial, _____ Cemetery, Lot or Grave No. Phila Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. } ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡. Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	120.	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,	5	00			
Door Pall,					
Services,					
Use of Chairs,	1	50	Goods ordered by		
Cemetery Fee, To trat	8	00	Bill charged to		
Dr.	$189.	50			Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF Total to date Dec 27 1919

Frances E. Glidden.

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 48 Years. 2 Months 25 Days.

Name of Deceased, Frances E. Glidden

Place of death, Manchester Street, _____ Ward No. _____

Residence, " Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, Albany N.Y. Widow of _____

Name of Father, Patrick Dungan His Birth-place, * Ireland

Maiden Name of Mother } _____ Her Birth-place, * _____

Cause of death, } Primary, _____ Duration, _____

Cause of death, } Secondary, _____ Duration, _____

Certifying Physician, J. S. Leonard His Residence, _____

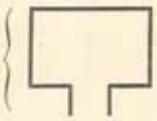
Place of burial, _____ Cemetery, Lot or Grave No. Albany N.Y. Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: ‡ Designate size of Monument thus: □

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket ~~or Coffin~~ Number,	75	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Hearse to Cemetery		
Plate,			Carriage for		
Outside Box,			" "		
Burial robe,			" "		
Preserving Body with	10	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving, Candles	2	00			
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, To Lot	8	00	Bill charged to		

Dr. $90.00 Cr.

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RECORD AND BILL OF ITEMS

Yearly No. _____ FOR THE FUNERAL OF Total to date Dec 30 1912

Annie E. Crowley

Date of Birth _____ 19__

Date of Death, _____ 19__ Color † _____ Age { 50 Years. 7 Months 26 Days.

Name of Deceased, Annie E. Crowley

Place of death, _____ Street, _____ Ward No. _____

Residence, _____ Sex, _____ Single, _____ Married, _____

Occupation, _____ Wife of _____

Birth-place, _____ Widow of _____

Name of Father, _____ His Birth-place, * _____

Maiden Name of Mother _____ Her Birth-place, * _____

Cause of death, Primary, _____ Duration, _____

Cause of death, Secondary, _____ Duration, _____

Certifying Physician, _____ His Residence, _____

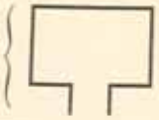
Place of burial, _____ Cemetery, Lot or Grave No. _____ Section No. _____

Funeral Services at _____

Time of Services, _____

Date of Interment, _____ 19__

Diagram of Burial Lot. ☞



Put in the Diagram one mark like this | for every Grave in it. And mark the Burial with double dagger thus: ‡ Designate site of Monument thus: ☐

† State whether *White* or *Black*. * Insert *Town* and *State*.

Casket or Coffin Number,			Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Hearse to _____ Cemetery _____		
Plate,			Carriage for		
Outside Box,	5	00	" "		
Burial robe,			" "		
Preserving Body with	10.	00	Carriages at Funeral,		
Washing and Dressing,			Death Notices in		
Shaving,					
Door Pall,					
Services,					
Use of Chairs,			Goods ordered by		
Cemetery Fee, To boat	8	00	Bill charged to		
Dr.	$18.	00			Cr.

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