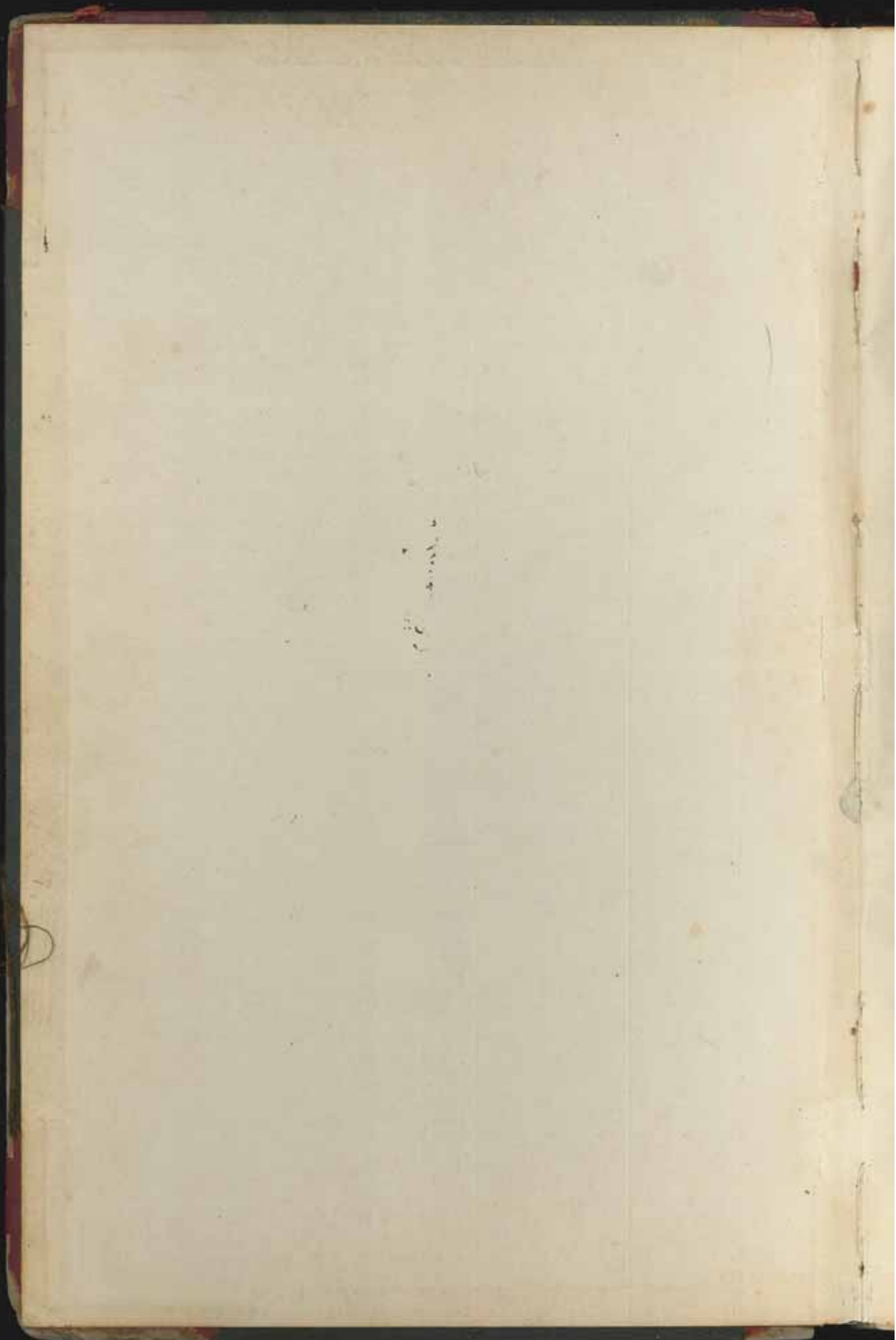


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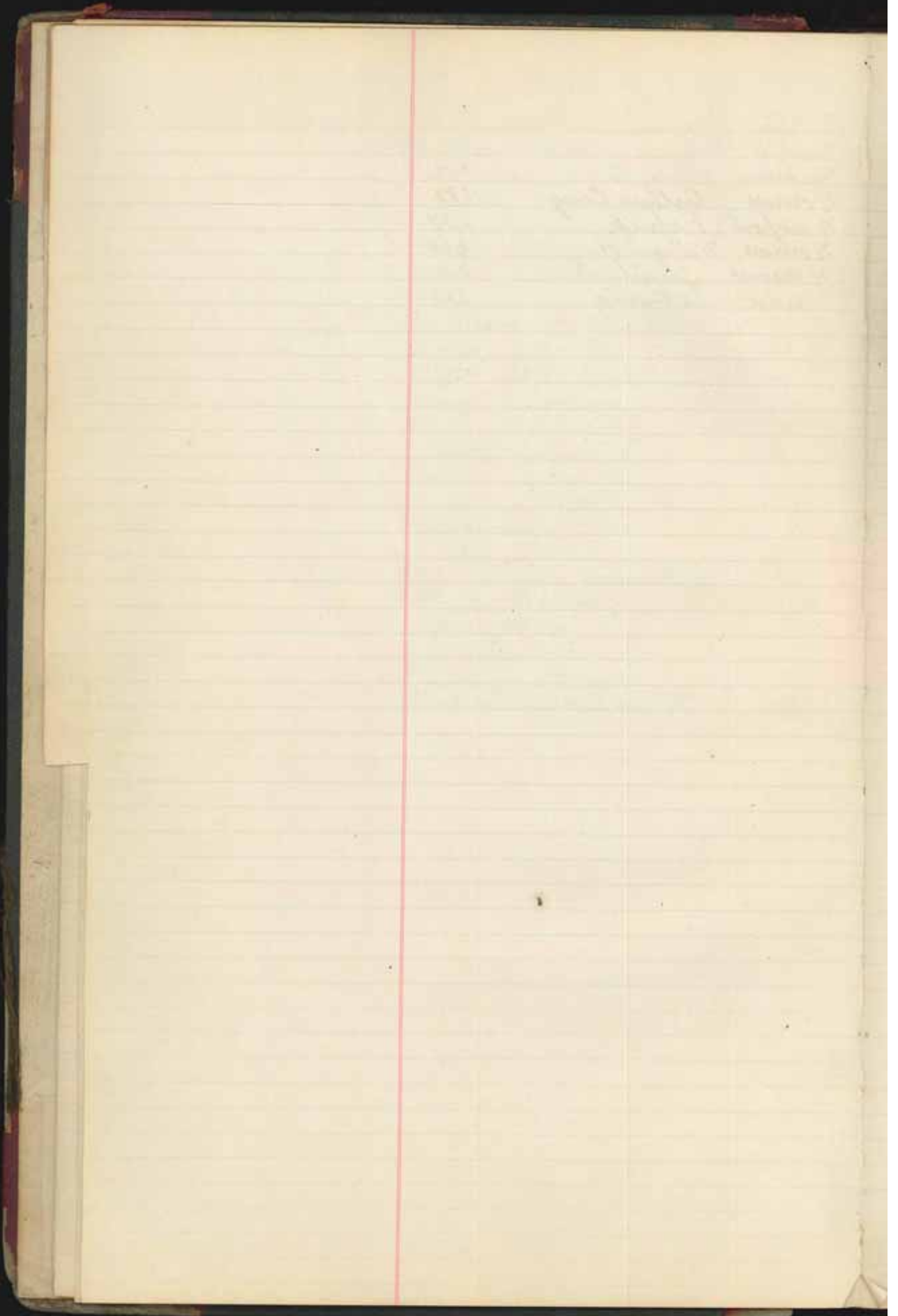
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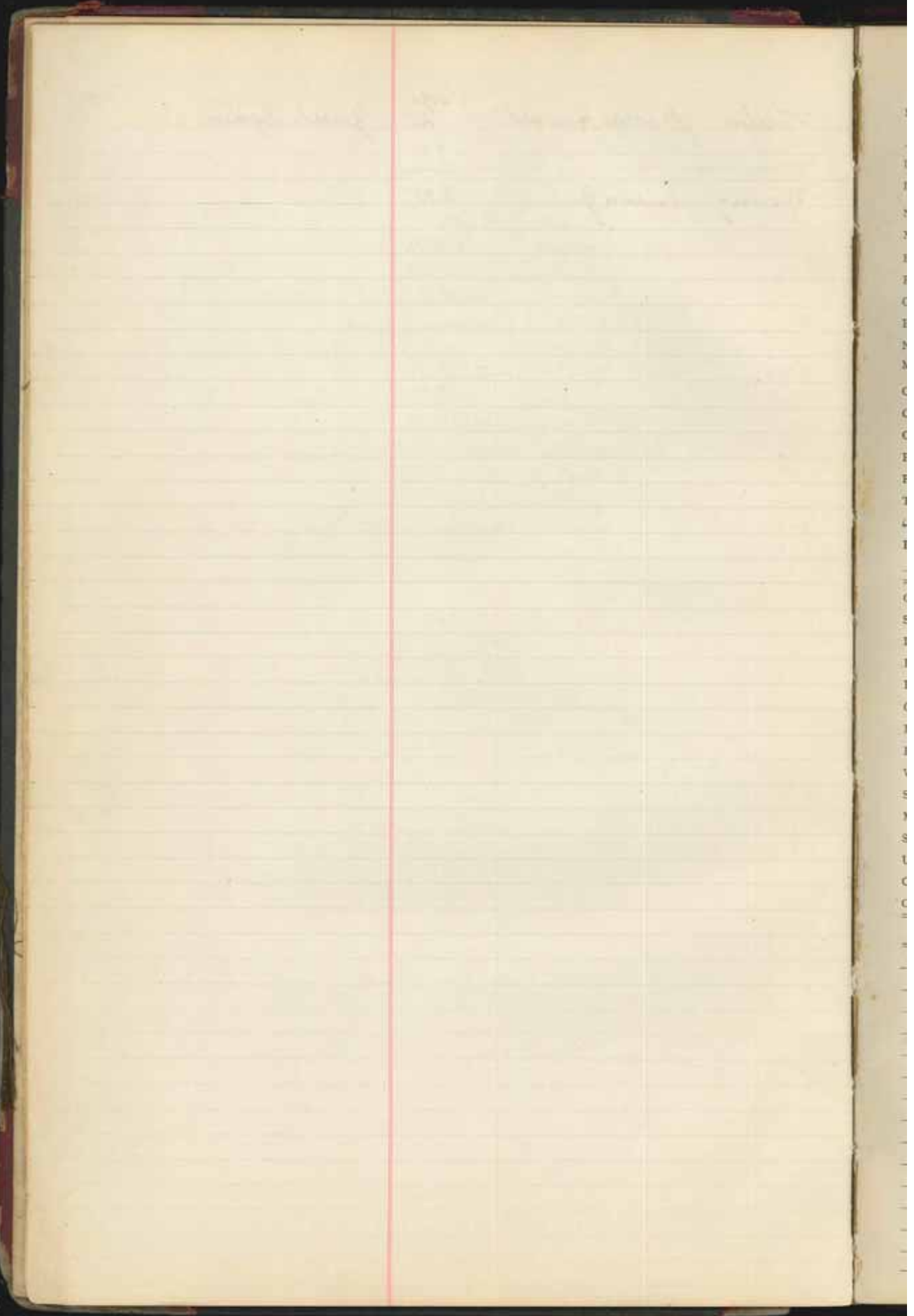
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RECORD AND BILL OF ITEMS

Yearly No 85 FOR THE FUNERAL OF Total to date 1

Susan P. Holmes

Date of Birth May 19 1867 Date of Death Nov 26 1921 Color White Age 54 Years 6 Months 7 Days

Name of Deceased Susan P. Holmes Maiden Name of Deceased

Place of Death Nant. Street 41 Orange Ward No. Residence Nant. Sex Single Married X Occupation At Home Wife of James A. Holmes Birth-place Nant. Widow of Name of Father Sylvanus M. May His Birth-place Nant. Maiden Name of Mother Avis F. May Her Birth-place Cause of death Primary Duration Certifying Physician Lewis His Residence Place of burial Prospect Hill Cemetery, Lot or Grave No. 390 Section No.

Funeral Services at Informant J. A. Holmes Diagram of Burial Lot Date of Interment 19

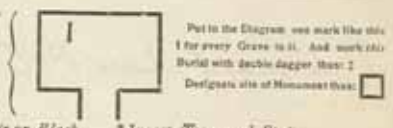


Table with columns for item description, amount, and total. Items include Casket or Coffin No. 390 (125.00), Outside Box (10.00), Preserving Body with Fluid (12.00), Washing and Dressing (5.00), Use of Chairs (2.00), Cemetery Fee, Interment (20.00), and Bill charged to James A. Holmes (174.00).

Summary table with columns for Debit (Ds.), Date, and Credit (Cr.). Total amount: 917.40. Date: Oct 4, 1922. Total credit: 174.00.

# RECORD AND BILL OF ITEMS

Yearly No. 86

FOR THE FUNERAL OF

Total to date 2

George Howard Winslow

Date of Birth, Dec. 29 1893  
(Month) (Day) (Year)

Date of Death, Nov. 28 1921 Color † White Age { 27 Years  
(Month) (Day) (Year) { 11 Months  
 Days.

Name of Deceased, George H. Winslow

Maiden Name of Deceased

Place of Death, Nantucket Street, 26 Liberty Ward No. \_\_\_\_\_

Residence, " Sex, Single,  Married,

Occupation, Accountant Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, George Winslow His Birth-place, \* Nantucket

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

Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

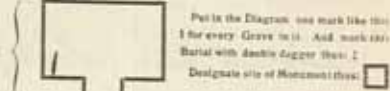
Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 395 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Type of Services, Informant: Edw. P. Tice

Diagram of Burial Lot {  }



Date of Interment, \_\_\_\_\_ 19 \_\_\_\_\_

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

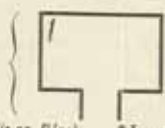
Casket or Coffin No. <u>160</u>	\$ <u>55.00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	10 00	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	12 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shasing <u>Removal to Rooms</u>	5 00	Death Notices in	
Music,			
Services,			
Use of Chairs,		Officiating Clergyman	
Church Charges <u>Truck</u>	2 00	Goods ordered by	
Cemetery Fee,	20 00	Bill charged to <u>Edw. P. Tice</u>	
<b>Da.</b>	<b>\$ 109.00</b>		

	Feb 7, 1922	\$ 109.00



RECORD AND BILL OF ITEMS

Yearly No. 27 FOR THE FUNERAL OF Mary Jane Thomas Total to date 71

Date of Birth, April 10 1857 (Month) (Day) (Year)  
 Date of Death, Dec. 3 1921 (Month) (Day) (Year) Color † White Age { 64 Years, 7 Months, 23 Days.  
 Name of Deceased, Mary J. Thomas  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 90 Orange Ward No. \_\_\_\_\_  
 Residence, 11 Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, X  
 Occupation, at home Wife of George E. Thomas  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, William H. Parson His Birth-place, \* Nant.  
 Maiden Name of Mother } Mary S. Hathaway Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Brouard His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 363 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, \_\_\_\_\_ 19 \_\_\_\_\_  
 Informant, Susie Cowden † State whether *White or Black*. \* Insert *Town and State*.  
 Diagram of Burial Lot. {  Per in the Diagram: one mark like this for every Grave in it. And mark the Burial with double dagger ††. Designate site of Monument thus:

Casket or Coffin No. <u>233</u>	<u>75.00</u>	Flowers,	
Size, _____	Made by _____	Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>10.00</u>	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with <u>Fluid</u>	<u>12.00</u>	" " _____	
Washing and Dressing	<u>5.00</u>	Carriages at Funeral	
Shaving,		Death Notices in _____	
Music,			
Services,			
Use of Chairs,		Officiating Clergyman _____	
Church Charges		Goods ordered by _____	
Cemetery Fee,	<u>20.00</u>	Bill charged to <u>Mrs Susie Cowden</u> <u>9.22.00</u>	
Dr. _____	<u>41.22.00</u>		Cr.

Dr.		<u>Dec. 20, 1921.</u>		<u>41.22.00</u>	Cr.



RECORD AND BILL OF ITEMS

Yearly No. 88. FOR THE FUNERAL OF Total to date 5.

Elizabeth M. Folger

Date of Birth, May 13, 1920. Date of Death, Dec 7, 1921. Color White Age 6 1/2 Years, 6 Months, 24 Days.

Name of Deceased, Elizabeth M. Folger. Maiden Name of Deceased. Place of Death, Nantucket. Street, 15 Milk. Ward No. Residence, " Sex, Single. Married. Occupation, At Home. Wife of. Birth-place, Nantucket. Widow of. Name of Father, Arthur Folger. His Birth-place, Nantucket. Maiden Name of Mother, Sarah J. Coffin. Her Birth-place, " Cause of death, Primary. Duration. Cause of death, Secondary. Duration. Certifying Physician, Howard. His Residence. Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 494. Section No.

Funeral Services at. Time of Services. Diagram of Burial Lot. Part to the Diagram. Date of Interment, 1922. Informant, Harriett M. Pease.

Table listing items and costs: Casket or Coffin No. 2852 \$125.00; Outside Box Pine 10.00; Preserving Body with Fluid 12.00; Washing and Dressing 5.00; Services Removal to sea beach 5.00; Use of Chairs 2 1/2 day 2.00; Cemetery Fee 20.00. Total: \$179.00. Bill charged to Wm. H. Smith adm.

Table with columns for Date, Amount, and Remarks. Entry: Jan 2, 1922, \$179.00.

# RECORD AND BILL OF ITEMS

Yearly No 90 FOR THE FUNERAL OF Alfred Starbuck Total to date 6

Date of Birth, Jan 29 1895  
 Date of Death, Dec 13 1921 Color White Age  $\left. \begin{array}{l} 23 \text{ Years} \\ 10 \text{ Months} \\ 15 \text{ Days} \end{array} \right\}$   
 Name of Deceased, Alfred Starbuck  
 Maiden Name of Deceased  
 Place of Death, Nant. Street, Summit Lane Ward No.  
 Residence, " Sex, Single Married, Married  
 Occupation, Farmer Wife of Elizabeth M. Starbuck  
 Birth-place, Nant. Widow of  
 Name of Father, William Starbuck His Birth-place, Nant.  
 Maiden Name of Mother, Sarah M. Allen Her Birth-place, "  
 Cause of death,  $\left. \begin{array}{l} \text{Primary} \\ \text{Secondary} \end{array} \right\}$  Duration,  
 Certifying Physician, Ground His Residence,  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 88 Section No.  
 Funeral Services at  
 Time of Services,  
 Date of Interment, 1921 Elizabeth M. Starbuck  
 Diagram of Burial Lot:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>200</u>	\$ <u>85.00</u>	Flowers	
Size <u>Made by</u>		Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse to <u>Cemetery</u>	
Outside Box <u>Pine</u>	\$ <u>10.00</u>	Carriages for	
Burial-robe <u>Collon + tie</u>	\$ <u>5.00</u>	" "	
Preserving Body with <u>Fluid</u>	\$ <u>12.00</u>	" "	
Washing and Dressing	\$ <u>5.00</u>	Carriages at Funeral	
Shaving		Death Notices in	
Music			
Services <u>3 Trips to Home @ 3.00</u>	\$ <u>9.00</u>	Officiating Clergyman	
Use of Chairs		Goods ordered by	
Church Charges		Bill charged to <u>Elizabeth M. Starbuck</u>	\$ <u>3146.50</u>
Cemetery Fee	\$ <u>20.00</u>		
<b>Dr.</b>	<b>\$<u>141.50</u></b>		<b>Cr.</b>

	<u>Jan 6 1922</u>	<u>\$141.50</u>

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# RECORD AND BILL OF ITEMS

Yearly No. 91

FOR THE FUNERAL OF

Total to date 7

Elizabeth G. Ramsdell

Years  
Months  
Days

Date of Birth, Oct 30 1922  
 Date of Death, Dec 31 1922 Color † \_\_\_\_\_ Age { 43 Years  
 { 2 Months  
 { 6 Days

Name of Deceased, Elizabeth G. Ramsdell

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 27 North Centre Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Edgar Ramsdell

Name of Father, Ernest Sylvester His Birth-place, \* St. George, Western Isle

Maiden Name of Mother } Ellen C. Byrnes Her Birth-place, \* Nant.

Cause of death, } Primary \_\_\_\_\_ Duration \_\_\_\_\_

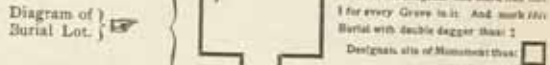
Cause of death, } Secondary \_\_\_\_\_ Duration \_\_\_\_\_

Certifying Physician, F. Polgu His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, \_\_\_\_\_ 19\_\_\_\_ Informant Ferdinand Sylvester † State whether *White or Black*. \* Insert Town and State.

Casket or Coffin No. <u>2485 H. Div.</u>	\$95.00	
Size, _____ Made by _____		Flowers, _____
Lining, _____		Candles, _____
Handles, _____		Gloves, _____
Plate, _____		Pall Bearers or Porter _____
Outside Box, <u>Pine</u>	10.00	Hearse to _____ Cemetery _____
Burial robe, _____		Carriages for _____
Preserving Body with <u>Fluid</u>	12.00	" " _____
Washing and Dressing _____	5.00	" " _____
Shaving, _____		Carriages at Funeral _____
Music, _____		Death Notices in _____
Services, _____		Officiating Clergyman _____
Use of Chairs, _____		Goods ordered by _____
Church Charges _____		Bill charged to <u>Ellen G. Ramsdell</u>
Cemetery Fee, _____	20.00	\$132.00
<b>Dr.</b>	<b>4132.00</b>	C.R.

				Jan 12 1923	Cash	DeWitt	40.00		
				Feb 2			22.00		
				June 6			10.00		
				Oct. 2			15.00		
							87.00		
					Balance Due		45.00		
				Jan 29 1923	Cash		20.00		
				Feb 27	"	Cash	25.00		
							60.00		

## RECORD AND BILL OF ITEMS

Yearly No. 1 FOR THE FUNERAL OF Maria S. Thurston Total to date 8.

Date of Birth, Sept. 13 1856  
(Month) (Day) (Year)  
 Date of Death, Jan. 9 1922  
(Month) (Day) (Year)  
 Name of Deceased, Maria S. Thurston  
 Maiden Name of Deceased, \_\_\_\_\_  
 Age { 65 Years  
3 Months  
29 Days

Place of Death, Wants Street, 24 Mill Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Wants Widow of Richard S. Thurston  
 Name of Father, Benjamin F. Ray His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother ) Anna Patten Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Roberts His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 11 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, \_\_\_\_\_ 19\_\_\_\_  
Informant Alice Thurston  
 Diagram of Burial Lot: Part in the Diagram, use mark like this for every Grave in it. Add mark like Burial with double support then:  Designate size of Burial lot then:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>160</u>	<u>45.00</u>	Flowers, _____
Size, <u>Made by</u>		Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Pall Bearers or Porter, _____
Plate, _____		Hearse to _____ Cemetery
Outside Box, <u>Price</u>	<u>10.00</u>	Carriages for, _____
Burial robe, _____		" " _____
Preserving Body with <u>Fluid</u>	<u>12.00</u>	" " _____
Washing and Dressing	<u>5.00</u>	Carriages at Funeral, _____
Shaving, _____		Death Notices in, _____
Music, _____		Officiating Clergyman, _____
Services, _____		Goods ordered by, _____
Use of Chairs, _____	<u>1.00</u>	Bill charged to <u>Alice Thurston</u>
Church Charges, _____		<u>40.00</u>
Cemetery Fee, _____	<u>20.00</u>	
Da. <u>1103.00</u>		Ca. _____

				<u>Feb 18, 1922</u>	<u>1103.00</u>

# RECORD AND BILL OF ITEMS

Yearly No 2

FOR THE FUNERAL OF

Total to date 2

Lulu M. Cathcart

Year  
Month  
Days

Date of Birth, Aug 10 1864  
 Date of Death, Sept 3 1922 Color f Age 57 Years  
6 Months  
 Days

Name of Deceased, Lulu M. Cathcart

Maiden Name of Deceased

Place of Death, Wanderlust Street, Island Home Ward No.

Residence, Sex, Single Married,

Occupation, At Home Wife of

Birth-place, Woodstock N.B. Widow of Charles B. Cathcart

Name of Father, John J. Tompkins His Birth-place, \* Woodstock N.B.

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

Cause of death, } Primary, Duration, 35

Cause of death, } Secondary, Duration, 22

Certifying Physician, His Residence, 16

Place of burial, Cemetery, Lot or Grave No. 57 Section No.

Funeral Services at

Time of Services,

Date of Interment, 19

Informant Wallace Tompkins

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



Casket or Coffin No. <u>39</u>	<u>\$30 00</u>	Flowers	
Size, <u>Made by</u>		Candles	
Lining		Gloves	
Handles		Pail Bearers or Porter	
Plate		Hearse to <u>Cemetery</u>	
Outside Box, <u>Pine</u>	<u>10 00</u>	Carriages for	
Burial robe		" "	
Preserving Body with		" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving		Death Notices in	
Music			
Services, <u>Removal to Rooms</u>	<u>5 00</u>	Officiating Clergyman	
Use of Chairs		Goods ordered by	
Church Charges		Bill charged to <u>Harry A. Foley</u>	<u>7 00</u>
Cemetery Fee, <u>20 00</u>			

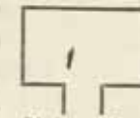
Dr. \$70.00 Cr.

Feb 13 1922 \$70.00

# RECORD AND BILL OF ITEMS

Yearly No 3 FOR THE FUNERAL OF Anna S. Harris Total to date 10.

Date of Birth, Aug 7 1853 (Year) Color † Age { 68. Years, 6 Month, 8. Days  
 Date of Death, Feb 15 1922 (Year) (Month) (Day) Maiden Name of Deceased, Anna S. Harris  
 Name of Deceased, Anna S. Harris  
 Maiden Name of Deceased  
 Place of Death, Fair Haven Street, 253 North Green Ward No.  
 Residence, Went. Sex, Widowed Single, Married  
 Occupation, at Home. Wife of  
 Birth-place, Went. Widow of George C. Harris.  
 Name of Father, Charles E. Pitman His Birth-place, Went.  
 Maiden Name of Mother, Phoebe Swain 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. 45 Section No.  
 Funeral Services at  
 Time of Services,

Date of Interment, 19  
Informant, Elliott B. Harris,  
 Diagram of Burial Lot,  Put in the Diagram - one mark like this 1 for every Grave lot. Add marks like this Burial with double depth than 1. Designate site of Mausoleum thus   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.		Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to <u>Cemetery</u>	
Outside Box,		Carriages for	
Burial robe,		" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>Removal from Boat</u>	<u>\$5 00</u>	Officiating Clergyman	
Use of Chairs,	<u>2 00</u>	Goods ordered by	
Church Charges		Bill charged to <u>Elliott B. Harris</u>	<u>\$27 00</u>
Cemetery Fee,	<u>20 00</u>		
<b>Ds.</b>	<b><u>\$27 00</u></b>		<b><u>Cr.</u></b>

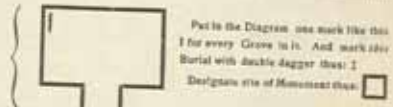
Date	Amount	Particulars	Balance
<u>Feb 25</u>	<u>1922</u>	<u>\$27 00</u>	<u>\$27 00</u>

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# RECORD AND BILL OF ITEMS

Yearly No. 4 FOR THE FUNERAL OF Eldora de Barnes Total to date 11

Date of Birth, Feb 17 1922  
 Date of Death, Feb 19 1923 Color † \_\_\_\_\_ Age { 33 Years, 11 Months, 2 Days.  
 Name of Deceased, Eldora de Barnes  
 Maiden Name of Deceased, Fisher  
 Place of Death, Nantucket Street, Nant Cottage Hospital Ward No. \_\_\_\_\_  
 Residence, 36 Pine St. Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married, Married  
 Occupation, At Home Wife of Warren Barnes  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Henry de Fisher His Birth-place, \* Nantucket  
 Maiden Name of Mother } Margaret M. Propper Her Birth-place, \* Ireland  
 Cause of death, } Primary \_\_\_\_\_ Duration \_\_\_\_\_  
 Cause of death, } Secondary \_\_\_\_\_ Duration \_\_\_\_\_  
 Certifying Physician, Roberts His Residence \_\_\_\_\_  
 Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 653 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, \_\_\_\_\_ 19 \_\_\_\_\_  
 Informant, Warren Barnes † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>164</u>	<u>585 00</u>	Flowers	
Size, <u>Made by</u>		Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>10 00</u>	Carriages for _____	
Burial robe		" " _____	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" " _____	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving		Death Notices in _____	
Music		Officiating Clergyman _____	
Services, <u>Removal from Hospital</u>	<u>5 00</u>	Goods ordered by _____	
Use of Chairs		Bill charged to <u>Warren Barnes</u>	<u>6139 00</u>
Church Charges <u>Trunk</u>	<u>2 00</u>		
Cemetery Fee	<u>20 00</u>		
<b>Ds.</b>	<b>8139.00</b>		

		Cb.
	<u>Feb 15 1923</u>	<u>105 00</u>
	<u>May 19 "</u>	<u>39 00</u>
		<u>139 00</u>

RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 12.

*Annie Maria Parker*

Date of Birth, *July 22, 1855* (Month) (Day) (Year)  
Date of Death, *Feb 17, 1922* (Month) (Day) (Year) Color †  
Name of Deceased, *Annie M. Parker* Age { *67* Years  
*6* Months  
*25* Days

Maiden Name of Deceased  
Place of Death, *Malden* Street, *21 Essex,* Ward No.

Residence, *at home,* Sex, *Single,* Married, *Married.*

Occupation, *at home,* Wife of, *Charles W. Parker.*

Birth-place, *Rhinebeck N.Y.* Widow of


Name of Father, *Ruben Hobbs,* His Birth-place, *Rhinebeck N.Y.*

Maiden Name of Mother, *Lelia M. Thompson,* Her Birth-place, *N.Y.*

Cause of death, } Primary, Duration,  
Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, Cemetery, Lot or Grave No. *274.* Section No.

Funeral Services at, 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: □

Time of Services, Date of Interment, *19*  
Informant, *Ruben Parker,* † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.		Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box,		Carriages for <i>Laurence Ayer</i>	
Burial robe,		"   " <i>from boat.</i>	<i>2.00</i>
Preserving Body with,		"   "   "   "	
Washing and Dressing		Carriages at Funeral <i>Ayer 2</i>	<i>8.</i>
Shaving,		Death Notices in	
Music,			
Services, <i>Removal from Boat</i>	<i>5.00</i>	Officiating Clergyman	
Use of Chairs,		Goods ordered by	<i>25.00</i>
Church Charges		Bill charged to <i>Chas W. Parker</i>	<i>35.00</i>
Cemetery Fee,	<i>20.00</i>		
Dr.	<i>82.500</i>		

		<i>April 5 1922</i>	
			<i>82.500</i>



# RECORD AND BILL OF ITEMS

Yearly No. 6 FOR THE FUNERAL OF Caroline Parker Hills Total to date 13

Date of Birth, Mch 16 1924  
 Date of Death, Mch 3 1922 Color † \_\_\_\_\_ Age { 97 Years.  
 { 11 Months.  
 { 13 Days.

Name of Deceased, Caroline P. Hills  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Madaguet Ward No. \_\_\_\_\_

Residence, At Home Sex, Single Widowed Married, \_\_\_\_\_

Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_

Birth-place, Hamilton Ontario Canada Widow of Isaac Hills

Name of Father, John G. Parker His Birth-place, Winchester N.H.

Maiden Name of Mother } Jane G. Turpin Her Birth-place, Frenchburg Ireland

Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_

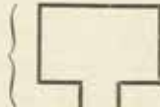
Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Lewis His Residence, \_\_\_\_\_

Place of burial, Rochester N.Y. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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:

Date of Interment, \_\_\_\_\_ 1922

Informant Isaac Hills † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>125</u>	<u>45 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>10 00</u>	Carriages for	
Burial robe,	<u>5 00</u>	" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removal to Town</u>	<u>10 00</u>		
Services, <u>" Boat</u>	<u>5 00</u>		
Use of Chairs, <u>Transportation Boat</u>	<u>5 00</u>	Officiating Clergyman	
Church Charges		Goods ordered by	
Cemetery Fee,		Bill charged to <u>Isaac Hills</u>	<u>23 00</u>

Ds. 293.50 Ca. \_\_\_\_\_

		<u>Mch 4, 1922</u>	<u>93 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 5 FOR THE FUNERAL OF Annice Brown Parker Total to date 13

Date of birth July 3, 1873 Date of death July 18, 1922 Age 49 Years 5 Months 15 Days 15

Name of Deceased Annice M. Parker Maiden Name of Deceased Walden

Place of birth Walden State of Deceased Ill. Residence Walden City Walden State Ill.

Occupation At Home Sex Female Marital Status Married

Birthplace Walden, Ill. Place of residence Walden, Ill.

State of Father Ill. State of Mother Ill. Birthplace of Father Walden, Ill. Birthplace of Mother Walden, Ill.

Cause of death Stroke Duration 10 days

Physician Dr. J. H. ... Duration 10 days

Time of death 10:00 AM Duration 10 days

Funeral Services at Walden Duration 10 days

Time of Burial 10:00 AM Duration 10 days

Date of Burial July 18, 1922 Place of Burial Walden, Ill.

Casket or Coffin No. 18 Price \$125.00

Funeral Home Walden Price \$125.00

Transportation Walden Price \$125.00

Interment Walden Price \$125.00

Flowers Walden Price \$125.00

Music Walden Price \$125.00

Food Walden Price \$125.00

Other Walden Price \$125.00

Total \$125.00

Date	Description	Amount	Total
July 18, 1922	Funeral Home	\$125.00	\$125.00
July 18, 1922	Transportation	\$125.00	\$250.00
July 18, 1922	Interment	\$125.00	\$375.00
July 18, 1922	Flowers	\$125.00	\$500.00
July 18, 1922	Music	\$125.00	\$625.00
July 18, 1922	Food	\$125.00	\$750.00
July 18, 1922	Other	\$125.00	\$875.00
July 18, 1922			\$875.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Cordelia Barbara Hill

Total to date 1.13

Yearly No. 0

Date of Birth March 5 1924      Color 1      Age 27      Years-  
 (Month)      (Day)      (Month)      (Day)

Name of Deceased Cordelia Barbara Hill

Maiden Name of Deceased \_\_\_\_\_

Place of Death Warrick      Street, Madison      Ward No. \_\_\_\_\_

Residence 11      Sex, Single      Married \_\_\_\_\_

Occupation At Home

Birth place Hamilton, Kentucky      Spouse, Willie

Name of Father John E. Barber      His Birthplace, Warwick, N. C.

Maiden Name of Mother Marie      Her Birthplace, Missouri

Cause of death Primary      Duration \_\_\_\_\_

Cause of death Secondary      Duration \_\_\_\_\_

Certifying Physician Dr. J. P. Barber      His Residence \_\_\_\_\_

Place of burial Rockwell, N. C.      Country, U.S.A.      Loc at Grave No. \_\_\_\_\_      Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Service \_\_\_\_\_

Date of Interment 19      Place \_\_\_\_\_      \* Insert Time and Date

Warrick, N. C.

Coach or Casket No. 138      Price 45.00

Linen \_\_\_\_\_      Made by \_\_\_\_\_

Handles \_\_\_\_\_

Platform \_\_\_\_\_

Outside Box None      Price 1.00

Burial robe \_\_\_\_\_      Price 5.00

Processing body with Formal      Price 12.00

Washing and Dressing \_\_\_\_\_      Price 5.00

Shaving \_\_\_\_\_

Music Personal to Family      Price 1.00

Services 4, 8 o'clock      Price 5.00

Use of Chair Personal to Family

Church Charges \_\_\_\_\_

Cemetery Fee \_\_\_\_\_

De. 893.50      Cr. \_\_\_\_\_

Balance 18.25      Cr. 18.25



Flowers \_\_\_\_\_

Candles \_\_\_\_\_

Green \_\_\_\_\_

Bill Receipts or Notes \_\_\_\_\_

Have to \_\_\_\_\_

Country \_\_\_\_\_

Carriages for \_\_\_\_\_

" " \_\_\_\_\_

" " \_\_\_\_\_

Carriages at Funeral \_\_\_\_\_

Death Notices in \_\_\_\_\_

Officializing Obituaries \_\_\_\_\_

Goods received by \_\_\_\_\_

Bill charged to Warrick      Price 14.16

Cr. 93.00

Pay to the Diagram and such items as a Free Grave is to. And such like. Being with bodies larger than 1. Programs are at Requested.

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Final to date 1-4

Party No. 7

Date of Birth 1-27

Date of Death 1-28

Name of Deceased Charles H. DeWitt

Residence of Deceased 1100 1/2 St. N. W. Wash. D. C.

Place of Death 1100 1/2 St. N. W. Wash. D. C.

Funeral Service at 1100 1/2 St. N. W. Wash. D. C.

Time of Service 10:00 A. M.

Place of Burial 1100 1/2 St. N. W. Wash. D. C.

Time of Burial 10:00 A. M.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Funeral Director 1100 1/2 St. N. W. Wash. D. C.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Funeral Director 1100 1/2 St. N. W. Wash. D. C.

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Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Funeral Director 1100 1/2 St. N. W. Wash. D. C.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Age 57 Years 5 Months 5 Days

Ward No.

Married, 21 years

Single, 1 year

Widow of 1 year

Divorced, 1 year

Never Married

His Residence

Quantity, Lot or Grave No. 711, Section 76

Diagram of Plot

1 Shows whether grave or block

\*Insert Times and Dates

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Funeral Director 1100 1/2 St. N. W. Wash. D. C.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

Funeral Director 1100 1/2 St. N. W. Wash. D. C.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

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Funeral Director 1100 1/2 St. N. W. Wash. D. C.

Funeral Home 1100 1/2 St. N. W. Wash. D. C.

# RECORD AND BILL OF ITEMS

Total to date 13.

Yearly No. 8  
 Name of Decedent James C. Water  
 Sex M Date of Birth 18 11 21 Years 70  
 Date of Death 18 11 21 Hours 10 Minutes 15 Months 0  
 (Day) (Hour) (Min) (Sec) Days  
 Name of Decedent's Occupation Journalist Color 1 Age 70  
 Maiden Name of Decedent Mad. B. Buff Ward No. Married, deceased

Place of Death Mad. B. Buff Street Clark & Madison Sex Male Married deceased  
 Residence Madison City Madison State Wis.  
 Occupation Journalist Widow of Clark & Madison  
 Birth-place Madison Widow of Clark & Madison  
 Name of Father James C. Water His Birth-place Madison  
 Maiden Name of Mother Madison Her Birth-place Madison  
 Cause of death Primary Duration Primary  
 Cause of death Secondary Duration Primary  
 Certifying Physician Preceptor Hill His Residence Madison

Place of burial Preceptor Hill Cemetery, Lot or Grave No. 424A Section No.  
 Funeral Services at Preceptor Hill Diagram of   
 Time of services March 7 Burial Lot 424A  
 Date of interment March 7 1923

† Mark whether Free or Paid. \* Insert Time and Date.

Casket or Coffin No.	Made by	Flowers	Card
Suit	Linoleum	Candles	Funeral Home
Handkerchiefs	Prayer Book	Gloves	Cemetery
Shirts	Outside Box	Full Hours of Porter	
Undershirts	Burial robes	Hearse in	
Proffing body with	Washing and Dousing	Carriage for	
Shaving	Mints	" "	
Services	Use of Chain	" "	
Church Charges	Cemetery Fee	Carriage at Funeral	
		Death Notices in	
		Officiating Clergyman	
		Goods ordered by	
		Bill charged to	Class 2. 2. 10. 10. 10. 10. 10. 10. 10. 10.

Date July 11 1923 Cx. 132

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 14

Yearly No. 9

Date of Birth Sept. 18 1891 18  
 Date of Death Dec 12 1918 19  
 Age 27 Years 11 Months 17 Days

Name of Deceased Miss Ann Lawrence  
 Maiden Name of Deceased Mrs. Anna Lawrence  
 Place of Birth Ward No. Street 22 Pearl  
 Residence Ward No. City Ward State Maine  
 Occupation Widow

Birthplace Ward, Maine  
 Name of Father John Lawrence His Birthplace Maine  
 Mother's Name Mary J. Miller Her Birthplace Maine  
 Cause of death Primary  
 Cause of death Secondary  
 Certifying Physician Edward Duration 7  
 Place of burial Ward His Residence Ward  
 Funeral services at Ward Cemetery, Loc. or Grave No. Section 2  
 Date of Services 19

Casket or Coffin No. 4834-58 Made by Ward  
 Label Ward  
 Headed Ward  
 Place Ward  
 Outside Bag Ward  
 Burial robe Ward  
 Preserving body with Ward  
 Washing and Dressing Ward  
 Manic. Ward  
 Shaves Ward  
 Eye of Chain Ward  
 Church Charges Ward  
 Cemetery Fee Ward

Tax Ward  
 Burial Ward  
 Music Ward  
 Flowers Ward  
 Coffin Ward  
 Casket Ward  
 Pall bears or Poet Ward  
 Hearse Ward  
 Carriage fee Ward  
 Carriage at Funeral Ward  
 Coach Section in Ward  
 Organizing Chapter Ward  
 Goods ordered by Ward  
 Bill charged to Ward


# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 17

Family No. 16

Date of Birth: Feb 7 1921  
 Date of Death: May 19 1933  
 Name of Deceased: Robert A. Macy  
 Maiden Name of Deceased: Robert A. Macy  
 Place of Death: New York  
 Residence: 117 East 71st St  
 Occupation: None  
 Birthplace: N. York  
 Name of Father: Lawrence H. Macy  
 Maiden Name of Mother: Maud E. Johnson  
 Cause of Death: Primary  
 Certifying Physician: Approved  
 Place of burial: Prophet Hill  
 Date of Intment: 19

Sex: Male      Single      Married  
 Status: Single      Ward No.  
 His Birthplace: New York  
 His Residence: New York  
 Country, Lot or Grave No.: 43      Section No.

Diagrams of Burial Lot:

State whether FFive or Wood       Insert Five and Six

Casket or Coffin No.	<u>19</u>	<u>19</u>
Site	<u>Made by</u>	
Lining		
Handles		
Plate	<u>None</u>	
Outside Box	<u>None</u>	
Burial robe		
Preserving Body with	<u>Formal</u>	
Washing and Dressing	<u>5.00</u>	
Shaving		
Masks		
Services		
Use of Chairs	<u>2.00</u>	
Church Charges		
Country Fee	<u>1.00</u>	
Dis.	<u>832.00</u>	

Pierces		
Candles		
Gloves		
Full Boxes or Pinner		
Hearse to		
Carriage for		
" "		
" "		
Carriage at Funeral		
Death Notices in		
Officiating Clergymen		
Goods ordered by		
Bill charged to	<u>First Term of 1933</u>	<u>32.00</u>
Dis.		

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total no. days 18

Name of Deceased *Catherine M. Conway*

Date of Birth	<i>April 3</i>	18	19	19	20	21	22	23	24	25	26	27	28	29	30	31	Year
Date of Death	<i>April 18</i>	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Year	1928
Age	<i>15</i>																Days

State of Deceased	<i>Massachusetts</i>	City	<i>Boston</i>
Street	<i>142 North Street</i>		
Place of Burial	<i>St. Ann's Church</i>		

Funeral Services at *St. Ann's Church* on *April 18, 1928* at *11:00 A.M.*

Name of Father *Charles M. Conway*      Name of Mother *Sarah M. Conway*

Place of Birth *Boston, Mass.*      Residence *Boston, Mass.*

Occupation *Student*      Profession *Student*

Age at Death *15*      Cause of Death *Scarlet Fever*

Funeral Services at *St. Ann's Church*      Interment at *St. Ann's Church*

Transportation *By Stage*      Burial *At St. Ann's Church*

Flowers *None*      Music *None*

Coffin *None*      Undertaker *None*

Physician *None*      Burial Society *None*

Other Items *None*

Funeral Home *None*      Embalmer *None*

Clergyman *None*      Death Notice *None*

Stationery *None*      Postage *None*

Telephone *None*      Printing *None*

Travel *None*      Laundry *None*

Carriage *None*      Hired Cars *None*

Other *None*

Grand Total *\$148.50*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*

PAID TO *St. Ann's Church*      PAID TO *St. Ann's Church*



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 13

Yearly No. 13

Name of Deceased: Mary Emma Pearce  
 Date of Birth: May 21, 1864  
 Date of Death: May 21, 1924  
 Years Months Days: 59 { 0 } { 00 }  
 Cause of Death: Old age  
 Place of Death: Washburn, Me.  
 Maiden Name: Mary Emma Pearce  
 Name of Father: Wm. George  
 Name of Mother: Elizabeth  
 Cause of Death: Primary  
 Certifying Physician: Resford  
 Place of Burial: Washburn, Me.  
 Name of Undertaker: Washburn  
 Name of Casket: Washburn  
 Name of Coffin: Washburn  
 Name of Casket: Washburn  
 Name of Coffin: Washburn

Date of Burial: May 23, 1924  
 Time of Burial: 10  
 Name of Casket: Washburn  
 Name of Coffin: Washburn  
 Name of Casket: Washburn  
 Name of Coffin: Washburn



Item	Quantity	Price
Flowers		
Candles		
Glens		
Full Sheets or Funder		
House in		
Carriages for		
Carriages at Funeral		
Death Notices in		
Officiating Clergyman		
Goods ordered by		
Bill charged to		

Item	Quantity	Price
Flowers		
Candles		
Glens		
Full Sheets or Funder		
House in		
Carriages for		
Carriages at Funeral		
Death Notices in		
Officiating Clergyman		
Goods ordered by		
Bill charged to		

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 2.0

Order No. 12

Chas. B. Bepko

Date of Birth 1881 Sex M Age 39 Years  
 Date of Death 1920 Day 26 Month 12 Year 1920 Color 1 Age 6 Months  
 Name of Decedent Chas. B. Bepko Days 16

Place of Birth Wentz Residence Wentz Street Grand Valley Telephone No. 100  
 Occupation Wentz Single Wentz Married Wentz

Religion Wentz Value of Wentz  
 Name of Father Wentz His Birthplace Wentz  
 Mother (Name) Wentz Her Birthplace Wentz

Cause of death Wentz Duration Wentz  
 Certifying Physician Wentz His Residence Wentz  
 Place of burial Wentz Cemetery, Lot or Grave No. Wentz Section Wentz

Funeral Services at Wentz  
 Time of Services Wentz  
 Date of Interment Wentz 19 Wentz  
 Place of Interment Wentz \*Insert address, street or block. \*Insert Time and Date.

Casket or Coffin No. Wentz Price Wentz  
 Lining Wentz Made by Wentz  
 Headboard Wentz  
 Pillar Wentz  
 Outside Box Wentz Price Wentz  
 Burial robe Wentz Price Wentz  
 Preserving body with Wentz Price Wentz  
 Washing and Dressing Wentz Price Wentz  
 Shaving Wentz Price Wentz  
 Make-up Wentz Price Wentz  
 Services Wentz Price Wentz  
 Use of Chain Wentz Price Wentz  
 Church Charges Wentz  
 Clergy Fee Wentz

Flowers	Price	Country	Remarks
Flowers			
Candles			
Glories			
Full hours or Porter			
Items to			
Carriages for			
Carriages at funeral			
Death notices in			
Obituary Charges			
Goods ordered by			
will charge to <u>Wentz</u>			
<b>TOTAL</b>	<b>1158.40</b>		

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 211

Yearly No. 14

Name of Deceased S. Michael Cooley  
 Date of Birth Dec 11 1923  
 Date of Death Dec 28 1952  
 Name of Interment St. Michael's Cemetery  
 Maiden Name of Deceased Edith Marie Chase  
 Place of Death Edith Chase  
 Residence St. Michael's  
 Occupation Retired  
 Birthplace Montreal  
 Name of Father Joseph Chase  
 Maiden Name of Mother Edith Chase  
 Cause of Death Pharynx  
 Cause of Death Secondary  
 Certifying Physician Prospect Hill  
 Place of Interment Prospect Hill  
 Funeral Services at Prospect Hill  
 Time of Service 10

Date of Interment Dec 28 1952  
 Casket or Coffin No. 1  
 Size 6' x 3' x 3'  
 Lining Blue  
 Handles None  
 Plugs None  
 Outside Box None  
 Burial ribbs None  
 Preserving Body with None  
 Washing and Dressing None  
 Shaving None  
 Makeup None  
 Services Funeral from Book  
 Use of Chairs 1  
 Church Charges 1  
 Cemetery Fee 2.50

Spouse Edith Chase  
 Sex Female  
 Single    
 Widowed    
 Her Birthplace London, England  
 Duration    
 Deception    
 His Residence    
 Cemetery, lot or Grave No. 691 Section No.

Diagrams of   Social Lot    
 † Name whether   if   or    
 \* Insert True and False

Flowers	
Candles	
Gloves	
Full Beavers or Fur	
Hoses to	
Carriages for	
Carriages at Funeral	
Death Notices in	
Officiating Clergyman	
Goods returned by	
Bill charged to <u>Howard C. Cooley</u>	<u>22.50</u>
<b>Total</b>	<b>265.50</b>

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in date 21.

Entry No. 15

Deceased: *Clarence B. Stagg Randall*

Date of Birth: *July 8, 1872*      Age: *29*      Years: *29*  
 Date of Death: *Sept 13, 1901*      Months: *8*      Days: *18*  
 Name: *Clarence B. Stagg Randall*

Place of Birth: *New England*

Residence: *Windsorlocke, Wall, N. Y.*

Occupation: *Editor*

Married: *Yes*

Wife of: *Elizabeth Stagg Randall*

Place of Death: *Windsorlocke, Wall, N. Y.*

Cause of Death: *Alimony*

Funeral Section at: *Parish St. Hill*

Time of Service: \_\_\_\_\_

Date of Statement: *1901*

Funeral Section at: *Parish St. Hill*

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

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Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Funeral Section at: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Item	Quantity	Unit Price	Total
Flowers			
Caskets			
Dresses			
Hill Sheets or Paper			
Hierse to			
Country			
Carriages for			
Carriages at Funeral			
Death Notices in			
Obtaining Certificates			
Goods ordered by			
Bill charged to <i>Clarence B. Stagg Randall</i>			
<b>Total</b>			<b>182.00</b>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 16

Total to date 23

Brooks, Emma Barker

Date of Birth: Nov 11 1876 Years 45  
 Date of Death: Aug 25 1921 Months 4 Days 14  
 Name of Deceased: Brooks, Emma Barker Color: W Age: 45

Place of Death: Wentworth Street: Wentworth Street Ward No. 1  
 Residence: St. Home Sex: English Married: Yes

Occupation: Wentworth Wife of Wentworth  
 Birthplace: Wentworth White of Wentworth

Name of Father: Brooks, Emma His Birthplace: Wentworth  
 Maiden Name of Mother: Brooks Her Birthplace: Wentworth

Cause of Death: Primary Duration:           
 Cause of Death: Secondary Duration:         

Certifying Physician:          His Residence:           
 Place of Burial: Prospect Hill Country, Lot or Grave No.: P-9 Section No.         

Funeral Services at           
 Time of Services:         

Date of Interment:          19 21  
Walter Oregon

Casket or Coffin No.          Size 55" x 34"  
 Lining          Made by         

Handles          Flats           
 Outside Box                    
 Build robe                  

Pressing Body with                    
 Washing and Treating                    
 Shaving                  

Makeup                    
 Berries                  

Use of Chains                    
 Church Charges                    
 Cemetery Fee                  

Date                             
                          

Flowers           
 Candles           
 Gloves           
 Pall Banners or Portie           
 Havers to          Cemetery           
 Carriages for           
 " " " " " "  
 " " " " " "  
 Carriages at Funeral           
 Death Station to         

Officialing Clergymen           
 Goods ordered by           
 Bill charged to Walter Oregon 112.00



State whether IF or Road. \* Insert Ties and Sides.

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$2.00

Yearly No. 17

*Christine Brown*

Date of Birth Dec 22 1881 1981 Year 97  
 Date of Death Dec 22 1981 Year 100  
 Sex Female Color White Age 97 Height 5 Eyes Blue  
 Name of Deceased Christine Brown

Place of Death Wichita, Kansas Street Wichita Ward No. 1  
 Burial Place Wichita Sex Female Single Yes Married No  
 Occupation Homemaker Will of None

State of Father Kansas His Birthplace Kansas  
 Maiden Name Christine Steele Her Birthplace Kansas  
 Cause of death Natural

Time of death Secondary Duration None  
 Certifying Physician Dr. J. H. ... His Residence Wichita, Kansas  
 Place of burial Wichita Cemetery, lot or Grave No. Section No.

Funeral services at Wichita  
 Time of services 10:00 AM  
 Date of interment Dec 22 1981  
 Undertaker or Coffin Mfg. Wichita Made by Wichita

Funeral home Wichita  
 Diagram of lot None  
 Burial lot None  
 I have selected other or other  None  
 I have done this and am the None  
 funeral home agent for None  
 Signature of administrator None

Item	Quantity	Price	Total
Funeral home	1	1.50	1.50
Transportation	1	1.50	1.50
Interment	1	1.50	1.50
Obituary	1	1.50	1.50
Flowers	1	1.50	1.50
Card of sympathy	1	1.50	1.50
Death notices	1	1.50	1.50
Obituary charges	1	1.50	1.50
Graves enclosed by	1	1.50	1.50
Bill charged to <u>Christine Brown</u>			1.50
<b>Total</b>			<b>12.00</b>



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Name of Deceased

Total in Am. \$

*Walter Williams*

Date of Birth \_\_\_\_\_ 1872  
 Date of Death \_\_\_\_\_ 1911  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Death \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Birth \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Interment \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
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 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
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Place of Residence \_\_\_\_\_  
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Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

Place of Residence \_\_\_\_\_  
 Name of Deceased \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 100

Total to date 37

Name of Deceased: David, Friedrich  
 Date of Birth: May 18 1854  
 Date of Death: May 19 1922  
 Cause of Death: Stroke  
 Place of Death: Wentworth  
 Residence: West 94th St.  
 Occupation: Wentworth  
 Birth-place: Wentworth  
 Name of Father: Carl Friedrich  
 Maiden Name of Mother: Christine  
 Cause of death: Primary  
 Certifying Physician: Sheward  
 Place of burial: Wentworth Hill  
 Funeral Services at: \_\_\_\_\_  
 Time of Services: \_\_\_\_\_  
 Date of Interment: May 20 1922

Spouse: Wentworth  
 Name of Spouse: Charles R. Friedrich  
 Birth-place: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 His Residence: \_\_\_\_\_  
 Cemetery: Wentworth Hill  
 Diagram of Coffin:   
 State whether:  White or  Black. \* Insert Ties and Sash.

Casket or Coffin No.	<u>2412</u>	Price	<u>\$175.00</u>
Linings			
Handles			
Flats			
Outside Box	<u>Paris</u>		<u>1.00</u>
Burial robe			<u>15.00</u>
Preserving body with	<u>Formal</u>		<u>12.00</u>
Washing and Dressing			<u>6.00</u>
Bathing			
Makeup	<u>Removal from Hospital</u>		<u>5.00</u>
Services	<u>At Home</u>		<u>5.00</u>
Use of Chair	<u>32.00</u>		<u>2.00</u>
Church Charges			
Cemetery Fee			<u>2.00</u>
<b>Total</b>			<b>\$249.00</b>

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Final to date 28

Family No. 21

Funeral Home, Inc.

Date of Birth: 1880, Date of Death: 1944, Name of Decedent: Mrs. M. J. ...

Place of Birth: ... Residence: ...

Name of Pastor: ...

Place of Burial: ...

Date of Interment: ...

Casket or Coffin No.: ...

Flowers, Caskets, etc. ...

Other items ...

Obituary charges ...

Goods ordered by ...

Bill charged to ...

...

...

...

...

...

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 2.9

Entry No. 22

Walter J. McLeod

Date of Birth: July 6, 1872  
 Date of Death: July 19, 1922  
 Name of Deceased: Walter J. McLeod

Maiden Name of Deceased:   
 Place of Death: Nantucket  
 Residence: Nantucket

Occupation: Merchant  
 Birth-place: Nantucket

Name of Father: William McLeod  
 Name of Mother: Emily B. Cady

Place of burial: Prospect Hill  
 Cause of death: Primary

Cause of death: Secondary  
 Certifying Physician: Dr. J. W. ...

Funeral Services at:   
 Time of Services:   
 Date of Insurance: April 8, 1922

Casket or Coffin No. 2225  
 Size: 48x70  
 Lining:   
 Handles:   
 Plate:   
 Outside Box: Paris  
 Burial robe:   
 Preserving Body with: Fluid  
 Washing and Dressing:   
 Shaving:   
 Music:   
 Services:   
 Use of Chairs:   
 Church Charges:   
 Cemetery Fee:   
 Total: 2.9

Diagram of Burial Lot:   
 State whether White or Black   
 Inset Tray and Slab:   
 Flowers:   
 Candles:   
 Gloves:   
 Pill Boxes or Potter:   
 Hoses to:   
 Carriages for:   
 Carriages at Funeral:   
 Death Notices in:   
 Officiating Clergyman:   
 Goods ordered by:   
 Bill charged to: Mrs. M. J. ...

Funeral Services at	
Time of Services	
Date of Insurance	April 8, 1922
Casket or Coffin No.	2225
Size	48x70
Lining	
Handles	
Plate	
Outside Box	Paris
Burial robe	
Preserving Body with	Fluid
Washing and Dressing	
Shaving	
Music	
Services	
Use of Chairs	
Church Charges	
Cemetery Fee	
Total	2.9

Date	July 19, 1922
Amount	2.90
Balance	0.00

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in date, \$16.00

Party No. 23

Name *Miss M. M. M.*

Date of Birth \_\_\_\_\_ Sex *Female* Age *75* Years  
Date of Death *April 19 1924* Color *Fair* Height *5' 10"*  
Name of Decedent *Miss M. M. M.* Days \_\_\_\_\_

Married Name of Decedent \_\_\_\_\_

Place of Death *Wheatfield* Street *Wheatfield* Ward No. \_\_\_\_\_

Residence *Wheatfield* No. \_\_\_\_\_

Occupation *Wife of William M. M.* Meticled, *Wheatfield*

Birthplace *Wheatfield* Place of Birth *Wheatfield*

Name of Father *William M. M.* His Birthplace *Wheatfield*

Maternal Name of Mother *W. M. M.* Her Birthplace *W.*

Cause of death *Primary* Duration \_\_\_\_\_

Certifying Physician *Wheatfield* Dispense \_\_\_\_\_

Place of burial *Wheatfield* Burial Ground *Wheatfield* Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services \_\_\_\_\_

Date of Inquest \_\_\_\_\_

Order or Coffin No. \_\_\_\_\_

Shroud \_\_\_\_\_ Made by \_\_\_\_\_

Headlin \_\_\_\_\_

Prints \_\_\_\_\_

Outside Box *None* Price *0.00*

Preserving Body with *Formal* Price *12.00*

Washing and Dressing *Formal* Price *5.00*

Dressing \_\_\_\_\_

Make *Brownell* Price *5.00*

Berries *White* Price *5.00*

Use of Chalk \_\_\_\_\_

Church Charges \_\_\_\_\_

Cemetery Fee \_\_\_\_\_

Date *April 28 1924*

Bill charged to *James S. S. S.*

Total *16.00*

Obituary Charges \_\_\_\_\_

Goods ordered by \_\_\_\_\_

Bill charged to \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

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# RECORD AND BILL OF FUNERALS

FOR THE FUNERAL OF

Taken in date 1922

Yearly No. 22

Day of Week

Date of Birth April 23 1874      Sex M      Color F      Age 48      Years 21  
 Date of Death April 24 1922      Sex M      Color F      Age 48      Years 21  
 Name of Decedent George V. Rice      Sex M      Color F      Age 48      Years 21

Maternal Name of Decedent

Place of Birth Windsorlockt      State Mass.      Ward No. \_\_\_\_\_

Residence 110 1/2 Liberty      Sex Widow      Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation at home      Wife of William H. Rice

Birthplace Windsorlockt      His Birthplace Windsorlockt

Name of Father George Rice      Her Birthplace \_\_\_\_\_

Maternal Name Miss Rice      Duration \_\_\_\_\_

Course of death Primary      The Residence \_\_\_\_\_

Cause of death Secondary      Cemetery, Lot or Grave No. 422      Section No. \_\_\_\_\_

Qualifying Physician William      Place of burial Windsorlockt       Burial in Public Grave and  Burial in Private Grave

Funeral Services at \_\_\_\_\_      Time of Services \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Date of Interment \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Casket or Coffin No. 122      Made by \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Shroud \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Label \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Handlin \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Price \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Outside box Flax       Burial in Public Grave and  Burial in Private Grave

Price \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Preserving body with Chloro       Burial in Public Grave and  Burial in Private Grave

Washing and Dressing \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Shaving \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Hair \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Services \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Use of Chair \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

Church Charges Windsorlockt       Burial in Public Grave and  Burial in Private Grave

Cemetery Fee Windsorlockt       Burial in Public Grave and  Burial in Private Grave

Date 3/1/22       Burial in Public Grave and  Burial in Private Grave

Dr. \_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

\_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

\_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

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\_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

\_\_\_\_\_       Burial in Public Grave and  Burial in Private Grave

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$1

Yearly No. 36

Name of Deceased: Charles C. Tabor

Date of Birth: Feb 22 1827 (Day) (Month) (Year)      Age: 3 Years, 3 Months, 11 Days

Date of Death: Aug 3 1912 (Day) (Month) (Year)

Place of Death: Charles C. Tabor

Married Name of Deceased: \_\_\_\_\_

Place of Birth: St. Joseph, Mo.      Street: St. John's      Ward No. \_\_\_\_\_

Residence: Waverly      City: St. Louis      State: Mo.      Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation: Business      Widow of \_\_\_\_\_

Birthplace: Waverly      Name of Father: John Tabor      His Birthplace: Waverly, Mo.

Name of Mother: \_\_\_\_\_      Her Birthplace: Waverly, Mo.

Cause of Death: Primary      Duration: \_\_\_\_\_

Cause of Death: Secondary      Certifying Physician: Dr. J. H. ...

Place of Interment: Croft Hill      Country, Lot or Grave No.: 41      Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services: \_\_\_\_\_

Date of Interment: Aug 3 1912



Specify the position of the body in the coffin by drawing a cross in the space below.

Diagram of Coffin

Indicate position of deceased in coffin

Item	Quantity	Price	Total
Casket or Coffin No. <u>381</u>			
Flowers			
Candles			
Gloves			
Full liners or Porter			
Hearse to _____			
Country			
Carrages for _____			
" " " "			
" " " "			
Carrages at Funeral			
Death Notices in _____			
Officiating Clergyman			
Goods ordered by _____			
Bill charged to _____			
<b>Total</b>			<b>\$17.15</b>

Date: Sept 17 1912

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$25.00

Yearly No. 27

Funeral Home

Name of Deceased: Elizabeth A. Ryan  
 Date of Birth: Dec 22 1861  
 Date of Death: Dec 29 1921  
 Place of Birth: Brooklyn, N.Y.  
 Maiden Name of Deceased: Elizabeth A. Ryan  
 Place of Death: Brooklyn, N.Y.  
 Residence: Brooklyn, N.Y.  
 Sex: Female  
 Marital: Widow  
 Color: Blue  
 Age: 60  
 Height: 5.5  
 Weight: 125  
 Hair: Black

Funeral Home: Brooklyn, N.Y.  
 Street: Brooklyn, N.Y.  
 Ward No.: Brooklyn, N.Y.  
 Telephone: Brooklyn, N.Y.  
 Burial Place: Brooklyn, N.Y.  
 Name of Burial Place: Brooklyn, N.Y.  
 Name of Minister: Brooklyn, N.Y.  
 Name of Musician: Brooklyn, N.Y.  
 Name of Organist: Brooklyn, N.Y.  
 Name of Singers: Brooklyn, N.Y.  
 Name of Readers: Brooklyn, N.Y.  
 Name of Clergy: Brooklyn, N.Y.  
 Name of Chaplain: Brooklyn, N.Y.  
 Name of Cemetery: Brooklyn, N.Y.  
 Name of Interment: Brooklyn, N.Y.

Funeral Home: Brooklyn, N.Y.  
 Street: Brooklyn, N.Y.  
 Ward No.: Brooklyn, N.Y.  
 Telephone: Brooklyn, N.Y.  
 Burial Place: Brooklyn, N.Y.  
 Name of Burial Place: Brooklyn, N.Y.  
 Name of Minister: Brooklyn, N.Y.  
 Name of Musician: Brooklyn, N.Y.  
 Name of Organist: Brooklyn, N.Y.  
 Name of Singers: Brooklyn, N.Y.  
 Name of Readers: Brooklyn, N.Y.  
 Name of Clergy: Brooklyn, N.Y.  
 Name of Chaplain: Brooklyn, N.Y.  
 Name of Cemetery: Brooklyn, N.Y.  
 Name of Interment: Brooklyn, N.Y.

Funeral Home: Brooklyn, N.Y.  
 Street: Brooklyn, N.Y.  
 Ward No.: Brooklyn, N.Y.  
 Telephone: Brooklyn, N.Y.  
 Burial Place: Brooklyn, N.Y.  
 Name of Burial Place: Brooklyn, N.Y.  
 Name of Minister: Brooklyn, N.Y.  
 Name of Musician: Brooklyn, N.Y.  
 Name of Organist: Brooklyn, N.Y.  
 Name of Singers: Brooklyn, N.Y.  
 Name of Readers: Brooklyn, N.Y.  
 Name of Clergy: Brooklyn, N.Y.  
 Name of Chaplain: Brooklyn, N.Y.  
 Name of Cemetery: Brooklyn, N.Y.  
 Name of Interment: Brooklyn, N.Y.

Funeral Home: Brooklyn, N.Y.  
 Street: Brooklyn, N.Y.  
 Ward No.: Brooklyn, N.Y.  
 Telephone: Brooklyn, N.Y.  
 Burial Place: Brooklyn, N.Y.  
 Name of Burial Place: Brooklyn, N.Y.  
 Name of Minister: Brooklyn, N.Y.  
 Name of Musician: Brooklyn, N.Y.  
 Name of Organist: Brooklyn, N.Y.  
 Name of Singers: Brooklyn, N.Y.  
 Name of Readers: Brooklyn, N.Y.  
 Name of Clergy: Brooklyn, N.Y.  
 Name of Chaplain: Brooklyn, N.Y.  
 Name of Cemetery: Brooklyn, N.Y.  
 Name of Interment: Brooklyn, N.Y.

Category or Code No.	Made by	Quantity	Unit Price	Total
Flowers				
Caskets				
Glazes				
Funeral Home				
Carriage				
Carriage at Funeral				
Death Notices in				
Decorating Clergyman				
Goods ordered by				
Bill charged to				
Total				\$25.00



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 23

Total to date

Name of Deceased: Matilda M. Burger  
 Date of Birth: 1874  
 Date of Death: 1944  
 Maiden Name: Matilda M. Burger  
 Place of Birth: Swiss, 127 March St., Hayward, Ca.  
 Occupation: Wife of  
 Birth-place: Chattanooga, Tenn.  
 Name of Father: Charles Burger  
 Maiden Name of Mother: Elizabeth  
 Cause of Death: Primary  
 Certifying Physician: F. B. Clark  
 Place of Burial: St. Paul's Cemetery, Los Angeles, Cal.  
 Funeral Services at: \_\_\_\_\_  
 Time of Services: \_\_\_\_\_  
 Date of Interment: 19  
 Casket or Coffin No.: 3221  
 Linen: \_\_\_\_\_  
 Handles: \_\_\_\_\_  
 Poles: \_\_\_\_\_  
 Outside Box: Basic  
 Burial robes: \_\_\_\_\_  
 Preserving Body with: Alcohol  
 Washing and Dressing: \_\_\_\_\_  
 Shaving: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Service: Removal to Casket  
 Use of Chains: Essential  
 Church Charges: \_\_\_\_\_  
 Cemetery Fee: \_\_\_\_\_

Sex: Female    Single    Married  
 His Birth-place: \_\_\_\_\_  
 Her Birth-place: \_\_\_\_\_  
 Duration: \_\_\_\_\_  
 His Residence: \_\_\_\_\_  
 Place of Burial: \_\_\_\_\_  
 Section No. \_\_\_\_\_



Part of the Diagram and back the one  
 (Every time it is used, mark the  
 box and make larger than 1  
 inch square or otherwise)

Casket or Coffin No.	3221	Price	17.00
Linen	Made by		
Handles			
Poles			
Outside Box	Basic	1.00	1.00
Burial robes			
Preserving Body with	Alcohol	12.00	12.00
Washing and Dressing		5.00	5.00
Shaving			
Make			
Service	Removal to Casket	3.00	3.00
Use of Chains	Essential	2.00	2.00
Church Charges			
Cemetery Fee			
<b>Total</b>			<b>117.00</b>

Fireworks Candles Glasses Full hours or Porter Horses to Carriages for " " " " " " Carriages at Funeral Death Notices in Publishing Charges Goods returned by Bill charged to <u>Matilda M. Burger</u>	117.00 117.00
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RECORD AND BILL OF ITEMS

Yearly No. 28 FOR THE FUNERAL OF Total to date 34

Date of Birth June 19, 1874 Age 7 1/2 Years

Date of Death July 7, 1892 18 1/2 Years

Name of Deceased Susan E. Clancy

Residence 105 West 42nd St. N.Y.C.

Place of Death St. John's Episcopal Church

Married Name of Deceased Mrs. William Clancy

Birth place New York City

Name of father and mother Mr. and Mrs. William Clancy

Married Name of Mother Mrs. William Clancy

Place of death of mother New York City

Cause of death of mother Unknown

Cause of death of decedent Unknown

Attending Physician Dr. J. W. M. Smith

Place of burial St. John's Episcopal Church

Time of services 11:00 A.M. July 11, 1892

Date of payment July 11, 1892

Order or Code No. 1892

Funeral home or place of business

Funeral services at

Time of services

Date of payment

Order or Code No.

Funeral home or place of business

Funeral services at

Time of services

Date of payment

Order or Code No.

Funeral home or place of business

Funeral services at

Time of services

Date of payment

Order or Code No.

Funeral home or place of business

Funeral services at

Time of services

Copyright, 1881, by the National Casket Co., Boston, Mass.

# RECORD AND BILL OF ITEMS

Total to date *217.35*

Yearly No. *611*

FOR THE FUNERAL OF

Name of Deceased: *George F. Richmond, Jr.*  
 Maiden Name of Deceased: *Elizabeth M. M.*  
 Place of Death: *Atlantic City, N.J.*  
 Residence: *Aspenhurst*  
 Occupation: *Wife of George F. Richmond*  
 Birthplace: *Aspenhurst, N.Y.*  
 Name of Father: *George F. Richmond, Sr.*  
 Name of Mother: *Elizabeth M. M.*  
 Cause of Death: *Primary*  
 Cause of Death: *Secondary*  
 Certifying Physician: *Joseph H. Hill*  
 Place of Burial: *Aspenhurst*  
 Funeral Services at: *Aspenhurst*  
 Time of Services: *10:30 A.M.*  
 Date of Interment: *June 21, 1922*

Date of Birth: *1868*  
 Date of Death: *June 19, 1922*  
 Name of Interment: *Richmond*  
 Maiden Name of Deceased: *Elizabeth M. M.*  
 Place of Death: *Atlantic City, N.J.*  
 Residence: *Aspenhurst*  
 Occupation: *Wife of George F. Richmond*  
 Birthplace: *Aspenhurst, N.Y.*  
 Name of Father: *George F. Richmond, Sr.*  
 Name of Mother: *Elizabeth M. M.*  
 Cause of Death: *Primary*  
 Cause of Death: *Secondary*  
 Certifying Physician: *Joseph H. Hill*  
 Place of Burial: *Aspenhurst*  
 Funeral Services at: *Aspenhurst*  
 Time of Services: *10:30 A.M.*  
 Date of Interment: *June 21, 1922*

Place of Burial: *Aspenhurst*  
 Funeral Services at: *Aspenhurst*  
 Time of Services: *10:30 A.M.*  
 Date of Interment: *June 21, 1922*

Casket or Coffin No.:  
 Size:  
 Lining:  
 Handles:  
 Feet:  
 Outside Box:  
 Burial robe:  
 Preserving body with:  
 Waxing and Dressing:  
 Skyring:  
 Music:  
 Services:  
 Use of Chair:  
 Church Charges:  
 Cemetery Fee:  
 Dues:  
 Total

Flowers:  
 Candles:  
 Gloves:  
 Pall Bearers or Porters:  
 Music:  
 Carriages:  
 Death Notices:  
 Officiating Clergyman:  
 Goods ordered by:  
 Bill charged to:  
 Dues:  
 Total

Casket or Coffin No.	Made by	Flowers
Size		Candles
Lining		Gloves
Handles		Pall Bearers or Porters
Feet		Music
Outside Box		Carriages
Burial robe		Death Notices
Preserving body with		Officiating Clergyman
Waxing and Dressing		Goods ordered by
Skyring		Bill charged to
Music		
Services		
Use of Chair		
Church Charges		
Cemetery Fee		
Dues		
Total		

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in items \$38

Yearly No. 32

Richard L. Hill

Date of Birth: 1875      Sex: Male      Marital Status: Single      Height: 5' 10"      Weight: 150      Complexion: Fair      Eyes: Blue      Hair: Gray

Date of Death: 1918      Cause of Death: Heart      Color of Hair: Gray      Age: 43      Years: 1      Months: 1      Days: 1

Name of Deceased: Richard L. Hill

Residence: Massachusetts      State: Massachusetts      City: Worcester      Street: Worcester Street

Place of Death: Worcester, Mass.      Burial Place: Worcester, Mass.

Occupation: None      Education: High School      Religion: None      Social Position: None

Married Name: None      Maiden Name: None      Name of Spouse: None      Date of Marriage: None

Place of Birth: Massachusetts      Date of Birth: 1875      Sex: Male      Marital Status: Single      Height: 5' 10"      Weight: 150      Complexion: Fair      Eyes: Blue      Hair: Gray

Funeral Services at: Worcester, Mass.      Date of Service: 1918      Time of Service: 10:00 AM

Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

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Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

Funeral Home: Worcester, Mass.      Undertaker: Worcester, Mass.

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 11

Yearly No. 13

Name of Deceased: Mary Henderson  
 Date of Birth: 1827 (Year) 17 (Month) 27 (Day)  
 Date of Death: 1877 (Year) 11 (Month) 27 (Day)  
 Age: 50 Years, 8 Months, 8 Days  
 Color: W  
 Maiden Name of Deceased: Mary Henderson  
 Place of Birth: Wash. Street, 12 1/2 Alley, Ward No. Marion, D.C.  
 Residence: 12 1/2 Alley, Marion, D.C.  
 Occupation: at home Wife of George Henderson  
 Birth-place: at home White of at home  
 Name of Father: George Henderson His Birth-place: at home  
 Maiden Name of Mother: Bridget Murphy Her Birth-place: at home  
 Cause of death: Primary Duration: 11  
 Attending Physician: Dr. Howard Duration: 11  
 Place of burial: Catholic His Residence: at home  
 Country, Lot or Grave No.: Catholic Section No.: at home  
 Funeral services at: Catholic  
 Time of Services: at home  
 Date of Interment: 19



Item	Quantity	Price	Total
Coffin or Casket No. <u>133</u>	<u>1</u>	<u>15.00</u>	<u>15.00</u>
Urn			
Lining			
Handles			
Flats			
Outside Box			
Burial robe			
Preserving body with			
Washing and Dressing			
Shaving			
Makeup			
Services			
Use of Chairs			
Church Charges			
Cemetery Fee			
<b>Total</b>		<b>187.75</b>	<b>187.75</b>

Item	Quantity	Price	Total
Flowers	<u>100</u>	<u>1.87</u>	<u>1.87</u>
Candles	<u>2</u>	<u>0.12</u>	<u>0.24</u>
Clones	<u>1</u>	<u>1.50</u>	<u>1.50</u>
Full Services at Home	<u>1</u>	<u>2.00</u>	<u>2.00</u>
Hearse to			
Carriage to			
Cemetery			
Carriage at Home			
Death Notices in			
Obituary			
Goods ordered by			
Bill charged to			
<b>Total</b>		<b>15.61</b>	<b>15.61</b>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 411

Funeral No. 34  
 Charles R. Coffey

Date of Birth: Oct 16 1889 Sex: Male Color: White Age: 32 Years  
 Date of Death: Nov 18 1921 Cause of Death: Heart Married: Yes  
 Name of Deceased: Charles R. Coffey  
 Maiden Name of Deceased: \_\_\_\_\_

Place of Birth: Waverly, Pa. Residence: 1121 E. 17th St., Waverly, Pa. Married: Yes  
 Occupation: Business Birthplace: Waverly, Pa.

State of Father: Pa. State of Mother: Pa.  
 Cause of death: Heart Position: \_\_\_\_\_

Funeral services at: Waverly, Pa. Duration: \_\_\_\_\_  
 Time of services: \_\_\_\_\_

Date of statement: Nov 18 1921  State whether State or Mass.  Transit, Train and Dock.  
 Undertaker: Waverly, Pa.

Casket or Coffin No. 185 Price: 45.00  
 Lining: \_\_\_\_\_  
 Handles: \_\_\_\_\_  
 Feet: \_\_\_\_\_  
 Outside Box: None Price: 1.00  
 Burial robe: None Price: 1.00  
 Preserving body with: Formal Price: 12.00  
 Washing and Dressing: None Price: 5.00  
 Shaving: \_\_\_\_\_  
 Make-up: Removal of Makeup Price: 5.00  
 Services: None Price: 5.00  
 Use of Chalice: None Price: 1.00  
 Church Charges: \_\_\_\_\_  
 Cemetery Fee: Waverly Price: 20.00

Item	Price	Balance
Casket or Coffin	45.00	45.00
Lining		
Handles		
Feet		
Outside Box	1.00	46.00
Burial robe	1.00	47.00
Preserving body with	12.00	59.00
Washing and Dressing	5.00	64.00
Shaving		
Make-up	5.00	69.00
Services	5.00	74.00
Use of Chalice	1.00	75.00
Church Charges		
Cemetery Fee	20.00	95.00
<b>Total</b>		<b>95.00</b>

Date	Description	Amount	Balance
Oct 22	1921 Cash	20.00	75.00
Nov 18	1921 Cash	20.00	55.00
Nov 30	1921 Cash	25.00	30.00
Nov 18	1921 Cash	25.00	5.00
	<b>Total</b>		<b>5.00</b>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 35

Total to carry 42

Name of Deceased Mr. R. Douglas  
 Date of Death July 19 1922 1922 July 19 1922  
 Time of Day 10:00 10:00 AM  
 Cause of Death Heart Heart Failure

Maiden Name of Deceased  
 Place of Birth Chicago, Ill.  
 Residence 1121 N. Dearborn St. Chicago, Ill. Married

Occupation Widow  
 Birth-place Chicago, Ill.  
 Name of Father Mr. R. Douglas  
 Maiden Name of Mother Miss M. Douglas

Cause of Death Primary  
 Cause of Death Secondary  
 Certifying Physician Dr. J. H. ...

Place of burial Catholics  
 Funeral Services at Catholics

Time of Services 7:30

Date of Interment July 19 1922

Place of Interment St. ...

Funeral Home ...

Funeral Home ...

Funeral Home ...

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# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

William B. Wheeler

Total no. days 43

Yearly No. 36

Date of Birth: July 25, 1854  
 Date of Death: July 26, 1922  
 Name of Decedent: William B. Wheeler  
 Maiden Name of Decedent:   
 Place of Birth: Boston  
 Residence: 18 Water  
 Occupation: Hydraulic Engineer  
 Birthplace: Lowell, Mass.  
 Name of Father:   
 Maiden Name of Mother:   
 Cause of death: Primary  
 Date of death: July 26, 1922  
 Cause of death: Secondary:   
 Certifying Physician:   
 Place of burial: Washington  
 Funeral Services at:   
 Time of Services:   
 Date of interment: July 28, 1922

Spec. Services: Park  
 Ward No.   
 Sex: Male  
 Height:   
 Married:   
 Wife of:   
 Widow of:   
 His Birthplace:   
 Her Birthplace:   
 Duration:   
 His Residence:   
 Cemetery, Lot or Grave No. 574, Section No.

Diagram of Burial Plot:   
 Diagram of Burial Plot   
 Diagram of Burial Plot   
 \*Insert Paper and Seal.   
 Note: No paper attached to the Diagram of Burial Plot, and seal is not attached to the Diagram of Burial Plot.   
 Diagram of Burial Plot

Casket or Coffin No.	Make by	Flowers	Candles	Glories	Pall-bearers or Porter	Hearse by	Carriages	Caskets at Funeral	Death Notices in	Obituary Clergyman	Goods ordered by	Bill charged to	Date	Amount
						James J. Conroy	2					Wheeler & Co.	July 28, 1922	227.00




# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Trinity No. 37

Total to date 14

Name of Deceased: George Strickland  
 Date of Birth: Feb. 19 1824  
 Date of Death: July 19 1924  
 Age: 100 Years 5 Months 11 Days

Place of Birth: Massachusetts  
 Place of Death: Wilmington  
 Sex: Male Single  Married

Occupation: Welder  
 Birthplace: Massachusetts  
 Name of Father: George Strickland  
 Name of Mother: Mary

Cause of death: Primary  
 Cause of death: Secondary  
 Certifying Physician: Dr. Howard  
 Place of burial: Old North

Funeral Services at: \_\_\_\_\_  
 Time of Services: \_\_\_\_\_  
 Date of Interment: \_\_\_\_\_  
 Name of Interment: Allen M. Davis

Casket or Coffin No. 209 Made by \_\_\_\_\_  
 Lining \_\_\_\_\_  
 Handles \_\_\_\_\_  
 Plate \_\_\_\_\_  
 Outside Box: None  
 Burial robe \_\_\_\_\_  
 Preserving Body with: Fluid  
 Washing and Dressing \_\_\_\_\_  
 Shaving \_\_\_\_\_  
 Manicure \_\_\_\_\_  
 Services \_\_\_\_\_  
 Use of Chains: None  
 Church Charges \_\_\_\_\_  
 Cemetery Fee \_\_\_\_\_  
 Dr. \_\_\_\_\_

Flowers \_\_\_\_\_  
 Candles \_\_\_\_\_  
 Gloves \_\_\_\_\_  
 Full Services at Funeral \_\_\_\_\_  
 Hearse to \_\_\_\_\_  
 Carriages for \_\_\_\_\_  
 " " " " \_\_\_\_\_  
 " " " " \_\_\_\_\_  
 Carriages at Funeral \_\_\_\_\_  
 Death Notices in \_\_\_\_\_

Officiating Clergyman \_\_\_\_\_  
 Goods ordered by \_\_\_\_\_  
 Bill charged to: Wm. Manning Society 1.53 00

Nov. 16 1924 Carlson Brothers 50 00  
 Dec. 23 1924 Church of the Holy Trinity 43 00  
 Feb. 2 1925 Old North 36 75  
Dr. Davis 1.22 -

Print the figures in each box for  
 Four or Five No. 6. Add with the  
 final with double figure zero.  
 Insert zero of thousand here



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 70

Total to date 76

Mary C. White

Date of Birth May 7 1857 Age 63 Years  
 Date of Death Aug 2 1920 Months 7  
 Some of Deceased May 6 1920 Days 27

Maternal Name of Deceased  
 Place of Birth Worcester, Mass.  
 Residence Worcester, Mass. - 115 Walnut St. Married  
 Occupation Widow of  
 Birthplace Worcester, Mass.  
 Name of Father George C. White  
 Maiden Name of Mother Mrs. M. White  
 Cause of death } Primary  
 } Secondary  
 Certifying Physician  
 Place of Burial Worcester, Mass. Section No.  
 Funeral Services at

Date of Interment Aug 10 1920  
 Casket or Coffin No. 10 State whether White or Black \* Insert Time and Date  
 Burial Loc. Worcester, Mass. - 115 Walnut St.  
 Place of Burial Worcester, Mass. - 115 Walnut St.  
 Date of Interment Aug 10 1920

Flowers		
Candles		
Gloves		
Pail Boxes or Jars		
Horns to		
Carriages for		
" "		
" "		
Carriages at Funeral		
Death Notices in		
Officiating Clergyman		
Goods ordered by		
Bill charged to <u>Worcester, Mass.</u>		<u>432.00</u>
<b>Total</b>	<b>8132.00</b>	

De.		
Aug 11	<u>B. Chastain, D.D.</u>	<u>30.00</u>
Feb 12	<u>Babcock, D.D.</u>	<u>112.00</u>
	<u>1923 Check</u>	<u>112.00</u>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

*Mary Elizabeth Mc Cleary*

Total to date *47*

Vault No. *214*      *Mary Elizabeth Mc Cleary*      Total to date *47*

Date of Birth *May 27*      19 *82*      Color *1*      Age *1 1/2*      Years *18*

Date of Death *Aug 2*      19 *82*      Sex *F*      Marital *Widow*

Name of Decedent *Mary E. Mc Cleary*      Maiden Name of Decedent

Place of Birth *Waukegan*      State *Ill*      County *DeWitt*      Ward No.

Residence *Waukegan*      City *Waukegan*      State *Ill*      Zip *60087*

Occupation *None*      Religion *Catholic*

Parents *Richard Mc Cleary & Elizabeth Mc Cleary*

Spouse *Richard Mc Cleary*      His birthplace *St. Joseph, Mo*

Children *Mary, Eddy, Richard, William, Charles*

Place of death *St. Joseph, Mo*

Cause of death *Secondary*

Confirmer *Richard Mc Cleary*      Minister *Richard Mc Cleary*

Place of burial *St. Joseph, Mo*      Rite *Roman Catholic*

Cemetery *St. Joseph, Mo*      Lot or Grave No. *587*      Section No.

Funeral Services at *St. Joseph, Mo*

Time of Services *10:00 AM*

Date of Interment *Aug 2*      19 *82*       Diagram of Burial Plot

Funeral Home *Richard Mc Cleary*       *Funeral Home and Store*

Category	Item	Amount	Balance
Casket or Coffin No.	<i>1579</i>		
Shroud			
Lining			
Handlin			
Plan			
Outside Box	<i>5.00</i>		
Special note			
Preserving Body with			
Washing and Dressing			
Shaving	<i>4.00</i>		
Hair			
Embalming	<i>5.00</i>		
Use of Chapel			
Church Charges			
Cemetery Fee	<i>10.00</i>		
Gravestone			
Other	<i>8.90</i>		
<b>Total</b>		<b>59.90</b>	
Balance Forward			<b>47.00</b>



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Taken on date 4/1

*Walter H. Bowers*

Yearly No. 43 Walter H. Bowers  
 Date of Birth: Aug 11 1888 Male Color Blue Age 64 Years  
 Name of Deceased: Walter H. Bowers Sex Male Color Blue Age 64 Years  
 Maiden Name of Deceased: \_\_\_\_\_

Place of Birth: Windsor, N.Y. Street: Windsor Ward No. \_\_\_\_\_  
 Residence: Windsor, N.Y. Telephone: Windsor Single \_\_\_\_\_ Married \_\_\_\_\_  
 Occupation: Retired Wife of \_\_\_\_\_  
 Birthplace: \_\_\_\_\_  
 Name of Father: Walter H. Bowers Birthplace: Windsor, N.Y.  
 Name of Mother: Mary Elvira Birthplace: Windsor, N.Y.

Cause of Death: Secondary Duration: \_\_\_\_\_  
 Certifying Physician: Walter H. Bowers His Residence: \_\_\_\_\_  
 Place of Burial: Windsor, N.Y. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services: \_\_\_\_\_  
 Date of Interment: 4/1 11:00 A.M. Windsor, N.Y.  
 Casket or Coffin No. 2 4 Windsor, N.Y. 4.25.00  
 \*Insert Prices and Dates.

Funeral Home: \_\_\_\_\_  
 Embalmer: \_\_\_\_\_  
 Undertaker: \_\_\_\_\_  
 Music: \_\_\_\_\_  
 Flowers: \_\_\_\_\_  
 Casket: \_\_\_\_\_  
 Coffin: \_\_\_\_\_  
 Pall: \_\_\_\_\_  
 Hearse: \_\_\_\_\_  
 Carriage: \_\_\_\_\_  
 Carriage at Funeral: \_\_\_\_\_  
 Death Notice in \_\_\_\_\_  
 Obituary: \_\_\_\_\_  
 Obituary Charges: \_\_\_\_\_  
 Goods ordered by \_\_\_\_\_  
 Bill charged to: Walter H. Bowers 4,378.00

Item	Made by	Price	Quantity	Total
Casket or Coffin	No. 2	4.25.00	1	4.25.00
Embalming				
Headstone				
Funeral Home				
Outside Box	No. 1	1.50.00	1	1.50.00
Funeral Home				
Preserving Body with	Chloroform	15.00	1	15.00
Flowers and Dressing		5.00	1	5.00
Music	Windsor, N.Y.	5.00	1	5.00
Services	Windsor, N.Y.	5.00	1	5.00
Use of Chalk	Windsor, N.Y.	3.00	1	3.00
Church Charges				
Cemetery Fee				
<b>Total</b>				<b>4,378.00</b>







**RECORD AND BILL OF ITEMS**

FOR THE FUNERAL OF

Total to date 32

Yearly No. 34

Louis Dell Russell

Date of Birth Feb 8 1928      Age 3      Years 2  
 Date of Death Dec 22 1931      Color W      Months 14  
 Name of Deceased Louis Dell Russell      Days 14

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death Waukegan, North Cliff      Ward No. \_\_\_\_\_  
 Residence Waukegan, North Cliff      Sex Male      Single W      Married \_\_\_\_\_

Occupation \_\_\_\_\_      Wife of \_\_\_\_\_  
 Birth-place Waukegan, Ill.      His Birth-place Ill.  
 Name of Father \_\_\_\_\_      Her Birth-place \_\_\_\_\_

Name of Mother \_\_\_\_\_      Duration \_\_\_\_\_  
 Cause of death Primary      Duration \_\_\_\_\_  
 Cause of death Secondary      Duration \_\_\_\_\_

Certifying Physician Edward      His Residence \_\_\_\_\_  
 Place of burial Waukegan, Ill.      Country, Lot or Grave No. \_\_\_\_\_      Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services \_\_\_\_\_

Date of Interment 19  
Louis Dell Russell      †State whether White or Black      †Insert True and State

Casket or Coffin No. _____	Flowers _____
Size <u>25" x 36"</u>	Candles _____
Lining _____	Gloves _____
Handles _____	Full Boxes of Paper _____
Plate _____	Boxes _____
Outside Box _____	Caskets for _____
Funeral robe _____	_____
Preserving Body with _____	_____
Washing and Dressing _____	_____
Shaving <u>General Shave</u>	_____
Mouth _____	_____
Shirts <u>2</u>	_____
Use of Chairs <u>2</u>	_____
Church Charges _____	_____
Country Exp. _____	_____

Officializing Clergyman \_\_\_\_\_  
 Goods ordered by \_\_\_\_\_  
 Bill charged to Louis Dell Russell      \$ 70.00

Date _____	By _____	Ch. _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# RECORD AND BILL OF FUNERALS

FOR THE FUNERAL OF

Total to date 53

Order No. 47

*Walter Starbuck*

Date of Birth: *July 16 1893* Age: *79* Years  
 Date of Death: *Aug 31st 1922* 1922 Color: *Blue* Sex: *Male*  
 Name of Deceased: *Walter Starbuck* Age: *3* Months  
 Maiden Name of Deceased: \_\_\_\_\_ Days

Place of Birth: *Windsor* Home: *Green Hill Cemetery No. 10*  
 Residence: \_\_\_\_\_  
 Occupation: *Accountant* Name of \_\_\_\_\_  
 Birthplace: \_\_\_\_\_  
 Name of Father: *William Starbuck* His Birthplace: *Windsor*  
 Name of Mother: *David M. Allen* Her Birthplace: \_\_\_\_\_  
 Cause of death: \_\_\_\_\_  
 Cause of death: Primary \_\_\_\_\_  
 Cause of death: Secondary \_\_\_\_\_  
 Certifying Physician: *Richard Hill* Duration: \_\_\_\_\_  
 Place of Burial: *Windsor Hill* His Residence: \_\_\_\_\_  
 Cemetery, Lot or Grave No.: *PT* Section No.: \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of services \_\_\_\_\_  
 Date of interment: *Sept 1st 1922* Burial at \_\_\_\_\_  
 Place: *Windsor Hill*     
 \* Shows whether buried or placed in \_\_\_\_\_  
 \* Shows Time and date

Casket or Coffin No.: *209* Made by: *P. J. ...*  
 Lining: \_\_\_\_\_  
 Handles: \_\_\_\_\_  
 Pipes: \_\_\_\_\_  
 Outside Box: *None* \_\_\_\_\_  
 Inside robe: *Black* \_\_\_\_\_  
 Presenting Body with: *Black* \_\_\_\_\_  
 Washing and Dressing: *Black* \_\_\_\_\_  
 Shaving: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Service: *2 Right to Burial* \_\_\_\_\_  
 Use of Chair: \_\_\_\_\_  
 Church Charges: \_\_\_\_\_  
 Cemetery Fee: *Windsor* \_\_\_\_\_

Date	Particulars	Amount	Total
	Funeral Charges	71.00	71.00
	Goods ordered by	6.88	77.88
	Bill charged to <i>Wm. H. G. ...</i>	18.53	96.41
			96.41

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. *41*

Total to date *54*

Name of Decedent *Rebecca M. Nichols*  
 Maiden Name of Decedent *Rebecca M. Nichols*  
 Date of Birth *March 15<sup>th</sup> 1875*  
 Date of Death *April 3<sup>rd</sup> 1922*  
 Age *46* Years *7* Months *19* Days  
 Place of Birth *Northampton, Mass.*  
 Residence *1125 Broadway, New York*  
 Occupation *Teacher*  
 Birth-place *New York City*  
 Name of Father *Henry M. Nichols*  
 Maiden Name of Mother *Elizabeth Nichols*  
 Cause of Death *Heart Disease*  
 Cause of Death } Primary  
 Certifying Physician *Dr. C. G. ...*  
 Place of burial *First York Presbyterian Church*  
 Funeral Services at *First York Presbyterian Church*  
 Time of Services *10:00 AM*

Date of Interment *April 5<sup>th</sup> 1922*  
 Coffin or Casket No. *311*  
 Lining *Black*  
 Headlin *Black*  
 Plank *Black*  
 Outside Box *Chestnut*  
 Burial robe *Black*  
 Preserving Body with *Formalin*  
 Washing and Dousing *None*  
 Shaving *None*  
 Manic. *None*  
 Services *10:00 AM*  
 Use of Chalice *None*  
 Church Charges *None*  
 Cemetery Fee *None*

Item	Quantity	Unit Price	Total
Flowers			
Candles			
Gloves			
Full Beavers or Fur			
Hearse in			
Carriages for			
" "			
" "			
Carriages of Funeral			
Death Notices in			
Officializing Clergyman			
Goods ordered by			
Bill charged to <i>Rebecca M. Nichols</i>			<i>11.75</i>
<b>Total</b>			<b><i>1185.53</i></b>

Dis. *1185.53*  
 Ck. *1185.53*

**RECORD AND BILL OF ITEMS**

FOR THE FUNERAL OF

Total to date \$35

Yearly No. 18

*Alvin G. Kelly*

Date of Birth: *July 23, 1871*

Age: *37* Years

Date of Death: *July 18, 1908*

Color of Hair: *Brown* Age: *37* Months: *19* Days

Name of Deceased: *Alvin G. Kelly*

Coder: *School* Address: *19* Street

Address of Deceased: *Morrisville, N.C.*

Religion: *M.P.*

Place of Death: *Wendell*

Sex: *Male* Height: *5' 8"* Weight: *130* lbs.

Residence: *Wendell, N.C.*

Married: *Yes* Spouse: *Mary*

Occupation: *Wagon Maker*

Place of Birth: *Albany, N.Y.*

Religion: *M.P.*

Parents: *Alvin G. Kelly, Mary*

Name of Father: *Alvin G. Kelly*

Name of Mother: *Mary*

Name of Mother: *Mary*

Place of Birth: *Albany, N.Y.*

Cause of Death: *Jaundice*

Time of Death: *10:30 P.M.*

Cause of Death: *Jaundice*

Time of Death: *10:30 P.M.*

Funeral Services at:

*Wendell, N.C.*

Funeral Services at:

*Wendell, N.C.*

Time of Services:

*10:30 P.M.*

Date of Interment:

*July 19, 1908*

Place of Interment:

*Wendell, N.C.*

Casket or Case No.:

*118*

Material:

*Walrus*

Color:

*Black*

Labels:

*None*

Headstones:

*None*

Price:

*\$4.00*

Outside Box:

*None*

Burial robes:

*Black*

Preserving body with:

*Alcohol*

Waxing and Dressing:

*None*

Shrouding:

*Removal to Coffin*

Masks:

*2*

Services:

*Wendell, N.C.*

Use of Chair:

*Reserved*

Church Charges:

*None*

Cemetery Fee:

*None*

Date:

*Sept 18, 1908*

By:

*Wendell, N.C.*

Description	Quantity	Unit Price	Total
Funeral Services	1	4.00	4.00
Outside Box	0	0.00	0.00
Burial robes	1	1.50	1.50
Preserving body with	1	5.00	5.00
Waxing and Dressing	1	3.00	3.00
Shrouding	1	5.00	5.00
Masks	2	5.00	10.00
Services	1	5.00	5.00
Use of Chair	0	0.00	0.00
Church Charges	0	0.00	0.00
Cemetery Fee	0	0.00	0.00
<b>Total</b>			<b>35.00</b>

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# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 51

Total to date 56

Name of Deceased Mary A. Francis

Date of Birth 19 23 Years 79  
 Date of Death 11 Month 9  
 Name Mary A. Francis Age 69  
 Sex Female Color 1 Months 10  
 Days 10

Maiden Name of Deceased Mary A. Francis  
 Place of Birth Maryland  
 Residence Nantucket Street Hospital Ward No. Married  
 Occupation None With Widowed Single

Name of Father W. L. Jones  
 Name of Mother Margaret Francis  
 Maiden Name Frances  
 Cause of Death Stroke Her Birth place Maryland  
 Date of Birth 1888

Certifying Physician Dr. Woodward  
 Place of Birth North Profession Seaman  
 Cause of Death Stroke Duration 19

Funeral Services at None  
 Time of Services None  
 Date of Interment 19  
 Burial Lot 47



† State whether White or Black \* Twenty Three and Six

Casket or Coffin No.	<u>120</u>	Made by	<u>W. L. Jones</u>
Size	<u>55</u>	Flowers	<u>None</u>
Lining		Candles	<u>None</u>
Handles		Gloves	<u>None</u>
Place	<u>Paris</u>	Full hours or Porter	<u>None</u>
Outside box	<u>10</u>	Hearse to	<u>Country</u>
Burial robe	<u>9</u>	Carrriages for	<u>None</u>
Preserving body with	<u>12</u>	" "	<u>None</u>
Washing and Dressing	<u>5</u>	Carrriages at Funeral	<u>None</u>
Shaving	<u>5</u>	Death Notices in	<u>None</u>
Medic	<u>5</u>	Obitaining Clergyman	<u>None</u>
Services	<u>1</u>	Goods ordered by	<u>None</u>
Use of Chair	<u>1</u>	Bill charged to <u>Mrs. Francis</u>	<u>12/10</u>
Church Charges	<u>1</u>		
Country Fee	<u>1</u>		
<b>Total</b>	<b><u>81</u></b>	<b>Date</b>	<b><u>12/10</u></b>

Ck.	<u>12/10</u>

# RECORD AND BILL OF ITEMS

For the funeral of \_\_\_\_\_ Total in date \$7

Yearly No. 511  
 Name of Deceased: Helle Wilhelmsen  
 Date of Birth: July 26 1875 Color: Blue Age: 35 Years  
 Date of Death: Sept 10 1910 Sex: Female Single  Married   
 Name of Informant: Helle Wilhelmsen

Station Name of Informant: \_\_\_\_\_  
 Place of Death: Washburn St Street: Belmont 45th St. Ward No. \_\_\_\_\_  
 Residence: Washburn St No. \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Birthplace: Washburn St State of Birth: \_\_\_\_\_  
 Name of Father: Washburn St His Birthplace: \_\_\_\_\_  
 Name of Mother: Washburn St Her Birthplace: \_\_\_\_\_  
 Cause of death: Primary Duration: \_\_\_\_\_  
 Cause of death: Secondary Duration: \_\_\_\_\_  
 Certifying Physician: Washburn St His Residence: \_\_\_\_\_  
 Place of burial: Washburn St Cemetery, Lot or grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at: \_\_\_\_\_  
 Time of Service: \_\_\_\_\_

Date of Interment: \_\_\_\_\_  
 Place of Interment: Washburn St \* Same whether 2770 or 2770A  
 Casket or Coffin No. 225 Made by \_\_\_\_\_  
 Label: \_\_\_\_\_  
 Handles: \_\_\_\_\_  
 Pins: \_\_\_\_\_  
 Outside Lin. Wood  
 Burial robe: \_\_\_\_\_  
 Preserving body with: Chloroform  
 Waxing and Dressing: \_\_\_\_\_  
 Shaving: Washburn St  
 Hair: Washburn St  
 Make-up: \_\_\_\_\_  
 Services: \_\_\_\_\_  
 Use of Chalk: \_\_\_\_\_  
 Church Charges: \_\_\_\_\_  
 Cemetery Fee: \_\_\_\_\_

Date	Description	Amount	Total
	Funeral Home	225.00	225.00
	Church	15.00	240.00
	Shaving	5.00	245.00
	Hair	5.00	250.00
	Make-up	5.00	255.00
	Services	5.00	260.00
	Use of Chalk	5.00	265.00
	Church Charges	5.00	270.00
	Cemetery Fee	5.00	275.00
	Obtaining Clergyman	5.00	280.00
	Goods ordered by	5.00	285.00
	Bill charged to	5.00	290.00



RECORD AND BILL OF ITEMS

Yearly No. 53 For THE JOURNAL OF Total to date 58

Valley B. Stenwall

Date of Birth July 18 1894 Age 19

Name of Deceased Valley B. Stenwall

Place of Death Portland

Residence Portland

Wife of Walter A. Stenwall

Funeral Services at

Time of Services

Title of Interment

Casket or Coffin No. 173 Made by

Price of Casket \$125.00

Flowers

Carriages

Gravestone

Other Items

Gravestone

Gravestone

Gravestone

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# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 24

Total to date 60

Charles G. Anderson

Date of Birth Sept 11 1883      Age 31 Years  
 Date of Death Sept 21 1914      Months 7  
 Name of Decedent Charles G. Anderson      Days 4

Maiden Name of Decedent \_\_\_\_\_  
 Place of Birth Monticello      Street 8 West Chester      Ward No. \_\_\_\_\_  
 Residence "      Sex Male      Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation Relig. 23 yrs      Wife of \_\_\_\_\_  
 Birthplace Monticello      Widow a Family Anderson  
 Name of Father William Anderson      His Birthplace Brookfield

Maiden Name of Mother Mary Bell      Her Birthplace Monticello  
 Cause of death Primary, Cerebral Hemiplegia  
 Cause of death Secondary \_\_\_\_\_

Certifying Physician Frederick      His Residence \_\_\_\_\_  
 Place of burial Prophet Hill      Cemetery, Lot or Grave No. 318      Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of services \_\_\_\_\_

Date of Instrument 19      Diagram of 1    
Mary G. Anderson      † State whether White or Black      ‡ Insert Three and Six

Casket or Coffin No. <u>134</u>	Flowers _____
Site _____	Candles _____
Lining _____	Gloves _____
Handles _____	Full Banners or Paster _____
Plains _____	Hearse to _____ Country _____
Outside Box <u>None</u>	Carriges for _____
Burial robe _____	" " " " _____
Preserving Body with <u>Formal</u>	Carriges of Funeral _____
Washing and Dressing _____	Teach Notices in _____
Shaving _____	Officiating Clergyman _____
Meals _____	Goods ordered by _____
Services _____	Bill charged to <u>Mary G. Anderson</u> <u>9.34.00</u>
Use of Chair, <u>2 1/2 day</u>	
Church Charges _____	
Country Exp. <u>Anderson</u>	
Total <u>934.00</u>	

Date Dec 21 1914      Total 134.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

TOTAL TO DATE \$11

Yearly No. 55

*William R. Wagner*

Date of Birth 1875 11 1875 1875 1875 1875  
 Date of Death Sept 29 1923 1923 1923 1923 1923  
 Name of Deceased William R. Wagner 1923 1923 1923 1923 1923  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death Madison, Maryland 1923 1923 1923 1923 1923  
 Residence \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Bishopric \_\_\_\_\_  
 Name of Parish St. George's Park 1923 1923 1923 1923 1923  
 Name of Bishop William R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Date of Payment Sept 27 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Name of Carrier Wm. R. Wagner 1923 1923 1923 1923 1923  
 Name of Pastor William R. Wagner 1923 1923 1923 1923 1923  
 Cause of Death Myocardial Infarction 1923 1923 1923 1923 1923  
 Cause of Death - Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Forest Hill 1923 1923 1923 1923 1923  
 Funeral Services at \_\_\_\_\_  
 Time of Service \_\_\_\_\_

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# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 256

Total to date 62

Name of Deceased *Sarah Elizabeth Feltgen*

Date of Birth *Sept 9 1874* (Day, Month, Year) Age *66* Years  
*Sept 25 1942* (Day, Month, Year) *17* Months

Date of Death *Sept 25 1942* (Day, Month, Year) *17* Days

Name of Deceased *Sarah E. Feltgen*

Maiden Name of Deceased *Sarah E. Feltgen*

Place of Death *New Mills* (Street) Ward No. *1*

Residence *New Mills* (Street, Middle-Class, Single, Married)

Occupation *Widow* (Job of)

Birthplace *W. Virginia*

Name of Father *Wm. Feltgen*

Maiden Name of Mother *Elizabeth Feltgen*

Place of Birth *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*

His Birthplace *W. Virginia*

Name of Mother-in-law *Elizabeth Feltgen*

Her Birthplace *W. Virginia*

Married *Wm. Feltgen*

His Birthplace *W. Virginia*

Name of Father-in-law *Wm. Feltgen*

Name of Mother-in-law *Elizabeth Feltgen*



Diagnosis of Death *Heart Attack*

Place of Death *New Mills*

Time of Death *10:00 AM*

Date of Interment *Oct 11 1942*

Casket or Coffin No. *148*

Material *Maple*

Linings *None*

Handles *None*

Flats *None*

Outside Box *None*

Burial robe *None*

Preserving body with *None*

Washing and Dossing *None*

Shaving *None*

Making *None*

Servises *None*

Use of Chains *None*

Church Charges *None*

Cemetery Fee *None*

DN *None*

Total *8179.00*

Oct 11 1942

122.00

*Paid by W. Feltgen*

*Oct 11 1942*

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total no. days 65

Yearly No. 27

*Charles E. Edwards*

Date of Birth *Apr 18 1885*      Date of Death *Apr 23 1928*      Age *43*      Sex *M*      Color *W*      Height *5' 5"*      Weight *150*      Eyes *Blue*      Hair *Gray*      Complexion *Light*

Place of Birth *Waukegan, Ill.*      Residence *Waukegan, Ill.*      Occupation *Business*      Education *High School*

State of Birth *Ill.*      State of Residence *Ill.*      Birthplace *Waukegan, Ill.*      Cause of Death *Heart Disease*

Funeral Services at *Waukegan, Ill.*      Time of Service *10:00 AM*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

Funeral Home *Waukegan, Ill.*      Undertaker *Waukegan, Ill.*

# RECORD AND BILL OF ITEMS

For the Funeral of May Jane Chase Total to date 149.00

Family No. 37

Name of Decedent May Jane Chase  
 Date of Birth 1853  
 Date of Death Jan 19 1923  
 Name of Decedent May Jane Chase  
 Maiden Name of Decedent U.  
 Place of Birth Northwich  
 Birthplace U.  
 Occupation U.  
 Birthplace Northwich  
 Name of Father Richard Chase  
 Maiden Name } Northwich  
 of Mother }  
 Cause of Death } Primary, Pyocystic  
 Cause of Death } Secondary, Sanguis, Putrid  
 Certifying Physician Howard Medical Co. R. V. Bradlee  
 Place of burial West Hill  
 Funeral Services at West Hill  
 Time of Services 10:30 AM

Date of Interment Jan 19 1923  
 Undertaker Edwin S. Winslow  
 Casket or Coffin No. 224  
 Size 66" x 28"  
 Lining Upholster  
 Handles Upholster  
 Flats Upholster  
 Outside Box Upholster  
 Burial robe Upholster  
 Preserving Body with Formal  
 Washing and Dressing Upholster  
 Shaving Upholster  
 Manicure Upholster  
 Services Upholster  
 Use of Chair Upholster  
 Church Charge Upholster  
 Cemetery Fee Upholster

Item	Quantity	Unit Price	Total
Flowers			
Candles			
Gloves			
Pail Banners or Porte			
Horise in			
Carriages for			
"			
"			
Carriages at Funeral			
Death Notices in			
Officiating Clergyman			
Goods ordered by			
Bills charged to <u>Edwin S. Winslow</u>			<u>149.00</u>

Date	Description	Amount	Total
Jan 19 1923	Charged	149.00	149.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$51

Yearly No. 58

Stewart & Sperry

Date of Birth: June 2, 1872 Age: 43 Year: 1915

Date of Death: Sept 10, 1915 Color: Blue Sex: Male

Name of Deceased: Stewart & Sperry Place of Birth: Ill. Birth-place: \*

Married Name of Deceased: Stewart & Sperry Street: 81 Street Ward No. Married

Place of Death: Waukegan Residence: Waukegan

Religion: Presb. Burial: St. Paul's

Occupation: Painter Wife of Margaret H.

Birthplace: Waukegan Children: 1

Name of Father: Stewart & Sperry His Birth-place: Ill. Birth-place: \*

Mother Name: Ann Her Birth-place: Ill. Birth-place: \*

Cause of death: Heart Duration: 1

Cause of death: Secondary Duration: 1

Cardiologist: Stewart His Residence: Waukegan

Place of burial: Waukegan Cemetery, Lot or Grave No. 156 Section No. 1

Funeral Services at: Waukegan

Time of Services: 10:30 AM 1915

Date of Statement: Sept 11, 1915 Diagram of 1

Casket or Case No. 178 Made by Waukegan 1 State number 178 or 178 \*Insert Price and Size.

Linings: Black Flowers: White

Handles: Black Candles: White

Pipes: Black Glazes: White

Outside Box: Black Full bearings of feet: White

Internal robes: Black Carriage to: White

Preserving body with: Formaldehyde Carriage for: White

Washing and Dressing: Formaldehyde Carriage of Funeral: White

Shaving: Formaldehyde Death Station in: White

Mass: Formaldehyde

Services: Formaldehyde

Use of Chair: Formaldehyde

Church Charges: Formaldehyde

Cemetery Fee: Formaldehyde

Di. Formaldehyde

Formaldehyde

Formaldehyde

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$ 6.00

Funeral No. 65

Funeral No. 65 Name Franklin B. Taylor

Date of Birth May 4 1872 Age 49 Years 49  
 Date of Death Oct 16 1922 Months 2  
 State of Residence Franklin B. Taylor Days 2

Place of Death Providence R.I. Street 11 Hill St. Ward No. Myrtle, Providence  
 Residence Providence R.I. Sex Male Single Married  
 Occupation School Teacher Wife of Emily W. Taylor

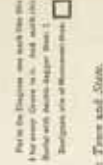
Name of Father Frederick C. Taylor His Birthplace England  
 Name of Mother Persepolis Clark Her Birthplace Eng.

Cause of Death Primary Duration 11  
 Certifying Physician Providence

Place of Burial Prophet Hill His Residence Providence Section No. 545  
 Funeral Services at Prophet Hill Cemetery, Lot or Grave No. 545

Time of Services Oct 14 1922

Date of Interment Oct 14 1922



Casket or Coffin No.	Made by	Flowers	91.00
Lining		Casket	
Heavies		Gloves	
Flax		Pail Broom or Pan	2.50
Outside Box		Reveries	13.00
Shroud robes		Carriages for	
Preserving Body with		" J. B. Wood	
Washing and Dressing		" S. Good	
Shaving		Carriages at Funeral	
Masks		Death Notices	
Services		Officiating Clergyman	
Use of Chairs		Goods ordered by	
Church Charges		Bill charged to	Franklin B. Taylor 59.00
Cemetery Fee			
<b>Total</b>			<b>139.00</b>

PAID TO FRANKLIN B. TAYLOR  
 Dig. which 2.00  
 Nov. 4. 1922

RECORD AND BILL OF ITEMS

Serial No. 611 FOR THE FUNERAL OF

ROBERT W. WALKER

TOTAL \$251.25

Date of Birth 24 1872 Age 52  
Date of Death 16 1925 Age 52  
State of Residence 1925 Color 1  
Maiden Name of Deceased

Name of Deceased Robert W. Walker  
Residence 1925  
Hospital Ward No.  
Funeral Home 1925

Place of Birth 1925  
Residence 1925  
Wife of 1925  
His Birthplace 1925  
Cause of Death 1925

Funeral Services at 1925  
Funeral Home 1925  
Cemetery Lot or Grave No. 1925 Section No. 1925

Date of Payment 1925  
Funeral Home 1925  
Funeral Home 1925

Casket or Coffin No.	Price	Flowers	Candles	Diapers	Full Sheets or Cover	Hearse to	Country	Carriage for	Carriage at Point	Death Notices in	Obituary Charges	Goods ordered by	Bill charged to
311	11.25												
Preparatory Body with	15.00												
Washing and Dressing	5.75												
Shaving	3.00												
Maid	3.00												
Use of Casket	3.00												
Church Charges	1.00												
Cemetery Fees	5.00												
Total	52.00												





# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$9

Yearly No. 63

Charles H. Jackson

Date of Birth: June 24, 1878      Year: 1878      Month: 6      Day: 24

Date of Death: Sept 10, 1922      Year: 1922      Month: 9      Day: 10

Name of Deceased: Charles H. Jackson      Color: White

Married: Yes      Single: No      Widowed: No      Divorced: No

Place of Birth: Windsorbury, S.C.      Residence: Windsorbury, S.C.      Street: Highway      Ward No. 1      Parish: St. Paul's

Occupation: Farmer      Education: High School      Religion: Methodist

Name of Father: Charles H. Jackson      Name of Mother: Elizabeth Jackson

Place of Death: Windsorbury, S.C.      Cause of Death: Primary - Arteriosclerosis

Physician: Dr. [Name]      Pathologist: Dr. [Name]

Funeral services at: Windsorbury, S.C.      Time of Service: 10:00 AM

Date of Interment: Oct 12, 1922      Burial place: Windsorbury, S.C.

Casket or Case No. 120      Made by: [Name]

Label: [Name]      Price: \$57.00

Headstone: [Name]      Price: \$18.00

Funeral home: [Name]      Price: \$12.00

Preparation: [Name]      Price: \$5.00

Shaving: [Name]      Price: \$5.00

Waxing: [Name]      Price: \$5.00

Embalming: [Name]      Price: \$5.00

Use of Chair: [Name]      Price: \$5.00

Church Charges: [Name]      Price: \$5.00

Cemetery Fee: [Name]      Price: \$5.00

Date	Description	Amount	Total
9/12/22	Casket	\$57.00	\$57.00
	Headstone	18.00	75.00
	Funeral home	12.00	87.00
	Preparation	5.00	92.00
	Shaving	5.00	97.00
	Waxing	5.00	102.00
	Embalming	5.00	107.00
	Use of Chair	5.00	112.00
	Church Charges	5.00	117.00
	Cemetery Fee	5.00	122.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 76

Yearly No. 22

Name of Deceased Margaret Mack  
 Date of Birth Nov 11 1873  
 Date of Death Dec 2 1922  
 Age 49 Years 11 Months 11 Days  
 Color 1  
 Maiden Name of Deceased Margaret Mack  
 Place of Birth Norwich  
 Sex Female  
 Single  Married   
 Occupation Wife of Thomas Mack  
 Name of Father Robert Powell  
 His Birth-place England  
 Maiden Name Bridget Cunningham Her Birth-place \* 11  
 Cause of death Primary, Ch. Myocarditis  
 Cause of death Secondary  
 Certifying Physician Chas. J. ...  
 Place of burial Prockett Hill  
 Cemetery, Lot or Grave No. 185 Section No.   
 Funeral Services at Prockett Hill  
 Time of Services 10:30  
 Date of Interment Dec 25 1922  
 Burial Lot 185  
 \* State whether Foreign or State

Casket or Coffin No.	<u>185</u>	Price	<u>115.00</u>
Site	<u>Maid by</u>	Cost	<u>2.50</u>
Lining		Cost	<u>2.00</u>
Headlin		Cost	
Flats	<u>10.00</u>	Cost	
Outside box	<u>12.00</u>	Cost	
Burial robe	<u>12.00</u>	Cost	
Preserving body with	<u>12.00</u>	Cost	
Washing and Dressing	<u>5.00</u>	Cost	
Shaving		Cost	
Music		Cost	
Services		Cost	
Use of Chairs	<u>1.00</u>	Cost	
Church Charges		Cost	
Cemetery Fee, including	<u>2.00</u>	Cost	
De.	<u>115.00</u>	Cost	
Gr.	<u>24.00</u>	Cost	
Gr.	<u>119.50</u>	Cost	

Flowers		Cost	
Candles	<u>2 doz. Blue</u>	Cost	
Gloves	<u>2 pairs</u>	Cost	
Pail Boxes of Paper		Cost	
Hearse in		Cost	
Carriages for		Cost	
" " " "		Cost	
Carriages at Funeral		Cost	
Death Notice in		Cost	
Officialising Clergyman		Cost	
Goods ordered by		Cost	
Bill charged to <u>Mrs. Nellie Mack</u>		Cost	<u>119.50</u>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 71.

Yearly No. 65

Funeral on Today

Date of Birth: April 24, 1887      Date of Death: April 17, 1924      Age: 37 Years  
 Sex: Male      Color: R      Hair: Bk      Eyes: Br  
 Maiden Name of Deceased: Elizabeth M. Stealy

Place of Birth: Windsor, N.Y.      Residence: Windsor, N.Y.      Street: Franklin      Ward No.:  
 Occupation: at home      Single      Married      Married  
 Name of Father: George H. Stealy      Name of Mother: Elizabeth M. Stealy  
 Name of Spouse: Henry A. Stealy      His Birthplace: Windsor, N.Y.  
 Cause of death: Primary Myocardial Infarction      Duration: 11  
 Cause of death (secondary): Coronary Artery Disease      Duration:  
 Certifying Physician: George H. Stealy      His Residence:  
 Place of burial: Windsor, N.Y.      Cemetery, Loc or Grave No.: 4229      Section No.:

Funeral Services at: \_\_\_\_\_  
 Place of Services: \_\_\_\_\_  
 Date of Expiration: April 18, 1924  
 Name of Undertaker: Henry A. Stealy  
 Order No. 128  
 Diagram of Burial Plot:   
 \* Shows whether 1924 or 1925  
 \* Shows Zone and Grave

Date	Description	Amount	Balance
April 17, 1924	Funeral services	10.00	10.00
April 17, 1924	Transportation	5.00	15.00
April 17, 1924	Church charges	2.00	17.00
April 17, 1924	Cemetery fee	2.00	19.00
April 17, 1924	Flowers	5.00	24.00
April 17, 1924	Carriage at funeral	1.00	25.00
April 17, 1924	Carriage at home	1.00	26.00
April 17, 1924	Obituary charges	1.00	27.00
April 17, 1924	Goods ordered by	1.00	28.00
April 17, 1924	Not obliged to	1.00	29.00
April 17, 1924			30.00
April 17, 1924			31.00
April 17, 1924			32.00
April 17, 1924			33.00
April 17, 1924			34.00
April 17, 1924			35.00
April 17, 1924			36.00
April 17, 1924			37.00
April 17, 1924			38.00
April 17, 1924			39.00
April 17, 1924			40.00
April 17, 1924			41.00
April 17, 1924			42.00
April 17, 1924			43.00
April 17, 1924			44.00
April 17, 1924			45.00
April 17, 1924			46.00
April 17, 1924			47.00
April 17, 1924			48.00
April 17, 1924			49.00
April 17, 1924			50.00
April 17, 1924			51.00
April 17, 1924			52.00
April 17, 1924			53.00
April 17, 1924			54.00
April 17, 1924			55.00
April 17, 1924			56.00
April 17, 1924			57.00
April 17, 1924			58.00
April 17, 1924			59.00
April 17, 1924			60.00
April 17, 1924			61.00
April 17, 1924			62.00
April 17, 1924			63.00
April 17, 1924			64.00
April 17, 1924			65.00
April 17, 1924			66.00
April 17, 1924			67.00
April 17, 1924			68.00
April 17, 1924			69.00
April 17, 1924			70.00
April 17, 1924			71.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 66

Total to date 73

Edward R. Carey

Date of Birth: Mar 27 1828      Color † 73 Years  
 Date of Death: Mar 13 1922      Age † 94      Months  
 Name of Deceased: Edward R. Carey      Days

Place of Birth: Nantucket      Sex: Male      Married  
 Residence: Masson      Single Single  
 Occupation: Wagoner  
 Name of Father: Charles A. Carey      His Birth-place: Nantucket  
 Name of Mother: Louisa A. Fanning      Her Birth-place: 11  
 Cause of Death: Primary, Bronchitis  
 Certifying Physician: Lewis  
 Place of burial: Prospect Hill  
 Funeral Services at:  
 Time of Services:

Date of Enquiry: Mar 13 1922  
 Name of Enquirer: Arthur C. Carey  
 Office or Coffin No. 21  
 Size: 45 1/2  
 Lining:  
 Handles:  
 Feet:  
 Ornate Box: No  
 Burial robe:  
 Preserving Body with:  
 Washing and Dressing:  
 Shaving:  
 Music: Removal from Suburbs  
 Burial: J. H. Wood  
 Church Charges:  
 Cemetery: Prospect Hill  
 Total: 20.00  
 Dis.: 6103.00

Place of Burial: Prospect Hill  
 Burial Lot: 10  
 Diagram of Plot:   
 State whether Grave or Burial: Grave  
 State: Mass      Tomb: Yes  
 Type: Gravestone  
 Material: Granite  
 Height: 45 1/2  
 Width: 21  
 Thickness: 10 1/2  
 Weight: 10 1/2  
 Price: 5.00  
 Name of Supplier: J. H. Wood  
 Address: 11 1/2 Wood St Nantucket  
 Telephone: 102

Flowers:  
 Candles:  
 Glasses:  
 Pall Bearers or Porter:  
 Horses to Carriage:  
 Carriages for:  
 Carriages at Funeral:  
 Death Notices:  
 Officiating Clergyman:  
 Goods ordered by:  
 Bill charged to: Arthur C. Carey      \$103.00

Date	Description	Amount	Total
Mar 13 1922	Funeral Expenses	20.00	20.00
Mar 13 1922	Cemetery	6103.00	6123.00
Mar 15 1922	Gravestone	4100.00	10223.00

RECORD AND BILL OF ITEMS

Total to date 73

Veary No. 63

Charles Ann Sewell

FOR THE FUNERAL OF

Date of Birth: Nov 8, 1870; Date of Death: Dec 18, 1922; Age: 51 Years; Place of Birth: Portland, Me.; Place of Death: Wood Haven, Me.

Wife of: William C. Sewell; Her Birthplace: Cambridge, Massachusetts; Occupation: Stay-at-home.

Funeral Services at: Product Hill; Date of Interment: Nov 15, 1922; Burial Time: 11:00 AM; Interment Place: Product Hill.

Diagrams of Caskets: Diagram 1 selected; Charges at Funeral: \$25.00; Undertaker's Bill: \$18.00; Total Bill: \$43.00.

Table with columns for Date, Description of Item, and Amount. Includes entries for 'Nov 15 1922' and '29 PR'.

# RECORD AND BILL OF ITEMS

Total to date *74.*

Yearly No. *68*

FOR THE FUNERAL OF

Name of Deceased

*John J. Waters*

Date of Birth *1873* (Year) *19* (Month) *18* (Day) Age *74* Years

Date of Death *1922* (Year) *12* (Month) *14* (Day) Color *1* Sex *M*

Place of Death *New York* Res. *New York* Married *Wife of John J. Waters*

Residence *New York*

Occupation *Retired*

Birthplace *New Bedford* Widow of *John J. Waters*

Name of Father *John J. Waters* His Birthplace *Can not be learned*

Mother's Name *Hesselt Granger* Her Birthplace *New York*

Cause of Death *Primary, probably*

Cause of Fatigue *Secondary, Bacterial*

Attending Physician *Dr. J. H. ...*

Place of Interment *New York* Cemetery, Lot or Grave No. *...* Section No. *...*

Funeral Services at *...*

Time of Services *11:30 A.M., 1922*

Date of Interment *1922*

*...*

Casket or Coffin No.	<i>2-0</i>	Made by	<i>...</i>
Shroud			
Libby			
Handles			
Flowers			
Outside Box	<i>15.00</i>		
Burial robe			
Preserving body with			
Washing and Dressing	<i>25.00</i>		
Shaving	<i>5.00</i>		
Makeup	<i>5.00</i>		
Services			
Use of Chaise			
Church Charges			
Cemetery Fee	<i>25.00</i>		
<b>Total</b>			<i>72.00</i>

Perk the Diagram and make the ...

Diagram of  ...

State whether if *...*

Insert Trees and Shrub.

Obituary Program

Goods ordered by: *...*

Bill charged to: *...*

*...*

Apr. 7 1923 Check *22.00*

*...*

*...*

*...*

*...*

*...*

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in date

75

Yearly No. 69

Glenn H. Shuster

Date of Birth: 11/05 24 1875  
 Date of Death: 12/27 1922 1922  
 Name of Deceased: Glenn H. Shuster  
 Maiden Name of Deceased:   
 Place of Birth: Washfield  
 Residence: 11  
 Occupation: St. Francis  
 Birth place: Washfield, Mo.  
 Name of Father: Wm. H. Shuster  
 Name of Mother: Mrs. Wm. H. Shuster  
 Name of Mother at Death: Mrs. Wm. H. Shuster  
 Cause of death: Primary Cancer of Uterus  
 Name of death: Secondary  
 Duration:   
 Certifying Physician: Dr. J. H. Shuster  
 Place of burial: Washfield  
 Funeral Services at:   
 Time of services:   
 Date of Burial: Dec. 31 1922  
 Burial place:   
 Burial lot:   
 Burial fee:   
 \*Insert Times and Dates.

Spouse:   
 Name:   
 Birthplace:   
 Res. Birthplace:   
 Res. Birthplace:   
 Duration:   
 His Residence:   
 Cemetery, Lot or Grave No.: 576 Section No.   
 Widow of:   
 His Birthplace:   
 Res. Birthplace:   
 Duration:   
 His Residence:   
 Cemetery, Lot or Grave No.: 576 Section No.

Funeral Home:   
 Program of   
 Burial fee:   
 \*Insert Times and Dates.

Casket or Coffin No. 2187 20.00	Made by: 1922	Funeral Home: Washfield	Program of Burial fee: *Insert Times and Dates.
Lining: 1.00		Flowers: 2.00	
Handles: 1.00		Cards: 1.00	
Paint: 1.00		Gloves: 1.00	
Outside Box: 10.00		Full hours of burial: 1.00	
Inside Box: 12.00		Hearse to Cemetery: 1.00	
Preserving body with washing and dressing: 5.00		Carrriage for Death Station: 1.00	
Shaving: 1.00		Carriage at Funeral Death Station: 1.00	
Music: 2.00			
Services: 2.00			
Use of Chair: 2.00			
Church Charges: 2.00			
Carriage Fee: 2.00			
Dr. 21.34.00			

Obtaining Clergyman   
 Goods ordered by   
 Bill charged to   
 50.00  
 22.125 "  
 25 Cash  
 34.00  
 84.98

Copyright 1922 by Universal Casket Co., Chicago, Ill.





# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in this 77

Yearly No. 77

*Maurice L. Little*

Date of Birth: *Dec 31 1920* Color: *White*  
 Date of Death: *Dec 5 1922* Sex: *Male*  
 Name of Decedent: *Maurice L. Little* Age: *1 1/2* Years  
 Maiden Name of Decedent: \_\_\_\_\_

Place of Birth: *Weymouth, Mass.* Street: *141 Worcester St. Weymouth, Mass.*  
 Residence: *Weymouth, Mass.* Telephone No.: \_\_\_\_\_  
 Occupation: *U.S. Coast Guard Service* Ship: \_\_\_\_\_  
 Birthplace: *Weymouth, Mass.* Place of Birth: *Weymouth, Mass.*

Name of Father: *Edward C. Little* His Birthplace: *Weymouth, Mass.*  
 Maiden Name of Mother: *Lucia Alexander* Her Birthplace: *Weymouth, Mass.*  
 Cause of Death: *Primary Thrombocytosis* Duration: \_\_\_\_\_  
 Cause of Death: *Secondary* Duration: \_\_\_\_\_

Certifying Physician: \_\_\_\_\_ His Residence: \_\_\_\_\_  
 Place of Burial: *Weymouth* Country, Town or Grave No.: \_\_\_\_\_ Section No.: \_\_\_\_\_  
 Funeral Services at: \_\_\_\_\_

Date of Interment: *Dec 7 1922* Burial Tax: *1.00*  
*Mary L. Little*  *1 share either Price or Allow*  *1 share Price and Allow*

Order or Cash No.	Made by	Item	Price or Allow	Share
		Funeral Expenses		
		Casket		
		Flowers		
		Graves		
		Full Report or Permit		
		Hearse to		
		Country		
		Carriages for		
		" "		
		" "		
		Carriages at Funeral		
		Death Notices in		
		Obituary Charges		
		Goods ordered by		
		Bill charged to <i>Little's bill</i>	<i>7.25</i>	
		Dr. <i>W. S. ...</i>		
		<i>Jan 2 1923 Check</i>		<i>38.50</i>



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Final in date 79.

Yearly No. 73 Name W. Clark Total in date 79  
 Date of Birth July 21 1872 Sex M Color 1 Age 27 Years 5  
 Date of Death Aug 20 1899 Sex M Color 1 Age 27 Years 5  
 Name of Deceased W. Clark Marr.

Place of Birth Northfield Street Main Street Northfield  
 Residence W. Clark 74 Cedar St. Northfield  
 Occupation At Home Married

Wife of W. Clark  
 Name of Father James Clark His Birth-place W. Mass.  
 Maiden Name Elizabeth Clark Her Birth-place "

Place of Birth Northfield Residence Northfield  
 Name of Church Primary Methodist Ch. Denomination Methodist  
 Name of Pastor W. Clark Ecc. Residence Northfield

Funeral services at Northfield Cemetery, lot or Class No. Section 20  
 Date of Interment Aug 23 1899 Burial at Northfield

Casket or Coffin No. 120 Price 45.00 Flowers None  
 Lining None Caskets None  
 Handles None Dresses None  
 Feet None Full Shavers or Points None  
 Outside Box None Hairs in None Country None  
 Price None Carriages for None

Preserving Body with Chilled Carriages at Funeral None  
 Washing and Dressing None Death Notices in None  
 Shaving None Obituary Clergymen None  
 Music None Graves ordered by None  
 Services None Bill charged to W. Clark 95.00

Funeral Charge None Total 95.00  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None

Funeral Charge None  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None

Funeral Charge None  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None

Funeral Charge None  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None

Funeral Charge None  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None

Funeral Charge None  
 Casket Charge None  
 Outside Box Charge None  
 Preserving Body Charge None



# RECORD AND BILL OF FUNERALS

Yearly No. 751

FOR THE FUNERAL OF

Total no. date 81

Alvin C. Perkins

Date of Birth July 4, 1879 Color 1 Age 51 Sex M  
 Date of Death Dec 24, 1931 Color 1 Age 52 Sex M  
 Name of Deceased Alvin C. Perkins Height 5' 10"

Modern Name of Deceased

Name of Deceased Alvin C. Perkins

Place of Death New Bedford, Mass.

Residence New Bedford, Mass.

Occupation U.S. Army

Birthplace New Bedford, Mass.

Name of Father Charles Perkins

Maternal Name of Mother Martha Perkins

Cause of death Primary, terminal disease

Cause of death (Secondary) \_\_\_\_\_

Certifying Physician \_\_\_\_\_

Place of burial St. Vincent's Cemetery, New Bedford, Mass.

Funeral Services at \_\_\_\_\_

Time of Services 10:30 AM

Date of Interment Dec 27, 1931

Casket or Coffin No. \_\_\_\_\_

Size \_\_\_\_\_

Label \_\_\_\_\_

Material \_\_\_\_\_

Price \_\_\_\_\_

Outside box \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

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Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

Funeral home \_\_\_\_\_

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in date 82

Yearly No. 16

Name of Deceased: Charlotte Hagedorn

Date of Birth: Jan 26 1873 (Day, Month, Year)      Age: 49 (Years, Months, Days)

Date of Death: Jan 22 1923 (Day, Month, Year)      Cause of Death: Stroke

Name of Deceased: Charlotte Hagedorn

Place of Death: St. Paul, Minn.      Sex: Female      Married: Yes

Residence: St. Paul, Minn.

Occupation: Wife of

Birthplace: Winnipeg, Man.

Name of Father: Amos Hagedorn      His Birthplace: Winnipeg, Man.

Name of Mother: Lucy Hagedorn      Her Birthplace: Winnipeg, Man.

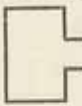
Cause of Death: Stroke      Duration: 11 (Days)

Certifying Physician: Dr. Hagedorn      His Residence: St. Paul, Minn.

Place of Burial: St. Paul, Minn.      Cemetery, Lot or Grave No.: Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services: \_\_\_\_\_

Date of Interment: Dec. 31 1922      Diagram of Coffin:       Notes: Pay to the Order of the Undertaker for every Grave in U. S. and outside U. S. Burial with double depth mass. \* Diagrams use of measurement lines.

Casket or Coffin No. <u>343</u>		Flowers
Size	Made by	Coffins
Lining		Gloves
Headlin		Full Buttons or Buttons
Flare		Breast to
Outside Box, <u>Pine</u>	<u>1.00</u>	Carriages for
Burial robes		" "
Preserving Body with <u>Formal</u>	<u>12.00</u>	Carriages at Funeral
Washing and Dressing	<u>5.00</u>	Death Notices in
Shaving		Officializing Clergyman
Manic		Goods ordered by
Serries		Bill charged to <u>Marville Mayhall 149 01</u>
Use of Chairs	<u>2.00</u>	
Church Charges	<u>2.00</u>	
Cemetery Fee, <u>Interment</u>	<u>219.00</u>	
<b>Total</b>	<b>319.00</b>	

Date: Jan 22 1923      Church: St. Paul





1923.

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 6

Total to date 84

Name of Deceased: Sarah C. Tobey  
 Date of Birth: July 1852      Age: 82 Years  
August 18 1823      Color: White      Months: 6  
September 1897      Days: 3

Name of Next of Kin: Sarah C. Tobey  
 Maiden Name of Deceased: Martha  
 Place of Birth: Worcester, Mass.      Birthplace: Worcester, Mass.  
 Residence: 105 Mass St.      Single: Married

Occupation: at Home  
 Birthplace: at Home  
 Name of Father: William Estlin  
 Maiden Name: Lydia Estlin  
 Cause of Death: Primary Apoplexy  
 Certifying Physician: Dr. H. H. ...

Place of Burial: Prospect Hill  
 Cemetery, Lot or Grave No.: 1112      Section No.: ...

Funeral Services at: Prospect Hill  
 Time of Services: ...

Date of Inauguration: August 6, 1923  
 Name of Undertaker: Hubert Tobey

Diagrams of Coffin: 1              
 State whether White or Black      \*Insert Three and State.

Casket or Coffin No.	Made by	Flowers	
Shroud		Cards	
Lining		Claves	
Handles		Full Boxes of Notes	
Plains		Reverend <u>John D. ...</u> County	<u>25.00</u>
Outside Box		Carriages for	
Burial robe		" "	
Preparing body with		" "	
Washing and Dressing		Carriages at Funerals	
Shaving		Death Notices in	
Mouth			
Services		Officiating Clergyman	
Use of Chairs		Goods ordered by	
Church Charges		Bill charged to <u>Hubert Tobey</u>	<u>25.00</u>
Cemetery Fee			

Total 25.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

*Charles Frederick Jordan*

Total no. days *25*

Yearly No. *2*

Date of Birth *Apr 9 1872*

Date of Death *Apr 23 1923*

Name of Decedent *Charles F. Jordan*

Address *St. Johns*

City *St. Johns*

State *Pa*

County *Pa*

Days *25*

Place of Death *Wantsick*

Residence *Wantsick*

Occupation *Teacher*

Wife of *Wantsick*

Place of Burial *St. Johns*

Funeral Services at *St. Johns*

Date of Interment *Apr 25 1923*

Time of Interment *10:00 AM*

Place of Interment *St. Johns*

Funeral Services at *St. Johns*

Time of Services *10:00 AM*

Item	Made by	Price	Quantity	Remarks
Casket or Coffin	<i>150</i>	<i>45.00</i>		
Limbs				
Handling				
Prep.				
Condule box	<i>10.00</i>	<i>10.00</i>		
Burial robe				
Preparing body with				
Washing and Dressing		<i>5.00</i>		
Shaving				
Make-up				
Services				
Use of Chair				
Church Charges				
Cemetery Fee	<i>20.00</i>	<i>20.00</i>		
Other				
<b>Total</b>		<b>100.00</b>		

Goods ordered by *Janice W. Jordan*

Bill charged to *Janice W. Jordan*

PAID *Janice W. Jordan*



# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Final to date 87

Family No. 5

*Lydia B. Cash*

Date of Birth: *11-11-1824*      Date of Death: *11-11-1887*      Age: *66* Years

Place of Birth: *Mass.*      Date of Burial: *11-11-1887*      Age: *66* Days

Place of Burial: *Lydia B. Cash*      Name of Burial Place: *Lydia B. Cash*

Place of Death: *11 Southfield*      Name of Hospital: *Southfield*

Residence: *11 Southfield*      Name of Street: *11 Southfield*

Occupation: *Wife of Horace B. Cash*      Name of Occupation: *Wife of Horace B. Cash*

Birthplace: *Mass.*      Name of Birthplace: *Mass.*

Name of Father: *Horace B. Cash*      Name of Mother: *Lydia B. Cash*

Name of Spouse: *Horace B. Cash*      Name of Spouse: *Horace B. Cash*

Place of death: *11 Southfield*      Name of Place of Death: *11 Southfield*

Cause of death: *Senility*      Name of Cause of Death: *Senility*

Coroner: *James*      Name of Coroner: *James*

Place of burial: *11 Southfield*      Name of Place of Burial: *11 Southfield*

Funeral Services at: *11 Southfield*      Name of Funeral Home: *11 Southfield*

Time of Service: *11:00 AM*      Name of Time of Service: *11:00 AM*

Date of Interment: *11-11-1887*      Name of Date of Interment: *11-11-1887*

Casket or Coffin No. *180*      Name of Casket or Coffin No. *180*

Material: *180*      Name of Material: *180*

Price: *18.00*      Name of Price: *18.00*

Outside Box: *18.00*      Name of Outside Box: *18.00*

Burial robe: *18.00*      Name of Burial robe: *18.00*

Preserving body with: *18.00*      Name of Preserving body with: *18.00*

Washing and Dressing: *18.00*      Name of Washing and Dressing: *18.00*

Shaving: *18.00*      Name of Shaving: *18.00*

Music: *18.00*      Name of Music: *18.00*

Services: *18.00*      Name of Services: *18.00*

Use of Chair: *18.00*      Name of Use of Chair: *18.00*

Church Charges: *18.00*      Name of Church Charges: *18.00*

Country Fee: *18.00*      Name of Country Fee: *18.00*

Dr. *18.00*      Name of Dr. *18.00*

Cash P. 1887 check 1887.50

Paid for by *Lydia B. Cash*

Check Cash P. 1887.50

1887.50

1887.50

1887.50

1887.50

1887.50

1887.50

1887.50

1887.50

1887.50

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 88

Case No. 51

Charles H. Davis

Date of Birth 1902 Year 19 Month 04 Day 16  
 Date of Death 1922 Year 19 Month 04 Day 16  
 Cause of Death Cholera

Place of Death Waukegan Street 3rd Ave Ward No. 1  
 Residence Waukegan Sex Male Single Married

Occupation Retired Wife of Lydia C.  
 Birthplace Waukegan His Birthplace Waukegan

Status of Father Widow Her Birthplace Waukegan  
 Maiden Name of Mother Mary C. Davis Her Birthplace Waukegan

Cause of Death Primary Duration   
 Cause of Death Secondary Duration

Certifying Physician Dr. [Signature] His Residence   
 Place of Burial Waukegan Cemetery, Lot or Grave No.  Section No.

Funeral Services at Waukegan Diagon of 1922  
 Time of Services 1922 Burial Lot 1922

Date of Interment 1922 \* State whether White or Black \* Insect-Treat and Stow

Casket or Coffin No. 166 Made by  Price 112.00  
 Size  Lining

Headline  Plates   
 Outside Box Card Price 11.00

Burial robe Black Price 12.00  
 Pressing body with Black Price 3.00

Washing and Dressing  Price   
 Shaving  Price

Make  Price   
 Sertons Uncovered to Room Price 5.00

Use of Chains  Price   
 Church Chalice  Price

Cemetery Fee Interment Price 2.00  
 Total 112.00

Flowers  Price   
 Candles  Price

Gloves  Price   
 Pall Bearer of Porter  Price

Hearse to  Price   
 Carriage for  Price

Carriage at Funeral  Price   
 Death Notice to  Price

Officiating Clergman  Price   
 Goods ordered by  Price

Bill charged to Chas. H. Davis Price 112.00  
 Total 112.00

Date April 6, 1922 Check 112.00

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date \$1

Ready No. 6. David C. Lodge Total to date \$1

Date of Birth July 8 1872 Age 25 Years  
 Date of Death July 28 1923 Color 1 Days  
 Name of Decedent David C. Lodge

Address of Decedent David C. Lodge Sex Male Single  
 Maiden Name of Decedent \_\_\_\_\_ Ward No. \_\_\_\_\_

Place of Birth Ward Street W. Washburn St.  
 Residence \_\_\_\_\_ City Ward State Mass.

Occupation W. Washburn St. Wife of \_\_\_\_\_  
 Birthplace Ward Place of Birth Ward

Name of Father David C. Lodge His Birthplace Ward  
 Maiden Name of Mother Elizabeth C. Lodge Her Birthplace Ward

Case of death Primary, Cancer of the Prostate Duration \_\_\_\_\_  
 Cause of death Secondary

Certifying Physician Dr. J. J. ... Toll Residence \_\_\_\_\_  
 Place of burial Ward Cemetery, Lot or Grave No. 222 Section 10

Funeral Services at \_\_\_\_\_ Funeral Home \_\_\_\_\_  
 Time of Services \_\_\_\_\_

Date of Interment July 28 1923 Funeral Home \_\_\_\_\_  
 Place of Interment Ward Funeral Home \_\_\_\_\_

Casket or Coffin No. 222 Price \$110.00  
 Size \_\_\_\_\_ Material by \_\_\_\_\_

Labeling \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

Headstone \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

Headstone \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

Headstone \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

Headstone \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

Headstone \_\_\_\_\_ Flowers \_\_\_\_\_  
 Headstone \_\_\_\_\_ Flowers \_\_\_\_\_

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Party No. 7

Total no. date 90

Name of Deceased: Miss Susan B. Smalley

Date of Birth: July 7, 1872 (Day) (Month) (Year)

Date of Death: Feb 25, 1923 (Month) (Day) (Year)

Age: 50 Years, 14 Months, 14 Days

Color: 1

Sex: Female

Married: Yes

Place of Birth: Northampton, Mass.

Residence: Northampton, Mass.

Street: West Cottage Hospital St.

Occupation: at home

Religion: Methodist

Wife of: Walter H. Smalley

Name of Father: Frederick H. Smalley

His Birth-place: Mass.

Name of Mother: Elizabeth Thomas

Her Birth-place: Conn. Not deceased

Cause of death: Primary, tubercular meningitis

Duration: 3 weeks

Physician: Edward Prospect Hill

His Residence: Prospect Hill

Cemetery, Lot or Grave No.: 430

Section No.: 1

Place of Burial: Prospect Hill

Time of Service: 11:00 A.M.



Put in the lid closed, and mark the lid open Green tick, and mark the lid open Red tick. (See page 1)

Date of Interment: Feb 25, 1923

Place of Interment: Josephine St. Smalley

Casket or Coffin No.	<u>285-A</u>	1.55	00
Bin	Made by		
Urn			
Headlin			
Flats			
Outside Box	<u>None</u>	10	00
Heard robe			
Preserving Body with	<u>Formal</u>	12	00
Washing and Dressing		5	00
Shaving	<u>12 hours from hospital</u>	5	00
Music	<u>to 14 hours</u>	5	00
Services	<u>to Church</u>	5	00
Use of Chairs			
Church Charge	<u>Church</u>	2	00
Cemetery Fee, S. returned		2	00
<b>Total</b>		<b>119</b>	<b>00</b>

Flowers			
Candles			
Gloves			
Pill Boxes or Paper			
Hearse to			
Carriages for			
" "			
" "			
Carriages at Funeral			
Death Station in			
Officiating Clergyman			
Goods ordered by			
Bill charged to <u>Josephine St. Smalley</u>			<u>199 00</u>
<b>Total</b>			<b>199 00</b>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Trial to date 9/1

Yearly No. 8  
 Date of Birth John May Stiff  
 Date of Death May 25 1924  
 Name of Deceased John May Stiff  
 Maiden Name of Deceased  
 Place of Birth Manchester  
 Residence St. Louis  
 Occupation Bookkeeper  
 Birthplace Manchester, Mass.  
 Name of Father George S. Coffin  
 Maiden Name of Mother Letitia Caldwell  
 Cause of death Primary brain tumor - operation  
 Cause of death - secondary  
 Certifying Physician Howard  
 Place of burial W. H. Harrison  
 Place of services at  
 Date of services March 6 1924  
 Name of funeral home William C. Stiff

Time, date, name of service St. Paul's  
 Sex Single  
 Wife of W. H. Harrison  
 His Birthplace Manchester  
 Her Birthplace Manchester England

Place of death St. Louis  
 Date of death May 25 1924  
 Cause of death Primary brain tumor - operation  
 Cause of death - secondary  
 Certifying Physician Howard  
 Place of burial W. H. Harrison  
 Place of services at  
 Date of services March 6 1924  
 Name of funeral home William C. Stiff

Funeral Home William C. Stiff  
 Address 1111 Olive St. St. Louis, Mo.  
 Telephone 1111  
 City St. Louis  
 State Mo.

Item	Quantity	Price	Total
Casket or Coffin No. <u>39</u>		\$30.00	
Shroud			
Embroidery			
Flowers			
Outside Box <u>Private</u>		10.00	
Preparatory Body with <u>Stiff</u>		4.00	
Washing and Dressing		12.00	
Shaving		5.00	
Maintenance			
Use of Chair			
Church Charges			
Gravestone Fee <u>William C. Stiff</u>		20.00	
<b>Total</b>			<b>81.00</b>

Date	Description	Amount	Balance
Apr 11 1924	Coal	2.00	79.00
Oct 15 1924		25.00	54.00
Aug 1 1924		16.00	38.00
		51.00	13.00



# RECORD AND BILL OF ITEMS

Yearly No. 9 Total to date 92

FOR THE FUNERAL OF

Name of Deceased Edward F. Holbrook  
 Date of Birth 1885 (Year) 7 (Month) 14 (Days)  
 Date of Death 1923 (Year) 5 (Month) 14 (Days)  
 Cause of Death Heart  
 Medical Name of Deceased Edward F. Holbrook

Place of Death Manchester Street 3 High Lane Ward No. \_\_\_\_\_  
 Residence Manchester Sex Male Single Married Married Married  
 Occupation Retired at Westford With a Friend of it  
 Birthplace Manchester Widow of \_\_\_\_\_  
 Name of Father Daniel Holbrook His Birthplace Concord  
 Maiden Name of Mother Susan E. Holbrook Her Birthplace Manchester  
 Cause of death (Primary, Chronic, Myocardial) Myocardial Duration \_\_\_\_\_

Cause of death (Secondary) \_\_\_\_\_ Duration \_\_\_\_\_  
 Certifying Physician Dr. Peck His Residence \_\_\_\_\_  
 Place of burial Newbury Country, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funerary Services at \_\_\_\_\_  
 Time of Services \_\_\_\_\_

Date of Insurance Mich. 9 1923  
Manchester, N.H. † State whether White or Black † Insert True and True



Casket or Coffin No.	<u>100</u>	Flowers	
Size	<u>Made by</u>	Candles	
Lining		Gloves	
Headlin.		Fun. Resters or Purser	
Felt	<u>Paris</u>	Hearse in	Country
Outside Box	<u>10.00</u>	Carriages for	
Burial robe	<u>10.00</u>	" "	
Preserving Body with	<u>12.00</u>	Carriage at Funeral	
Washing and Dressing	<u>5.00</u>	Death Notices in	
Shaving		Obituary Clergyman	
Makeup		Goods ordered by	
Services	<u>1.00</u>	Bill charged to <u>Walter Family</u>	<u>118.00</u>
Use of Chair <u>1 Day</u>			<u>1.00</u>
Church Charges			
Country Fee <u>Statement</u>	<u>20.00</u>		
<b>Dk.</b>	<b>8118.00</b>		

Rec. From Walter Family May 6 1923 6.00 Cash  
May 9 40.00  
Dec 5 1924 Church 35.00  
9118.00

Walter Family  
Belmont Street 1924  
Manchester, N.H.

**RECORD AND BILL OF ITEMS**

Yearly No. 116

FOR THE FUNERAL OF

Total to date 92

Date of Birth June 8 1914 Name John M. Adams Sex Male Age 26 Years 12 Months 3 Days 3

Date of Death March 9 1941 (Day) 9 (Month) 3 (Year) 1941 Older than 30 (Years) 3 (Months) 3 (Days)

Address of Deceased 101 N. 1st St. St. Paul, Minn.

Place of Death St. Paul, Minn. Name St. Paul Ward No. 1

Residence 101 N. 1st St. St. Paul, Minn. Name St. Paul Ward No. 1

Occupation Truck Driver Sex Male Single Married

Birthplace St. Paul, Minn. Widow of John M. Adams

Name of Father William M. Adams His Birthplace St. Paul, Minn.

Mother Name Elizabeth Adams Her Birthplace St. Paul, Minn.

Cause of Death Heart Failure Duration 10 Days

Place of Burial St. Paul Rite Protestant

Funeral Services at St. Paul Cemetery, Lot or Grave No. 1 Section 1

Date of Interment March 9 1941 Diagram of Plot  1

Name John M. Adams Burial Lot 1

Put in figure one each in the following places: 1. In the upper right hand corner; 2. In the lower right hand corner; 3. In the upper left hand corner; 4. In the lower left hand corner.

Coat or Casket No. <u>111</u>	Price <u>155.00</u>	Tissues	
Shoes		Cards	
Lining		Claret	
Handles		Full Insulator or Protector	
Plate		Heaven to	
Outside Ins.	<u>Price</u>	Caskets for	
Burial robe		" "	
Pressing Body with	<u>Price</u>	Caskets at Funeral	
Washing and Dressing	<u>Price</u>	Death Notices in	
Shaving	<u>Price</u>		
Make <u>Removal to house</u>	<u>Price</u>		
Services <u>to house</u>	<u>Price</u>		
Use of Chair <u>2 days</u>	<u>Price</u>		
Church Charge	<u>Price</u>		
Cemetery Fee <u>Interment</u>	<u>Price</u>		
<b>Total</b>	<b>2197.00</b>		

# RECORD AND BILL OF ITEMS

Total to date 94.

Yearly No. 111

FOR THE FUNERAL OF

*James G. Fudge*

Date of Birth: *Sept 23 1882*      Age: *25* Years  
 Date of Death: *Mich 1923*      Color: *White*      Months: *5*  
 Name of Deceased: *James G. Fudge*      Days: *12*

Maiden Name of Deceased: \_\_\_\_\_  
 Place of Death: *Nantucket*      Street: *T. Fair*      Ward No. \_\_\_\_\_  
 Residence: *Nantucket*      Sex: *Single*      Married: \_\_\_\_\_  
 Occupation: *at home*      Wife of: \_\_\_\_\_

Birth-place: *Nantucket*      Widow of \_\_\_\_\_  
 Name of Father: *Richard G. Fudge*      His Birth-place: *Nantucket*

Maiden Name of Mother: *Jane Parsons*      Her Birth-place: *Mass. with beard*

Cause of death: *Primary, Cerebral Hemorrhage*      Duration: \_\_\_\_\_  
 Cause of death: *Secondary*      Duration: \_\_\_\_\_

Physician: *Howard*      His Residence: \_\_\_\_\_  
 Embalmer: *Prospect Hill*      Country, Lot or Grave No.: *85*      Section No. \_\_\_\_\_

Funeral Services at: \_\_\_\_\_  
 Time of Services: \_\_\_\_\_

Date of Burial: *March 11 1923*      Diagram of Burial Lot: 

Place of Burial: *Prospect Hill*      State whether White or Black:  White       Black

Casket or Coffin No.: *120*      Price: *50.00*      Flowers: \_\_\_\_\_  
 Linen: \_\_\_\_\_      Made by: \_\_\_\_\_      Candles: \_\_\_\_\_

Handles: \_\_\_\_\_      Glasses: \_\_\_\_\_  
 Pall: \_\_\_\_\_      Pall Straps or Purses: \_\_\_\_\_      Country: \_\_\_\_\_

Outside Box: *Paper*      Price: *1.00*      Hearse or Carriage for \_\_\_\_\_  
 Price: \_\_\_\_\_      " " " " \_\_\_\_\_  
 " " " " \_\_\_\_\_

Preserving Body with: *Formal*      Price: *12.00*      Carriage at Funeral \_\_\_\_\_  
 Washing and Dressing: \_\_\_\_\_      Price: *5.00*      Death Notices in \_\_\_\_\_  
 Shaving: \_\_\_\_\_      Music: \_\_\_\_\_

Services: \_\_\_\_\_      Officiating Clergyman \_\_\_\_\_  
 Use of Chalice \_\_\_\_\_      Goods ordered by *James G. Fudge*  
 Church Charges \_\_\_\_\_      Bill charged to *James G. Fudge*      97.00

Country Fee: *Indifference*      Price: *2.00*      *James G. Fudge*  
 Total: *197.00*      U.S.

Date: *July 16 1923*      Check

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 95

Form No. 12

Walter Lewis Palmer

Date of Birth: Sept 25 1872 Age: 29 Years, 3 Months, 12 Days  
 Date of Death: March 13 1902 Code 1  
 Name of Deceased: Walter Lewis Palmer

Place of Birth: Washburn, Me. Spouse: Mrs. George W. Palmer  
 Residence: Washburn, Me. Sex: Male

Occupation: Farmer  
 Name of Father: George W. Palmer  
 Name of Mother: Ella Birney Palmer

Place of Death: Washburn, Me. Cause of Death: Primary, cerebral hemorrhage  
 Name of Physician: Dr. W. H. ...

Funeral Services at: Washburn, Me. Date of Service: March 13 1902  
 Time of Service: 11:00 AM

Casket or Coffin No. 128 Made by: ...  
 Tablets: ...  
 Burial: ...

Outside Box: Brass  
 Burial robe: ...  
 Preparing body with: ...  
 Washing and Dressing: ...  
 Shaving: ...  
 Hair: ...  
 Serrins: ...  
 Tie of Chain: ...  
 Cards: ...  
 Cemetery No. ...

Diagrams of: ...  
 Diagram of: ...  
 Diagram of: ...

Property: ...  
 Caskets: ...  
 Pall: ...  
 Hearse: ...  
 Carriages: ...  
 Carriages at Funeral: ...  
 Death Station: ...

Outstanding Charges: ...  
 Goods ordered by: ...  
 Bill charged to: ...

March 13 1902	Cash	127 00
March 13 1902	Check No. 131	127 00
		254 00

# RECORD AND BILL OF ITEMS

Total to date 96

Entry No. 13

FOR THE FUNERAL OF

Allen Hatch

Date of Birth Aug 22 1871  
 Date of Death May 17 1923  
 State of Decedent Ohio  
 Maiden Name of Deceased Ellen Hatch  
 Color of Hair Blue  
 Color of Eyes Blue  
 Age 51 Years  
 6 Months  
 23 Days

Middle Name of Deceased  
 Place of Birth Nanticoke  
 Residence Nanticoke  
 Occupation Genl. Hrs.  
 Birth place Ireland  
 Name of Father James Masters  
 Maiden Name of Mother Mary  
 Cause of death Primary, arterial sclerosis  
 Cause of death Secondary  
 Certifying Physician Robert Hill  
 Place of burial Rosefield Hill  
 Funeral Services at  
 Time of Services

Street 37 Union  
 Sex Male  
 Marital Status Married  
 Wife's Name Mrs. C. Hatch  
 Widow of  
 His Birthplace Ireland  
 Her Birthplace  
 Duration  
 His Residence  
 Country, Lot or Grave No. 437 Section No.

Date of Interment May 21 1923  
 Name of Undertaker W. J. Tolson

Coat of Collar No.	370	1.00 00	Flowers	
Buttons	Made by		Caskets	
Lining			Gloves	
Headlin.			Pail Liners or Yarns	
Plugs	None	1.50 00	Burials in	Country
Shroud robe			Caskets for	
Preserving Body with	Formal	12.00 00	" "	
Washing and Dressing			" "	
Shaving		5.00 00	Caskets at Funeral	
Music			Death Notices in	
Services			Officiating Clergyman	
Use of Chalice	2 1/2 Hg.	2.50 00	Goods ordered by	
Church Charges			Bill charged to	199 50
Country Fun. Entertainment		20.00 00		
<b>Total</b>		<b>179 50</b>		

Debit to Cash	1923 Cash	199 50
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Print the figures on each line in ink. Do not use ink for the figures. Do not use ink for the figures. Do not use ink for the figures. Do not use ink for the figures. Do not use ink for the figures.

RECORD AND BILL OF ITEMS

Yearly No. 170

FOR THE FUNERAL OF

Total in date 97

Lydia T. Ray

Date of Birth April 23 1871 Age 77 Years  
 Date of Death April 30 1948 Sex Female Color Blue  
 Name of Decedent Lydia T. Ray Days

Marital Status of Decedent Widow Widow of George Ray Ward No. \_\_\_\_\_  
 Place of Birth Wentworth, Mass. Residence Wentworth, Mass.  
 Residence 123 Orange St., Marital Widow

Occupation Wife of George Ray  
 Birthplace Wentworth, Mass.  
 Name of Father George Ray His Birthplace Wentworth, Mass.  
 Name of Mother Anna Ray Her Birthplace Wentworth, Mass.

Cause of death Senility Duration \_\_\_\_\_  
 Certifying Physician Dr. [Signature] Residence \_\_\_\_\_  
 Place of burial Wentworth Cemetery, Lot or Grave No. \_\_\_\_\_ Burial No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services \_\_\_\_\_  
 Date of Interment April 5 1948  Burial in Wentworth  Burial in Wentworth  
Wentworth  Burial in Wentworth  Burial in Wentworth

Category	Quantity	Unit Price	Total
Casket or Coffin No. <u>120</u>			\$ 50.00
Urn			
Limbs			
Headlin			
Flowers			
Double Box <u>Floral</u>			1.00
Preparation Body with <u>Floral</u>			12.00
Washing and Dressing			5.00
Shaving <u>Removal of hair</u>			5.00
Made <u>to order</u>			5.00
Services <u>Wentworth, Mass.</u>			6.00
Use of Chair <u>2 days</u>			2.00
Church Charges			2.00
Cemetery Fee <u>Wentworth</u>			2.00
<b>Total</b>			<b>109.60</b>

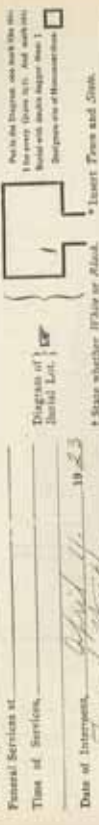
PAID  
 APR 14 1948  
 WENTWORTH, MASS.  
 WENTWORTH FUNERAL HOME

# RECORD AND BILL OF ITEMS

Yearly No. 15 Total to date 92

FOR THE FUNERAL OF

Name of Deceased Elizabeth F. North  
 Date of Birth 1862 Age 74 Years Months 4 Days 1  
 Date of Death April 11, 1937 Color White  
 State of Deceased Wisconsin Burial St. Francis Ward No. 1  
 Maiden Name of Deceased North Sex Female Married Married  
 Place of Birth Wisconsin Religion Methodist  
 Residence 1234 North Widely of Mary H. North  
 Occupation Retired No. of Birth-plans 2  
 Name of Family Elizabeth North Her Birth-place Wisconsin  
 Maiden Name Elizabeth North Her Birth-place Wisconsin  
 Cause of Death Arteriosclerosis  
 Certifying Physician Dr. J. C. Felt Duration  
 Place of Burial North City, Lot or Grave No. Section No.  
 Funeral Services at



Date of Interment April 11, 1937  
Elizabeth North

Casket or Coffin No.	<u>390</u>	Made by	
Size	<u>110/100</u>	Flowers	
Lining		Candles	
Handles		Gloves	
Plate	<u>1.00</u>	Pail Inveers or Porter	
Quadrant box		Revolve to	Country
Burial robe	<u>1.20</u>	Carrriage lot	
Preserving body with	<u>5.00</u>		
Washing and Dressing		Carrriage & Funeral	
Shaving	<u>5.00</u>	Death Notices to	
Mials, <u>Revered Be. Marys</u>	<u>5.00</u>	Officiating Clergymen	
Sermons, <u>Horold</u>		Goods refused by	
Use of Casket		Bill charged to <u>Co. H. H. H. H.</u>	<u>7.07.00</u>
Church Charges	<u>2.00</u>		
Country Fee, <u>Wisconsin</u>	<u>5.00</u>		
<b>Total</b>	<b><u>37.00</u></b>		<b><u>107.00</u></b>

# RECORD AND BILL OF ITEMS

For the funeral of Miss M. M. Macy held on date 97

Yearly No. 16  
 Date of Birth May 19 1877  
 Date of Death July 2 1925  
 Name of Decedent Miss M. M. Macy  
 Maiden Name of Decedent Miss M. M. Macy  
 Place of Birth Ypsilanti Mich.  
 Residence at home  
 Occupation at home  
 Name of Father Charles B. Macy His Birthplace Warren, Mich.  
 Maiden Name of Mother Elizabeth M. Mackenzie Her Birthplace Warren, Mich.  
 Cause of Death Primary, Arterio Sclerosis  
 Certifying Physician Dr. J. C. Hill Location Ypsilanti, Mich.  
 Place of Burial Rockwell Hill His Residence Ypsilanti, Mich.  
 Funeral Services at Rockwell Hill Cemetery, Lot or Grave No. 35 Section No. 1  
 Time of Services 10:00 A.M.

Date of Payment April 16 1925  
 Name of Payee Wm. H. Macy  
 Address of Payee 1111 Broadway, New York  
 Name of Carrier Wm. H. Macy  
 Address of Carrier 1111 Broadway, New York  
 Name of Driver Wm. H. Macy  
 Address of Driver 1111 Broadway, New York  
 Name of Collector Wm. H. Macy  
 Address of Collector 1111 Broadway, New York

Funeral Expenses:  
 Casket or Coffin \$0.00  
 Linen \$0.00  
 Embalming \$0.00  
 Undertaker's Fee \$25.00  
 Burial \$5.00  
 Transportation \$0.00  
 Miscellaneous \$0.00  
 Total \$30.00

Date	Description	Amount
Apr. 16, 1925	Wm. H. Macy Cash	\$25.00
Apr. 17, 1925	Wm. H. Macy Cash	\$5.00
	<b>Total</b>	<b>\$30.00</b>

Date	Description	Amount
Apr. 16, 1925	Wm. H. Macy Cash	\$25.00
Apr. 17, 1925	Wm. H. Macy Cash	\$5.00
	<b>Total</b>	<b>\$30.00</b>







# RECORD AND BILL OF ITEMS

Yearly No. 19 FOR THE FUNERAL OF Stephanie de Witte Total to date 102.

Date of Birth, 1900 Age 19 Years, Months, Days  
Date of Death, July 9, 1923 Color of White  
Name of Deceased, Miss Stephanie de Witte

Place of Death, Went to Hospital Street, Went to Hospital Ward No.  
Residence, Went to Hospital Sex, Male Single  Married

Occupation, Went to Hospital With of Went to Hospital  
Birthplace, Went to Hospital Widow of Went to Hospital  
Name of Father, Stephanie de Witte His Birthplace, Went to Hospital  
Name of Mother, Stephanie de Witte Her Birthplace, New Hampshire  
Cause of Death, Primary Stillborn Duration, Went to Hospital

Cause of Death, Secondary Duration, Went to Hospital  
Certifying Physician, Dr. Ross and Dr. I. Bennett His Residence, Went to Hospital  
Place of Burial, Went to Hospital Country, Lot or Grave No., Went to Hospital Section No., Went to Hospital

Funeral Services at Went to Hospital Degree of Went to Hospital  
Time of Services, Went to Hospital Burial Lot, Went to Hospital

Date of Inquest, July 9, 1923  Note the Degree and mark the box  
Place of Inquest, Went to Hospital  This entry should be in full with the  
Name of Inquest, Went to Hospital  Name of the Inquest and page No. 1  
Name of Inquest, Went to Hospital  Name of the Inquest and page No. 1

Casket or Coffin No.	<u>100</u>
Size	<u>18 1/2</u>
Lining	<u>Went to Hospital</u>
Handles	<u>Went to Hospital</u>
Flats	<u>Went to Hospital</u>
Outside Box	<u>Went to Hospital</u>
Burial robe	<u>Went to Hospital</u>
Preserving Body with	<u>Went to Hospital</u>
Washing and Dressing	<u>Went to Hospital</u>
Shaving	<u>Went to Hospital</u>
Makeup	<u>Went to Hospital</u>
Services	<u>Went to Hospital</u>
Use of Chain	<u>Went to Hospital</u>
Church Charges	<u>Went to Hospital</u>
Country Fee	<u>Went to Hospital</u>
Da.	<u>Went to Hospital</u>

Flowers	
Candles	
Gloves	
Full Beakers or Urns	
Reverse to	
Carriages for	
" "	
" "	
Carriages of Funeral	
Death Notices in	
Officiating Clergyman	
Goods ordered by	
Bill charged to	<u>Stephanie de Witte \$15.00</u>
U.S.	
July 9 Cash	<u>\$15.00</u>





RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date: 1.85

Yearly No. 22

Charles W. Dyball

Date of Birth: April 27, 1875, Color: 63, Sex: Male  
 Name of Deceased: Charles W. Dyball, Age: 43, Years: 63, Months: 0, Days: 0

Native State of Decedent: Massachusetts

Place of Death: Most convenient Way, Boston, via Board Office, Ward No. 12, Church: Methodist

Occupation: Eng. Baker, Place of Birth: Lowell, Mass., Date of Birth: 1875, Name of Bishop: James A. Doyle

Burial Place: Holy Trinity, Boston, Mass., Name of Bishop: James A. Doyle, Name of Bishop: James A. Doyle

Name of Pastor: Charles Dyball, His Burial Place: Holy Trinity, Boston, Mass., Name of Bishop: James A. Doyle

Name of Minister: Charles Dyball, His Burial Place: Holy Trinity, Boston, Mass., Name of Bishop: James A. Doyle

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Name of Minister: Charles Dyball, His Burial Place: Holy Trinity, Boston, Mass., Name of Bishop: James A. Doyle

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 1.06

Yearly No. 23

Name of Deceased James A. Hobson

Date of Birth Jan 15 1877 Age 32 Years  
 Date of Death Apr 2 1909 5 Months  
13 Days

Name of Deceased James A. Hobson  
 Maiden Name of Deceased Martha A. Hobson  
 Place of Birth W. Vermont  
 Street W. Vermont Ward No.           
 Res. W. Vermont Single  Married

Occupation Retired W. of           
 Birthplace W. Vermont Widow of James B. Hobson

Name of Father          Birthplace           
 Maiden Name          Birthplace           
 Cause of death          Bar          Birthplace         

Primary          Secondary           
 Cause of death          Duration           
 Certifying Physician          His Residence           
 Place of burial          Cemetery, Lot or Grave No. 21 Section No.         

Funeral Services at           
 Time of Services           
 Date of Interment Apr 1 1909

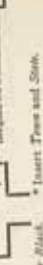


Diagram of Casket Lid    
 \* Place whether inside or outside \* Insert Ties and Straps

Casket or Coffin No.	<u>140</u>	Flowers	
Size	<u>32x76</u>	Candles	
Lining	<u>        </u>	Gloves	
Handles	<u>        </u>	Pull levers or Pinner	
Photo	<u>        </u>	Rest to	<u>Country</u>
Outside Box	<u>        </u>	Carriage by	
Burial robe	<u>        </u>	" "	
Pressing body with	<u>        </u>	Carriages at Funeral	
Washing and Dressing	<u>        </u>	Death Notices in	
Shaving	<u>        </u>	Officialing Clergyman	
Maid <u>        </u>	<u>        </u>	Goods ordered by <u>J. A. Hobson</u>	<u>119.02</u>
Services <u>        </u>	<u>        </u>	Bill charged to	
Use of Chairs <u>        </u>	<u>        </u>		
Church Charges	<u>        </u>		
Cemetery Fee <u>        </u>	<u>        </u>		
	<u>119.00</u>		

Dr.          Cr.         

Oct. 2 1909 Chick 119.00

RECORD AND BILL OF ITEMS

TOP THE FUNERAL OF

Total to date 187

Entry No. 24

Chaplain Gardner

Date of Birth Sept 18 1874 Age 53 Years  
 Date of Death Sept 24 1923 Age 49 Months  
 Name of Decedent Stephen Gardner Days 20

Relative Name of Decedent

Place of Death 915 1/2 St. N. Wash D.C. Home No. 1724  
 Residence 742 F. Street Wash D.C. City Wash D.C. State D.C.  
 Occupation None Sex Male Single Single Married Married

Birth-place 915 1/2 St. N. Wash D.C. Date of Birth Sept 18 1874  
 Name of Father John M. Gardner His Birth-place Wash D.C.  
 Mother Name Mary Ellen Gardner Her Birth-place Wash D.C.  
 Cause of Death Primary, Bronchitis Duration 10 days

Centring Physician Dr. Leonard His Residence Wash D.C.  
 Place of burial 1127 1/2 St. N. Wash D.C. Cemetery, Lot or Grave No. Section 10

Funeral Services at 1127 1/2 St. N. Wash D.C. Date of Burial Sept 24 1923  
 Time of Services 10:30 A.M. Burial Lot 107  
 Burial in Crypts  Burial in Vault  Burial in Mausoleum  Burial in other place  Burial in other place

Expense of Casket 25.00 Procession 10.00  
 Limousine 10.00 Casket 10.00  
 Hearse 10.00 Pall-bearers or Porters 10.00  
 Music 10.00 Hearse 10.00 Carriages for 10.00  
 Floral 10.00 Carriages at Funeral 10.00  
 Burial 10.00 Death Notice in 10.00

Funeral Home 10.00 Embalming 10.00  
 Church Charges 10.00 Goods referred by 10.00  
 Cemetery Fee 10.00 Bill charged to 10.00

Date	Description	Amount	Total
	Funeral Home	10.00	10.00
	Embalming	10.00	20.00
	Church Charges	10.00	30.00
	Cemetery Fee	10.00	40.00
	Floral	10.00	50.00
	Burial	10.00	60.00
	Funeral Home	10.00	70.00
	Embalming	10.00	80.00
	Church Charges	10.00	90.00
	Cemetery Fee	10.00	100.00
	Floral	10.00	110.00
	Burial	10.00	120.00
	Funeral Home	10.00	130.00
	Embalming	10.00	140.00
	Church Charges	10.00	150.00
	Cemetery Fee	10.00	160.00
	Floral	10.00	170.00
	Burial	10.00	180.00
	Funeral Home	10.00	190.00
	Embalming	10.00	200.00
	Church Charges	10.00	210.00
	Cemetery Fee	10.00	220.00
	Floral	10.00	230.00
	Burial	10.00	240.00
	Funeral Home	10.00	250.00
	Embalming	10.00	260.00
	Church Charges	10.00	270.00
	Cemetery Fee	10.00	280.00
	Floral	10.00	290.00
	Burial	10.00	300.00
	Funeral Home	10.00	310.00
	Embalming	10.00	320.00
	Church Charges	10.00	330.00
	Cemetery Fee	10.00	340.00
	Floral	10.00	350.00
	Burial	10.00	360.00
	Funeral Home	10.00	370.00
	Embalming	10.00	380.00
	Church Charges	10.00	390.00
	Cemetery Fee	10.00	400.00
	Floral	10.00	410.00
	Burial	10.00	420.00
	Funeral Home	10.00	430.00
	Embalming	10.00	440.00
	Church Charges	10.00	450.00
	Cemetery Fee	10.00	460.00
	Floral	10.00	470.00
	Burial	10.00	480.00
	Funeral Home	10.00	490.00
	Embalming	10.00	500.00
	Church Charges	10.00	510.00
	Cemetery Fee	10.00	520.00
	Floral	10.00	530.00
	Burial	10.00	540.00
	Funeral Home	10.00	550.00
	Embalming	10.00	560.00
	Church Charges	10.00	570.00
	Cemetery Fee	10.00	580.00
	Floral	10.00	590.00
	Burial	10.00	600.00
	Funeral Home	10.00	610.00
	Embalming	10.00	620.00
	Church Charges	10.00	630.00
	Cemetery Fee	10.00	640.00
	Floral	10.00	650.00
	Burial	10.00	660.00
	Funeral Home	10.00	670.00
	Embalming	10.00	680.00
	Church Charges	10.00	690.00
	Cemetery Fee	10.00	700.00
	Floral	10.00	710.00
	Burial	10.00	720.00
	Funeral Home	10.00	730.00
	Embalming	10.00	740.00
	Church Charges	10.00	750.00
	Cemetery Fee	10.00	760.00
	Floral	10.00	770.00
	Burial	10.00	780.00
	Funeral Home	10.00	790.00
	Embalming	10.00	800.00
	Church Charges	10.00	810.00
	Cemetery Fee	10.00	820.00
	Floral	10.00	830.00
	Burial	10.00	840.00
	Funeral Home	10.00	850.00
	Embalming	10.00	860.00
	Church Charges	10.00	870.00
	Cemetery Fee	10.00	880.00
	Floral	10.00	890.00
	Burial	10.00	900.00
	Funeral Home	10.00	910.00
	Embalming	10.00	920.00
	Church Charges	10.00	930.00
	Cemetery Fee	10.00	940.00
	Floral	10.00	950.00
	Burial	10.00	960.00
	Funeral Home	10.00	970.00
	Embalming	10.00	980.00
	Church Charges	10.00	990.00
	Cemetery Fee	10.00	1000.00



### RECORD AND BILL OF ITEMS FOR THE FUNERAL OF

Total to date 108.

Yearly No. 251

Name Nelson May  
 Date of Birth Dec 13 1904  
 Date of Death March 16 1923 Color f Age 18 Years 3 Months 2 Days 2  
 Name of Deceased Nelson May

Maiden Name of Deceased  
 Place of Death New York City Street 111 Madison Ave Ward No.  
 Residence New York City

Occupation Retired Sex Male Single Yes Married Never  
 Birth place New York City Wife of Anna S. May

Name of Father John May His Birth place New York City  
 Name of Mother Ruth Her Birth place New York City

Cause of death Primary hyperpyrexia Duration  
 Certifying Physician

Place of burial Dorchester Hill His Residence  
 Cemetery, Lot or Grave No. 233 Case Section No.

Funeral Services at  
 Time of Services

Date of Interment March 17 1923  
 Time of Interment 11:00 AM

Casket or Coffin No.  
 Linen  
 Handlin.  
 Plans  
 Outside Box  
 Burial robes  
 Preserving body with  
 Washing and Dressing  
 Shaving  
 Manic.  
 Services

Flowers  
 Candles  
 Glasses  
 Pall Bearings or Pines  
 Hearse to St. John's Cemetery  
 Carriages for  
 " " " " " "  
 Carriages at funeral  
 Death Notices in  
 Officialising Clergman  
 Goods ordered by  
 Bill charged to

Di.  
 U.S.  
June 7 1923 Check 25.00  
25.00



Place on Diagram and mark the site  
 of the Grave with and mark the  
 location of the Casket with a  
 check in the appropriate box  
 Diagram on adjacent page

† State whether (Flax or Birch) \* Insert Time and Date

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Final to date 1919

Yearly No. 26

Adel Boston Leonard

Date of Birth: July 20 1851 Age: 67 Years  
 Date of Death: May 22 1918 Color: Blue  
 Sex of Deceased: Male  
 Name of Deceased: Adel O. Leonard  
 Maiden Name of Deceased: \_\_\_\_\_

Place of Death: New York City  
 Street: 12 Stuyvesant St. Ward No. \_\_\_\_\_  
 No. Married: Single Married

Occupation: At Home  
 Birth-place: Delaware  
 Name of Father: Samuel D. Boston  
 His Birth-place: Chathamge N. Y.  
 Name of Mother: Mrs. Cordy  
 Her Birth-place: Cordy Conn. N. Y.  
 Cause of death: Primary chronic disease  
 Disease: \_\_\_\_\_

Case of death: secondary pulmonary tuberculosis  
 Certifying Physician: Dr. C. C. C. \_\_\_\_\_  
 Place of burial: Brooklyn Ave. N. Y.  
 Funeral Services at: St. Ann's Church May 26, 1918  
 Time of service: 11:00 A.M.  
 Name of Undertaker: W. J. Richardson  
 Date of Estimate: May 26, 1918

Funeral home: \_\_\_\_\_  
 Burial lot: \_\_\_\_\_  
 Section No. \_\_\_\_\_  
 \*State whether: (P) in or (A) in, \*Insert Times and Dates.

Casket or Casket No.	390	Price	110.00
Site	Made by		
Lining			
Handles			
Price			
Outside Box	Hebrante	Price	45.00
Burial robe			
Preserving Body with			
Washing and Dressing			
Shaving			
Made	Professional	Price	20.00
Use of Chair			
Church Charges	1st and 2nd Mass	Price	4.00
Cemetery Fee	Gravestone	Price	15.00
		Total	194.00

Balance	52	1920	Check	204.00
Carriage at Funeral				
Death Notice in				
Printed Program				
Carriage for				
Carriage at Funeral				
Death Notice in				
Printed Program				
Carriage for				
Carriage at Funeral				
Death Notice in				
Printed Program				
Carriage for				
Carriage at Funeral				
Death Notice in				
Printed Program				
Carriage for				

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## RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 27      Wm. G. Robinson      Wm. G. Robinson

Date of Birth:      M 1921      Color: Ap      Years: 70      Months:      Days:           

Date of Death:      Wm. G. Robinson      Age: 70      Years:      Months:      Days:           

Name of Deceased:      Wm. G. Robinson      Married:     

Maiden Name of Deceased:      \_\_\_\_\_

Name of Next-of-Kin:      \_\_\_\_\_

Place of Death: Mt. Vernon N.Y.      Street: 115 Broadway      R.R. No. \_\_\_\_\_

Residence: at Home      Sex: Wed      Single: \_\_\_\_\_      Married: \_\_\_\_\_

Occupation: \_\_\_\_\_      Wife of: \_\_\_\_\_

Birthplace: Baltimore Md      Widow of: Charles P. Robinson

Name of Father: David Lewis      His Birthplace: Hardby Md

Maiden Name of Mother: Sarah Allen

Cause of death: Primary: Chronic Nephritis      Her Birthplace: Chesapeake

Duration: \_\_\_\_\_

Cause of death: Secondary: \_\_\_\_\_

Certifying Physician: \_\_\_\_\_      His Residence: \_\_\_\_\_

Place of burial: Prospect Hill      Cemetery, Lot or Grave No.: 414      Section No.: \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services \_\_\_\_\_

Date of Inquest: May 17 1923      Disposition of Body:

W. G. Robinson 10 Broadway      Designate time of Inquest:

Casket or Coffin No.	Flowers	Cost
Bier	Candles	
Lining	Gloves	
Headlin	Pall Drivers or Porter	
Plate	Herron	
Outside Box	Carriages for	
Burial robe	" "	
Preserving Body with	" "	
Washing and Dresting	Carriages at Funeral	
Shaving	Death Notices in	
Music	Official Clergyman	
Servants	Goods ordered by	
Use of Chalk	Bill charged to	
Church Charges	<u>E. W. Robinson</u>	<u>25.00</u>
Country Tricost		

Total

June 5, 1923 Chkd		
Total		<u>25.00</u>

RECORD AND BILL OF ITEMS

For the Funeral of Catharine T. Parsons Held on date 111

Year No. 28 Catharine T. Parsons  
 Date of Birth May 25 1873 Sex Wife Age 70 Years  
 Date of Death May 25 1923 Color White Height 5 1/2 Feet  
 Name of Decedent Catharine T. Parsons Birthplace Clare, Michigan

Place of Birth Waukegan, Ill. Spouse 4 Liberty Ward No. 14  
 Residence Waukegan, Ill. Sex Single Height 5 1/2 Feet

Occupation Wife of Birthplace Clare, Michigan  
 Name of Father Michael Parsons His birthplace Clare, Michigan  
 Maiden Name Catharine Conway Her Birthplace Clare, Michigan

Cause of Death Stroke Duration 1 Week  
 Certifying Physician Robert Place of Burial Catholic  
 Place of Burial Catholic Cemetery, Lot or Grave No.  Section No.

Funeral Services at  Time of Service 11:00 AM  
 Date of Burial May 25 1923  Burial in   Burial in   
 Place of Burial Catholic  Burial in   Burial in

Item	Quantity	Price	Total
Casket or Coffin No. <u>1425 1804</u>		<u>90 00</u>	
Urn			
Linings			
Flowers			
Music			
Outside Box <u>Parish</u>		<u>10</u>	
Burial robe			
Preserving body with <u>Chloro</u>		<u>15 00</u>	
Washing and Dressing			
Shaving			
Heads <u>4 for Bellows glass</u>		<u>1 00</u>	
Shirts <u>3 for candle</u>		<u>2 50</u>	
Use of <u>Parish Chapel</u>		<u>2 00</u>	
Church Charges <u>May 25</u>		<u>2 00</u>	
Cemetery Fee <u>Parish</u>		<u>2 00</u>	
<b>Total</b>		<b>142.50</b>	

# RECORD AND BILL OF ITEMS

Total to date 112.

Yearly No. 29

FOR THE FUNERAL OF

*Ernest H. Ferguson*

Date of Birth *Apr 20 1883* Age *69* Years  
 Date of Death *May 27 1952* Color *W* Months *7* Days

Name of Deceased *Ernest H. Ferguson*

Maiden Name of Deceased \_\_\_\_\_

Place of Death *Warrick* Burial *10 Federal* Ward No. \_\_\_\_\_

Residence \_\_\_\_\_ Sex *Single* Married \_\_\_\_\_

Occupation *News dealer* Widow of *Clara J. Ferguson*

Birth-place *Warrick* His Birth-place *Edgemoor, Mass.*

Name of Father *William Ferguson* Her Birth-place \_\_\_\_\_

Maiden Name of Mother *Louise P. Chadwick* Her Birth-place \_\_\_\_\_

Cause of death *Primary Myocardia* Duration \_\_\_\_\_

Time of death \_\_\_\_\_ Duration \_\_\_\_\_

Certifying Physician *Byronoid* His Residence \_\_\_\_\_

Place of burial *Prospect Hill* Cemetery, Lot or Grave No. *587* Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services \_\_\_\_\_

Date of Inquest *May 29 1952* Disposed of *1* Burial Lot

*Clara J. Ferguson* † State whether *White or Black* † Usual Time and Date

Casket or Coffin No. <i>2851</i>	Made by _____	Flowers _____
Shroud _____	_____	Candles _____
Lining _____	_____	Gloves _____
Headfin _____	_____	Full Beavers or Furor _____
Flats _____	<i>10.00</i>	Hearse to _____
Outside Box _____	_____	Caskets for _____
Burial robe _____	<i>12.00</i>	" " " " _____
Preserving body with _____	<i>5.00</i>	Caskets of Funeral _____
Washing and Drizzling _____	_____	Death Notices in _____
Shaving _____	_____	_____
Music _____	_____	_____
Servies _____	_____	_____
Use of Organ <i>2 1/2 day</i>	<i>2.50</i>	Outstanding Charges _____
Church Charges _____	_____	Goods ordered by _____
Cemetery Fee, <i>interment</i>	<i>20.00</i>	Bill charged to _____
	<i>184.50</i>	

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

*July 3 1952 Check 184.50*

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total in date 1/13

Yearly No. 30

Charlotte S. Coffey

Date of Birth: May 28, 1923; Date of Death: May 31, 1983; Age: 60; Sex: F; Color: Blue; Hair: Black; Eyes: Blue

Name of Decedent: Charlotte S. Coffey; Maiden Name of Decedent: Charlotte S. Coffey; Place of Birth: New York; Residence: Brooklyn, N.Y.; Birthplace: New York; Occupation: None; Widow of: George S. Coffey; Marital Status: Married

Name of Father: Raymond S. Coffey; Name of Mother: Elizabeth S. Coffey; Birthplace: New York; Cause of death: Primary; Cause of death: Secondary; Duration: None; Death: None; Place of burial: Prospect Hill; Cemetery, Lot or Grave No.: 156; Section No.: 2

Funeral Services at: Prospect Hill; Time of services: None; Date of layments: May 31, 1983; Place of layments: Charles S. Steinhilber; State where held: New York

Funeral Services at: Prospect Hill; Time of services: None; Date of layments: May 31, 1983; Place of layments: Charles S. Steinhilber; State where held: New York

Table with columns for Funeral Services, Casket or Coffin No., Made by, Price, and other details. Includes entries for 'Funeral Services at Prospect Hill' and 'Casket or Coffin No. 156'.

Table with columns for Date, Description, and Amount. Includes entries for 'June 5, 1983' and 'Cash. June 5, 1983'.

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Party No. 31

Total to date 114

Name of Deceased: *Lydiah B. Cook*  
 Maiden Name of Deceased: *Lydiah B. Wood*  
 Date of Birth: *Apr 23 1857*  
 Date of Death: *Apr 23 1923*  
 Age: *65* Years *1* Month *11* Days

Place of Death: *Northchapel*  
 Residence: *Northchapel*  
 Occupation: *Widow*  
 Birth-place: *Northchapel*  
 Name of Father: *Abner Wood*  
 Maiden Name of Mother: *Elizabeth Wood*  
 Cause of Death: *Primary Cancer*  
 Cause of Death: *Secondary*  
 Certifying Physician: *F. L. ...*  
 Place of Burial: *Prospect Hill*  
 Funeral Services at: \_\_\_\_\_

Date of Inquest: *June 2 1923*  
 Name of Inquest: *Arthur H. Cook*

Casket or Coffin: *None*  
 Burial: *None*  
 Lining: *None*  
 Headlin: *None*  
 Flute: *None*  
 Outside Box: *None*  
 Burial robe: *None*  
 Preserving Body with: *None*  
 Washing and Dressing: *None*  
 Shaving: *None*  
 Manicure: *None*  
 Services: *None*  
 Use of Chair: *2 1/2 days*  
 Church Charges: *None*  
 Country Fee: *None*

Flowers			
Candles			
Glazes			
Full Services at Death			
Hearses			
Carriages for			
Carriages at Funeral			
Death Notices			
Officiating Clergyman			
Goods ordered by			
Bill charged to			
			\$ 274.50

Date: *July 12 1923*  
 Check No. *1923 Check*  
 Amount: *\$ 274.50*

# RECORD AND BILL OF FEEMS

Yearly No. 32 FOR THE FUNERAL OF *Catherine Stadelbeck Allen* Total no. days 115

*Catherine Stadelbeck Allen*

Date of Birth *19 Aug 9* 1874  
 Date of Death *Aug 4 1923* 1923  
 Name of Decedent *Edith Stadelbeck Allen* Color *Blue*  
 Maiden Name of Decedent *Edith Stadelbeck Allen* Age *44* Years *1* Month *1* Day

Place of Death *Waukegan, Ill.* Residence *Waukegan, Ill.* Sex *Female*  
 Occupation *Homemaker* Will of *None*  
 Name of Father *Wm. Stadelbeck* His Residence *Waukegan, Ill.*  
 Name of Mother *Mary Stadelbeck* Her Residence *Waukegan, Ill.*  
 Cause of death *Secondary* Death in *Illinois*  
 Certifying Physician *Chas. G. Smith* His Residence *Waukegan, Ill.*  
 Place of burial *Waukegan, Ill.* Cemetery, Lot or Grave No. *502* Section No. *6*

Funeral Services at *Waukegan, Ill.* Time of Services *10:30 AM*  
 Date of Interment *Aug 7 1923*  Diagram of  Plot   
*Waukegan, Ill.*  Grave either inside or block  Tomb, Tree and Stone

Print the Diagram, too, and file the same with the Bill of Feems. It is not necessary to print the Diagram if the Bill of Feems is not to be printed. It is not necessary to print the Diagram if the Bill of Feems is not to be printed.

Casket or Coffin No. <i>160</i>		Pieces	Carriage	Churn	Full Boxes or Porter	Horns to Carriage for	Cemetery
Size	Made by						
Linings							
Hardware							
Price	Outside box <i>Rose</i>	<i>10.00</i>					
Special order							
Preserving body with		<i>12.00</i>					
Washing and dressing		<i>5.00</i>					
Shaving							
Maid							
Service	<i>Funeral home</i>	<i>5.00</i>					
Use of Chair	<i>Waukegan, Ill.</i>	<i>5.00</i>					
Church Charge							
Cemetery Fee	<i>Waukegan, Ill.</i>	<i>2.00</i>					
Diagrams of Plot							
Bill charged to <i>Waukegan, Ill.</i>							
Day	<i>Aug 15 1923</i>						
City	<i>Waukegan, Ill.</i>						
No.	<i>117</i>						

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# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 116.

Yearly No. 83.

Name of Deceased: Harriet B. Bennett

Date of Birth: Aug. 12, 1823 (Day, Month, Year)      Age: 71 Years, 7 Months, 26 Days

Name of Deceased: Harriet B. Bennett

Place of Birth: Wilmington      Street: 116 Mason      Ward No. \_\_\_\_\_

Residence: St. John      Sex: Wife of      Single, Married, Married

Occupation: Widow      Name of Spouse: James B. Bennett

Place of Birth: St. John      His Birth-place: Scotland

Mother's Name: Mary Wilson      Her Birth-place: Near New York

Cause of Death: Primary      Duration: \_\_\_\_\_

Physician: Esmond      His Residence: \_\_\_\_\_

Place of Burial: Prospect Hill      Cemetery, Lot or Grave No.: 27, South Hill

Funeral Services: \_\_\_\_\_

Time of Services: \_\_\_\_\_

Date of Inquest: Jan 28, 1924

Name of Undertaker: Leah H. Perry

Casket or Coffin No. 24      Made by \_\_\_\_\_

Material: \_\_\_\_\_

Handles: \_\_\_\_\_

Flute: \_\_\_\_\_

Outside Box: Rose      Price: 10.00

Burial robe: \_\_\_\_\_

Preserving Body with: Formal      Price: 12.00

Washing and Dressing: \_\_\_\_\_

Shaving: \_\_\_\_\_

Masks: \_\_\_\_\_

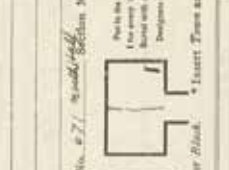
Services: \_\_\_\_\_

Use of Chain: \_\_\_\_\_

Church Charges: \_\_\_\_\_

Cemetery Fee: Fortson      Price: 2.00

Gravestone: \_\_\_\_\_



State whether White or Black: \_\_\_\_\_

Insert Ties and Stock: \_\_\_\_\_

Flowers	
Candles	
Gloves	
Pail, Broom or Porter	
Reveries	
Carriages for	
Country	
Carriage of Funeral	
Death Notices	
Collating Clergymen	
Goods ordered by	
Bill charged to	<u>Leah H. Perry</u> \$ <u>132.00</u>

Dr. \_\_\_\_\_

Jan 28, 1924 Check #152

PAID

Leah H. Perry

RECORD AND BILL OF ITEMS

Year No. 34

FOR THE FUNERAL OF

Total to date 117

William M. Bradley

Name of Deceased William M. Bradley Age 62 Years

Date of Birth June 24 1852 Color 1 Sex Male

Date of Death June 23 1913 Height 5 11 Weight 160

Name of Funeral Home William M. Bradley

Place of Death Windsor Residence Windsor, Tenn.

Residence Windsor City Windsor State Tenn. Married 1

Occupation Teacher Will of Windsor

Place of Burial Windsor Will of Windsor

Name of Pastor William Bradley His Birthplace England

Name of Minister Charles Bradshaw His Birthplace W. Va.

Case of death Primary Cause Apoplexy

Place of death Secondary Cause Apoplexy

Funeral Services at Windsor Cemetery, lot or Grave No. Section 7<sup>th</sup>

Time of Services 10:00 AM Degree of 1<sup>st</sup>

Date of Interment June 24 1913 Burial Lot 1<sup>st</sup>

Funeral Home Windsor State where Tenn.

Casket or Coffin No. 398 Price \$110.00

Labeling None Casket None

Handles None Casket None

Flare None Casket None

Outside Box None Price 1.50

Burial robe None Price 1.50

Preserving body with Alcohol Price 5.00

Washing and Dressing None Price 5.00

Shaving None Price 5.00

Music None Price 5.00

Services None Price 5.00

Date of Order June 23 1913

Cemetery Fee None

Obituary Charges None

Order prepared by Windsor

Bill changed to Windsor

Date June 23 1913

Dr. 173.00

710-2-1913

173.00

52

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 35

Total in date 118.

Mary A. Crocker

Date of Birth Aug 17 1854 17 Years 63  
 Date of Death Jan 19 1923 19 Months 9  
 Name of Deceased Mary A. Crocker 27 Days  
 Maiden Name of Deceased Mary A. Crocker  
 Place of Death New Rochelle Street 14 Pleasant Ward No. \_\_\_\_\_  
 Residence New Rochelle City New Rochelle State N.Y. Married \_\_\_\_\_  
 Occupation W. T. Taylor Single \_\_\_\_\_  
 Birth-place New Rochelle Wife of \_\_\_\_\_  
 Name of Father Michael Crocker His Birth-place New Rochelle, N.Y.  
 Maiden Name of Mother Rose Her Birth-place New Rochelle, N.Y.  
 Cause of Death Primary, Bronchitis  
 Cause of Death } Primary, Bronchitis  
 Cause of Death } Secondary, \_\_\_\_\_  
 Certifying Physician Dr. G. J. G. G.  
 Place of burial Catholic Burial Ground Lot or Grave No. \_\_\_\_\_  
 Funeral Services at Catholic Burial Ground Burial No. \_\_\_\_\_  
 Time of Services \_\_\_\_\_

Diagram of    
 Serial Lot    
 1 Sets whether (Flax or Rock) \*Insert Town and State

Date of Interment Jan 15 1923

Casket or Coffin No. <u>123</u>	Flowers <u>50.00</u>
Box _____	Candles _____
Lining _____	Gloves _____
Handles _____	Full Beakers or Vases _____
Plugs _____	Mourning _____
Outside Box <u>10.00</u>	Carriages for _____
Burial robe <u>15.00</u>	Carriages at Funeral _____
Preserving Body with <u>Formal</u>	Death Notices in _____
Washing and Dressing <u>5.00</u>	Printed by <u>Wm. Lewis</u>
Shaving _____	Officiating Clergyman _____
Music <u>J. H. Wood &amp; Co. Inc.</u>	Goods ordered by _____
Services _____	Bill charged to <u>Sarah A. Crocker</u>
Use of Chair <u>1.00</u>	113.00
Church Charges _____	20.00
Country Fun. Entertainment _____	612.00
Dis. _____	175.00
	63.00
	113.00

RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 120

William G. Robinson

Years, Months, Days

Date of Birth, Aug 15 1891; Date of Death, June 20 1923; Color †; Age { 79 Years, 10 Months, 5 Days

Name of Deceased, William G. Robinson

Maiden Name of Deceased

Place of Death, Nantucket Street, 34 Pleasant Ward No.

Residence, Sex, Single, Single Married

Occupation, Lineman Retired 6 yrs Wife of

Birth-place, Hampton New Brunswick Widow of

Name of Father, George Robinson His Birth-place, Hampton New Brunswick

Maiden Name of Mother, Martha Brown Her Birth-place, " " "

Cause of death, Primary, Duration,

Cause of death, Secondary, Duration,

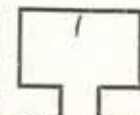
Certifying Physician, F. J. G. His Residence,

Place of burial, Prospect Hill Cemet., Lot or Grave No. 189 Section No.

Funeral Services at

Time of Services,

Diagram of Burial Lot;



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

Date of Internment, June 24 1923

Susan G. Robinson

† State whether White or Black.

\* Insert Town and State.

Table with columns for Description, Amount, and Total. Rows include Casket or Coffin No. 2405 \$90.00, Flowers \$15.00, Outside Box Pine \$10.00, Preserving Body with Fluid \$12.00, Washing and Dressing \$5.00, Use of Chairs 2 day \$2.00, Church Charges, Cemetery Fee, Internment \$20.00, and a total Dr. of 139.00.

Cr.

Table with columns for Date, Description, and Amount. Entry: July 5 1923 Cash \$154.00

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 119

Maud E. Maglathlin

Date of Birth, Jan. 5, 1870  
 Date of Death, June 16, 1923 Color † \_\_\_\_\_ Age { 47 Years, 5 Months, 11 Days.

Name of Deceased, Maud E. Maglathlin

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Montucket Street, Hollywood Farm Ward No. \_\_\_\_\_

Residence, Polepit Mont. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married

Occupation, At Home Wife of Fredrick B. Maglathlin

Birth-place, West Newton Mass. Widow of \_\_\_\_\_

Name of Father, Sambeth Bremen His Birth-place, \* Nova Scotia

Maiden Name of Mother } Rebecca Nichols Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Angina Pectoris Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

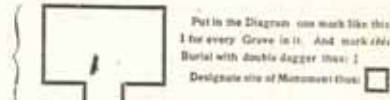
Certifying Physician, Foley His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 807 Section No. 3

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of )  
Burial Lot. {



Date of Interment, June 19, 1923  
Fredrick B. Maglathlin

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

Casket or Coffin No. <u>Guy Halfouch</u>	225	00	Flowers,	
Size, _____ Made by _____			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15	00	Carriages for,	
Burial robe,			"    "	
Preserving Body with <u>Fluid</u>	15	00	"    "	
Washing and Dressing	5	00	Carriages at Funeral	
Shaving,			Death Notices in	
Music, <u>John Terry &amp; Co.</u>	4	00		
Services, <u>2 trips to Farm</u>	10	00	Officiating Clergyman	
Use of Chairs, <u>Removal to home</u>	10	00	Goods ordered by _____	
Church Charges			Bill charged to <u>Fred B. Maglathlin</u>	304.00
Cemetery Fee, <u>Interment</u>	20	00		
<b>Dr.</b>	<b>304 00</b>		<b>Cr.</b>	

	Nov	15	1923		304.00
			Check		
				Paid J. Terry & Co. Check	
				Nov 15, 1923	

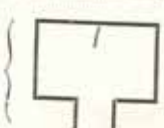
# RECORD AND BILL OF ITEMS

Yearly No 38

FOR THE FUNERAL OF

Total to date 121

## Gertrude M. King

Date of Birth, May 20 1855  
 Date of Death, June 21 1923 Color †  
 Name of Decedent, Gertrude Mitchell King Age { 65 Years,  
 { 1 Months,  
 { 1 Days.  
 Maiden Name of Decedent, Mrs. Jean Hospital  
 Place of Death, Wentworth Hospital Street, Wentworth Ward No.  
 Residence, Wentworth Sex, Single Single Married.  
 Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, Wentworth Widow of \_\_\_\_\_  
 Name of Father, John B. King His Birth-place, \* New York City  
 Maiden Name of Mother, Mary Bunker Her Birth-place, \* Wentworth  
 Cause of death, } Primary, Broncho Pneumonia Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 72 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, June 23 1923 Diagram of Burial Lot.  Put in the Diagram one mark like this for every Grave in it. Add mark like this for Burial with double dagger stone. Designate site of Monument thus:   
Reuben Colton Boston, Mass. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to _____ Cemetery _____	
Outside Box, _____	Carriages for _____	
Burial robe, _____	“ “ _____	
Preserving Body with _____	“ “ _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____		
Services, _____		
Use of Chairs, <u>Removal from bed</u> <u>5 00</u>	<u>J. H. Wood 426</u> <u>16 00</u>	
Church Charges, <u>to Church</u> <u>5 00</u>	Officiating Clergyman _____	
Cemetery Fee, <u>Interment</u> <u>25 00</u>	Goods ordered by _____	
	Bill charged to _____	<u>87 00</u>
<b>Dr.</b>	<b>40 00</b>	<b>56 00</b>

		<u>Aug 13</u>	<u>Chocb.</u>	<u>56 00</u>
			<u>Paid Wood.</u>	
			<u>Cash. 46.00 Aug 14.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 39 FOR THE FUNERAL OF William W. McClure Total to date 122.

Name of Deceased, William W. McClure

Date of Birth, July 27 1954 (Month) (Day) (Year) Color † \_\_\_\_\_

Date of Death, June 28 1923 (Month) (Day) (Year) Age { 79 Years 11 Months 2 Days

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 77 Orange Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Sale Merchant Retired Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Emily B. McClure

Name of Father, William W. McClure His Birth-place, \* Nantucket

Maiden Name of Mother, Sarah Paddock Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Chronic Myocarditis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Folger His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 697 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, July 1 1923

Arthur McClure † State whether *White or Black.* \* Insert *Town and State.*




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

Casket or Coffin No. <u>390</u>	\$ <u>110 00</u>	Flowers	
Size, <u>Made by</u>		Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse to _____ Cemetery _____	
Outside Box, <u>Pine</u>	<u>10 00</u>	Carriages for _____	
Burial robe		" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	Carriages at Funeral _____	
Washing and Dressing	<u>5 00</u>	Death Notices in _____	
Shaving		Officiating Clergyman _____	
Music		Goods ordered by _____	
Services		Bill charged to <u>Harriet McClure</u> \$ <u>159 00</u>	
Use of Chairs, <u>2 doz</u>	<u>2 00</u>		
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>20 00</u>		
<b>Ds.</b>	<u>159 00</u>		<b>Cr.</b>

		<u>Sept. 18</u> Cash	<u>159 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 40.

FOR THE FUNERAL OF

Total to date 123.

## George Upton Hallett.

Date of Birth, 1860 (Year) Age } 65 Years.  
 Date of Death, last 11 (Month) (Day) 1923 (Year) } \_\_\_\_\_ Months  
 \_\_\_\_\_ (Day) (Year) } \_\_\_\_\_ Days.

Name of Deceased, George Upton Hallett

Maiden Name of Deceased \_\_\_\_\_

Place of Death, East. Orange N.J. Street, 58 Grove Place Ward No. \_\_\_\_\_Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, MarriedOccupation Sup. of Telephone Co. Wife of Agness Brooks Hallett.Birth-place, Mantucket Widow of \_\_\_\_\_Name of Father, Reuben Hallett. His Birth-place, \* Cape Cod.Maiden Name } Sarah Barrett Her Birth-place, \* Mantucket.  
 of Mother }Cause of death, } Primary Influenza + Duration, \_\_\_\_\_  
 Secondary Pneumonia Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 179 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, June 30 1923.Funeral Home, John W. Barrett† State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to <u>Boat to</u> Cemetery <u>30 00</u>	
Outside Box, _____	Carriages for <u>4 J. H. Wood</u> <u>16 00</u>	
Burial robe, _____	“ “ <u>Covering sand with tin</u> <u>5 00</u>	
Preserving Body with _____	Carriages at Funeral _____	
Washing and Dressing _____	Death Notices in <u>by the service</u> <u>5 00</u>	
Shaving, _____	Officiating Clergyman _____	
Music, _____	Goods ordered by _____	
Services, _____	Bill charged to <u>John W. Barrett</u> <u>56 00</u>	
Use of Chairs, _____		
Church Charges _____		
Cemetery Fee, _____		

Dr.		Cr.
	Aug 1. Check	56 00
	Maid Wood Paid	
	Aug 3. 1923.	
	on main b.	





# RECORD AND BILL OF ITEMS

Yearly No. 42.

FOR THE FUNERAL OF

Total to date 125.

Mary Jane Smith

Date of Birth, Dec 25 1890  
(Month) (Day) (Year)

Date of Death, July 13 1923  
(Month) (Day) (Year) Color † \_\_\_\_\_ Age { 32. Years,  
6 Month,  
18. Days.

Name of Deceased, Mary Jane Smith.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 16 Union Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home. Wife of \_\_\_\_\_

Birth-place, Chille So. America Widow of \_\_\_\_\_

Name of Father, Can not be learned. His Birth-place, \* \_\_\_\_\_

Maiden Name of Mother } \_\_\_\_\_ Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_


Certifying Physician, Grouard. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 609. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, July 15 1923  
Wm. W. Folger

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

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

Casket or Coffin No. <u>269 One Oak.</u>	\$ <u>200 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe,	<u>18 00</u>	" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral <u>J. H. Wood H. road</u>	<u>16 00</u>
Shaving,		Death Notices in	<u>269 50</u>
Music,			
Services,		Officiating Clergyman	
Use of Chairs, <u>2 1/2 doz</u>	<u>2 50</u>	Goods ordered by <u>Wm W Folger</u>	
Church Charges		Bill charged to <u>John C Jones Adm.</u>	<u>\$285 50</u>
Cemetery Fee, <u>Interment</u>	<u>20 00</u>		
<b>Dr.</b>	<b>269.80</b>		

		Cr.	
Oct. 13	1923 Check	\$285 50	
	J. H. Wood H. road	16 00	
		<u>\$269 50</u>	
	Paid Wood Cash	16 00	
	Oct. 19 1923		



# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 127

Vincent Daniel Fee

Date of Birth, May 24 1915  
 Date of Death, July 13 1923 Color † \_\_\_\_\_ Age { 8 Years  
 { 1 Months  
 { 19 Days

Name of Deceased, Vincent N. Fee

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Old North Wharf Street, \_\_\_\_\_ Ward No. \_\_\_\_\_

Residence, Nant. St. Orange St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at school Wife of \_\_\_\_\_

Birth-place, Lynn, Mass. Widow of \_\_\_\_\_

Name of Father, John Fee His Birth-place, Prince Edward Is. Canada

Maiden Name of Mother, Annie P. Desjardis Her Birth-place, Cape Breton Nova Scotia

Cause of death, } Primary, Accidental Drowning  
 } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Cause of death, } \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Lewis Medical Exam His Residence, \_\_\_\_\_

Place of burial, St Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, July 17 1923

Mr Vincent Fee

Diagram of }  
 Burial Lot. }



† State whether *White* or *Black*.

\* Insert *Town* and *State*.

Casket or Coffin No. <u>21</u>	40 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	7 00	Carriages for _____	
Burial robe,		" "	
Preserving Body with _____	20 00	" "	
Washing and Dressing _____		Carriages at Funeral	
Shaving, <u>to home</u>		Death Notices in _____	
Music, <u>Removal, No Charge</u>			
Services, <u>Candlelight No Charge</u>		Officiating Clergyman <u>John Terry 1 copy flowers</u>	51 00
Use of Chairs, <u>200 Candles</u>	2 50	Goods ordered by _____	
Church Charges, <u>use of Truck No Charge</u>		Bill charged to <u>Henry Fee</u>	89 50
Cemetery Fee, _____	20 00		
<b>Dr.</b>	<b>89.50</b>		

				<u>Feb 19 1924</u>	<u>Cash</u>				25 00
				<u>Mch 6</u>	" "				20 00
				<u>" 17</u>	" "				25 00
									23 00
				<u>Sept 20</u>	" "				23 50
									00 00
				<u>Mch 10 1924</u>	<u>Paid John Terry</u>				
				<u>1400</u>	<u>Cash in General</u>				

RECEIVED  
 July 20 1924  
 Henry Fee











# RECORD AND BILL OF ITEMS


Yearly No. 49

FOR THE FUNERAL OF


Total to date 132.

Name of Deceased, Charlotte A. Ramsdell.  
 Date of Birth, Feb 12 1852 Age { 71 Years  
 Date of Death, Aug 11 1923 Color † \_\_\_\_\_ { 6 Months  
 Name of Deceased, Charlotte A. Ramsdell. \_\_\_\_\_ Days

Maiden Name of Deceased, \_\_\_\_\_  
 Place of Death, Hyannis Street, \_\_\_\_\_ Ward No. \_\_\_\_\_  
 Residence, N. W. Bedford. Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_  
 Occupation, At Home Wife of, \_\_\_\_\_  
 Birth-place, Nantucket Widow of, \_\_\_\_\_  
 Name of Father, Joseph Ramsdell. His Birth-place, \* Nantucket  
 Maiden Name of Mother, Sydie Swain Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Arterial Sclerosis. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 412 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_ Diagram of Burial Lot, }   
 Date of Interment, Aug 13 1923 † State whether White or Black. \* Insert Town and State.  
Amelia Ramsdell Hyannis, Mass.

Casket or Coffin No.		Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box,		Carriages for	
Burial robe,		" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>J. H. Wood, 11 Week</u>	<u>4 00</u>	Officiating Clergyman	
Use of Chairs,		Goods ordered by	
Church Charges		Bill charged to <u>Amelia Ramsdell</u>	<u>29 00</u>
Cemetery Fee, <u>Interment from Boat</u>	<u>25 00</u>		

Dr.	<u>42 00</u>		
		June 16 1924 Check	<u>29 00</u>
			<u>4 00</u>
			<u>25 00</u>
		Paid Herbert Cash funeral pt. on Pearl St at Mrs B. Walker funeral.	
		 June 16 - 24 C. J. Shuman 44 Church St Bristol R. I.	


## RECORD AND BILL OF ITEMS

Yearly No. 50.

FOR THE FUNERAL OF

Total to date 183.

*John R. Mooney*

Date of Birth, Feb 6 1886  
(Month) (Day) (Year)  
Date of Death, Dec 13 1923, Color †  
(Month) (Day) (Year)  
Name of Deceased, *John R. Mooney* Age { 37 Years  
6 Months  
9 Days  
Maiden Name of Deceased \_\_\_\_\_  
Place of Death, *Boston*, Street \_\_\_\_\_, Ward No. \_\_\_\_\_  
Residence, *32 Dighton Ave Dorchester, Mass.*, Single, *Single* Married, \_\_\_\_\_  
Occupation, *Day Labourer*, Wife of \_\_\_\_\_  
Birth-place, *Nantucket*, Widow of \_\_\_\_\_  
Name of Father, *Lawrence F. Mooney*, His Birth-place, \* *Nantucket*  
Maiden Name of Mother, *Margaret Donahue*, Her Birth-place, \* *Sheffield, England*  
Cause of death, } Primary, *Gas Poisoning*, Duration, \_\_\_\_\_  
Cause of death, } Secondary, \_\_\_\_\_, Duration, \_\_\_\_\_  
Certifying Physician, \_\_\_\_\_, His Residence, \_\_\_\_\_  
Place of burial, *St. Marys*, Cem-try, Lot or Grave No. \_\_\_\_\_, Section No. \_\_\_\_\_  
Funeral Services at \_\_\_\_\_  
Time of Services, \_\_\_\_\_  
Date of Interment, *Aug 17*, 1923, Burial Lot, {  }  
*Lawrence F. Mooney* † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No.		Flowers	
Size, _____	Made by _____	Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse <i>Boat to</i> Cemetery	25 00
Outside Box		Carriages for <i>Depositing to the grave</i>	5 00
Burial robe		" "	
Preserving Body with _____		Carriages at Funeral <i>Car for Pallbearers</i>	4 00
Washing and Dressing		Death Notices in _____	
Shaving		Officiating Clergyman	
Music		Goods ordered by _____	
Services		Bill charged to <i>Lawrence F. Mooney</i>	34 00
Use of Chairs			
Church Charges			
Cemetery Fee			
Dr.			

		Sept. 8. Check	\$ 34 00
		Sept. 8. Paid John Terry	\$ 4 00

# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 134.

Howard Cushman.

Date of Birth, Jan. 26, 1893.  
 Date of Death, Jan. 15, 1923. Color † \_\_\_\_\_ Age { 90 Years, 6 Months, 25 Days.

Name of Deceased, Howard Cushman

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass. Street, 21 Prospect. Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Shoe maker retired 6 yrs. Wife of Lydia C. Cushman

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Calib. Cushman His Birth-place, \* Nantucket, Mass.

Maiden Name of Mother, Sylvia Bess. Her Birth-place, \* Hennepick - Me.

Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Roberts. His Residence, \_\_\_\_\_

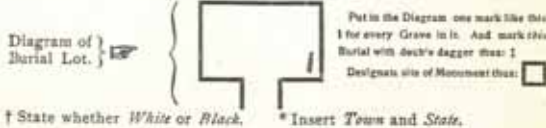
Place of burial, Prospect St. Ch. Cemetery, Lot or Grave No. 239 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, August 19, 1923.

George Cushman † State whether *White or Black.* \* Insert Town and State.



Casket or Coffin No. <u>120</u>	\$ <u>50.00</u>	Flowers, _____
Size, <u>Made by</u>		Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to <u>Cemetery</u>
Outside Box, <u>None</u>	\$ <u>10.00</u>	Carriages for _____
Burial robe, _____	\$ <u>10.00</u>	" " _____
Preserving Body with <u>Fluid</u>	\$ <u>12.00</u>	" " _____
Washing and Dressing _____	\$ <u>5.00</u>	Carriages at Funeral <u>W.D. Worth 1</u>
Shaving, _____		\$ <u>4.00</u>
Music, _____		Death Notices in _____
Services, _____		
Use of Chairs, <u>1 Doz</u>	\$ <u>1.00</u>	Officiating Clergyman _____
Church Charges _____		Goods ordered by <u>George Cushman</u>
Cemetery Fee, <u>Interment</u>	\$ <u>20.00</u>	\$ <u>108.00</u>
		Bill charged to _____
		\$ <u>112.00</u>

Dx. 108.00 Cr.

	Sept 1	Pd by Cash \$ <u>95.00</u>
	Jan. 22	" " Check <u>17.00</u>
		<u>\$112.00</u>
	Sept 6	Pd <u>W.D. Worth</u> <u>4.00</u> Total
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 RECEIVED PAYMENT             </div>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 RECEIVED PAYMENT             </div>		
Jan. 22, 1923 Walter H. Benedict Adm.		

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 135

J. Edgar Thomson Rutter.

Date of Birth, May 29 1854.  
(Month) (Day) (Year)

Date of Death, Aug 22 1923. Color † \_\_\_\_\_ Age { 69 Years.  
(Month) (Day) (Year) { 2 Months.  
 { 24 Days.

Name of Deceased, J. E. T. Rutter,  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 19 Liberty Ward No. \_\_\_\_\_  
 Residence, 2400 16<sup>th</sup> St. W. Washington D.C. Single, \_\_\_\_\_ Married, Married.

Occupation, Retired Wife of Louise W. Rutter.  
 Birth-place, G. Salem, Penn. Widow of \_\_\_\_\_

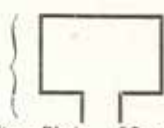
Name of Father, Thomas Rutter His Birth-place, \* England.  
 Maiden Name of Mother, Georgiana Remond Her Birth-place, \* New York City.

Cause of death, } Primary, Incurable of left Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Illiac Artery rupture Duration, \_\_\_\_\_

Certifying Physician, Howard His Residence, \_\_\_\_\_

Place of burial, New York City Cem-try, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Diagram of }  
 Burial Lot. }  Put in the Diagram one mark like this 1 for every Grave in it. And mark (H) Burial with double dagger then: † Designate site of Monument thus: □

Date of Interment Aug 23 1923.  
Thomas Rutter † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>metal</u>	\$ <u>450.00</u>	Flowers, _____
Size, _____ Made by, _____		Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	18.00	Carriages for _____
Burial robe, _____		" " _____
Preserving Body with _____		" " _____
Washing and Dressing _____		Carriages at Funeral _____
Shaving, <u>Removal to Church</u>	10.00	Death Notices in _____
Music, " <u>Boat</u>	5.00	
Services, <u>Professional</u>	25.00	
Use of Chairs, _____		Officiating Clergyman _____
Church Charges <u>use of Truck</u>	2.00	Goods ordered by <u>Thos R. Rutter</u>
Cemetery Fee, _____		Bill charged to <u>J. E. T. Rutter</u>
<b>Dr. 18513.00</b>		<b>510.00</b>

	Aug 23	1923	Check \$510.00
			 <u>Thos Rutter</u>
			<u>Aug-23-23</u> <u>Thos Rutter</u>

RECORD AND BILL OF ITEMS

Yearly No 53.

FOR THE FUNERAL OF

Total to date 136

Llewellyn & Crowell.

Date of Birth, April 20, 1863  
 Date of Death, August 31, 1923 Color † White Age } 60 Years  
 Name of Deceased, Llewellyn & Crowell } 4 Months  
 } 9 Days

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 7 North Water \*Ward No. \_\_\_\_\_

Residence, 7 No Water St. Nantucket Sex, Male Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Business Retired 10 years Wife of, Mary E. Crowell

Birth-place, Edgartown Widow of \_\_\_\_\_

Name of Father, A. J. Crowell His Birth-place, \* \_\_\_\_\_

Maiden Name of Mother, } Georgia Luce Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Multiple Neuritis Duration, \_\_\_\_\_

Cause of death, } Secondary, Bronche Pneumonia Duration, \_\_\_\_\_

Certifying Physician, Dr. Leonard His Residence, \_\_\_\_\_

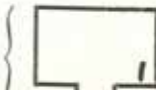
Place of burial, Prospect Hill Cemet'y, Lot or Grave No. 610 Section No. \_\_\_\_\_

Funeral Services at Dr. W. Ver.

Time of Services, 4 P.M.

Date of Internment, August 31 1923

Diagram of }  
Burial Lot. }



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

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

Casket or Coffin No. <u>285</u>	<u>135.00</u>	Flowers,	
Size, Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, <u>Pine Bows</u>	<u>5.00</u>	Pail Bearers or Porter _____	
Plate, _____		Hearse to _____	<u>Cemetery</u>
Outside Box, <u>Pine</u>	<u>10.00</u>	Carriages for _____	
Burial robe, <u>Colat and Tie</u>	<u>.70</u>	" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving, <u>Removal</u>	<u>2.00</u>	Death Notices in _____	
Music, _____			
Services, <u>Professional</u>	<u>20.00</u>		
Use of Chairs, <u>2 1/2 doz</u>	<u>2.50</u>	Officiating Clergyman <u>Mr. Little</u>	<u>\$ 200 20</u>
Church Charges _____		Goods ordered by <u>Mary E. Crowell</u>	<u># 195 20</u>
Cemetery Fee, <u>Interment</u>	<u>25.00</u>	Bill charged to _____	<u># 197 50</u>

Dr. 200.20

Ck.

		<u>Nov. 2 1923</u>	<u>Check</u>	<u>\$ 200.20</u>

*[Handwritten Signature]*  
Nov. 2 - 1923  
Mary E. Crowell

## RECORD AND BILL OF ITEMS

Yearly No 54 FOR THE FUNERAL OF Total to date 137  
Sarah C. Clark

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Aug (Month) 28 (Day) 1923 (Year) Color White Age { 30 Years, 6 Months, 30 Days.

Name of Deceased, Sarah C. Clark

Maiden Name of Deceased \_\_\_\_\_

Place of Death, \_\_\_\_\_ Street, 214 Billings Ward No. \_\_\_\_\_

Residence, 214 Billings St. Atlantic Sex, female Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at home Wife of \_\_\_\_\_

Birth-place, Nantucket. Widow of Albert S. Clark

Name of Father, Valentine Holmes His Birth-place, \*

Maiden Name of Mother, Catherine Her Birth-place, \*

Cause of death, } Primary, Cere hemorrhage Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

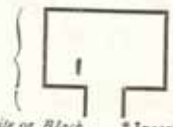
Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Purport Hill Cemetery, Lot or Grave No. 605 Section No. \_\_\_\_\_

Funeral Services at 2-30 James St.

Time of Services, 2-30

Date of Interment, Aug 31 1923

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 No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, <u>Removal from Boat</u>	<u>5.00</u>
Lining, _____	Gloves, <u>to House</u>	<u>5.00</u>
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to <u>Interment to</u> Cemetery	<u>25.00</u>
Outside Box, _____	Carriages for _____	
Burial robe, _____	" <u>J. H. Wood 4 Hacks</u>	<u>16.00</u>
Preserving Body with _____	Carriages at Funeral _____	
Washing and Dressing _____	Death Notices in _____	
Shaving, _____		
Music, _____	Officiating Clergyman _____	
Services, _____	Goods ordered by <u>Sarah C. Incher</u>	
Use of Chairs, _____	Bill charged to <u>Waterman</u>	<u>51.00</u>
Church Charges _____		
Cemetery Fee, _____		

Dr.

Cx.

	<u>Sept 19, 1923 check</u>	<u>51.00</u>

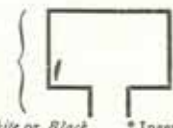
## RECORD AND BILL OF ITEMS

Yearly No. 55 FOR THE FUNERAL OF Robert Wade Total to date 138

Date of Birth, June 23 1873  
 Date of Death, Sept 3 1923 Color † Black Age { 50 Years, 2 Months, 11 Days

Name of Deceased, Robert Wade  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Asiscomet Street, Below Bank Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, Male Single, \_\_\_\_\_ Married, Married  
 Occupation, Caretaker Wife of, Mary G Wade  
 Birth-place, West Virginia Widow of \_\_\_\_\_  
 Name of Father, Robert Wade His Birth-place, \* \_\_\_\_\_  
 Maiden Name } of Mother } Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Endocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Heart Failure Duration, \_\_\_\_\_  
 Certifying Physician, Gonard His Residence, Asiscomet  
 Place of burial, Prospect Hill Cemet-ry, Lot or Grave No. 762 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, 5-30  
 Date of Interment, Sept 5 1923  
 Diagram of Burial Lot:  Put in the Diagram one mark like this 1 for every Grave to it. And mark this Burial with dock's dagger thus: † Designate site of Monument thus: □  
 † State whether *White or Black*. \* Insert *Town and State*.

Casket or Coffin No. <u>5157</u>	250.00		<u>Yonkers</u>	Flowers, <u>Car for Flowers.</u>	5.00
Size, <u>Made by</u>				Candles, _____	
Lining, _____				Gloves, <u>Loving Device</u>	3.00
Handles, <u>Two Trips to Asiscomet</u>				Pall Bearers or Porter _____	
Plate, <u>With Car</u>	10.00			Hearse to _____ Cemet-ry	
Outside Box, <u>Pine</u>	15.00			Carriages for _____	
Burial robe, _____				" " _____	
Preserving Body with <u>Fluids</u>				" " _____	
Washing and Dressing _____				Carriages at Funeral _____	
Shaving, <u>Professional Service</u>	20.00			Death Notices in _____	
Music, _____					
Services, <u>Removal to Home</u>	10.00				
Use of Chair, <u>Pine Box &amp; Lining Case</u>	5.00			Officiating Clergyman _____	
Church Charges, <u>Church Truck</u>	2.00			Goods ordered by _____	332.00
Cemetery Fee, <u>Interment</u>	20.00			Bill charged to _____	9340.00
<b>Dr.</b>	<b>332.00</b>				
					<b>Cr.</b>

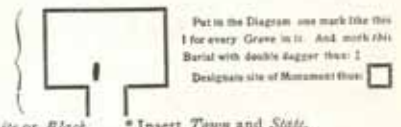
Sept 26 Eduech 340.00

  
Sept 26 1923  
David Gray

# RECORD AND BILL OF ITEMS

Yearly No. 56 FOR THE FUNERAL OF Ella M. Taber Total to date 139

Date of Birth, June 18 1859 (Day) (Year)  
 Date of Death, Sept 7 1923 (Day) (Year)  
 Color † White Age { 64 Years, 2 Months, 14 Days.  
 Name of Deceased, Ella M. Taber  
 Maiden Name of Deceased, Ella M. Provost  
 Place of Death, Nantucket, Hospital Street, West Center Ward No. \_\_\_\_\_  
 Residence, 99 Orange Street Sex, Female Single, \_\_\_\_\_ Married, Married  
 Occupation, At Home Wife of John P. Taber  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Nelson Provost His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother } Delia Dunham Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Arterio Sclerosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, R. Roberts His Residence, \_\_\_\_\_  
 Place of burial, Prophet Hill Cemetery, Lot or Grave No. 381 Section No. \_\_\_\_\_  
 Funeral Services at Undertakers Rooms  
 Time of Services, 2 o'clock  
 Date of Interment, Sept 6 1923



Casket or Coffin No. <u>2405</u>	90.00	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves, <u>Removal to Rooms</u>	5.00
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	10.00	Carriages for _____	
Burial robe, <u>Gray</u>	8.00	" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music,		Officiating Clergyman _____	
Services, <u>Services and Fluid</u>	17.00	Goods ordered by <u>Lucy Burchell</u>	155.00
Use of Chairs,		Bill charged to " "	160.00
Church Charges			
Cemetery Fee, <u>Interment</u>	20.00		
<b>Dr.</b>	<b>155.00</b>		<b>Cr.</b>

Dec. 7 1923 Check \$160.00

PAID  
 Dec. 7 1923  
 Lucy Burchell





# RECORD AND BILL OF ITEMS

Yearly No. 58 FOR THE FUNERAL OF Total to date 141

Garrett Marvin Huyser

Date of Birth, June 19 1923 (Month) (Day) (Year)  
 Date of Death, Sept. 13 1923 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 0 Years, 2 Months, 25 Days.

Name of Deceased, Garrett M. Huyser

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 3 Pleasant Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, Male Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Garrett A. Huyser His Birth-place, Holland

Maiden Name of Mother, Sussie Verschuure Her Birth-place, \_\_\_\_\_

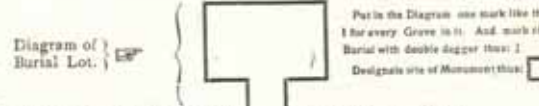
Cause of death, } Primary, Tuberculosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, F. A. [unclear] His Residence, \_\_\_\_\_

Place of burial, Newtown Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. Next to Geo Buckley

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Sept 14 1923  
Garrett A. Huyser



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

Casket or Coffin No. <u>10</u>	<u>10 00</u>	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery,	
Outside Box,		Carriages for _____	
Burial robe,		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music,			
Services, <u>H. Wood &amp; Hack</u>	<u>4 00</u>	Officiating Clergyman _____	
Use of Chairs,		Goods ordered by _____	
Church Charges _____		Bill charged to <u>J. A. Huyser</u>	<u>24 00</u>
Cemetery Fee, <u>Interment</u>	<u>10 00</u>		
<b>Ds.</b>	<b><u>24 00</u></b>		<b>CR.</b>

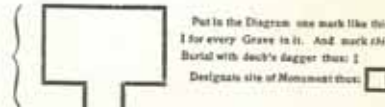
	Oct 8 1923 Cash <u>24 00</u>
	Paid Wood Cash Oct. 11 <sup>th</sup> 1923

# RECORD AND BILL OF ITEMS

Yearly No. 59 FOR THE FUNERAL OF Earl Joseph Mayo Total to date 142

Date of Birth, Sept 13 1923  
(Month) (Day) (Year)  
 Date of Death, Sept 18 1923 Color † \_\_\_\_\_ Age { 0 Years  
(Month) (Day) (Year) { 8 Months  
 { 5 Days

Name of Deceased, Earl Joseph Mayo  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, Nant Cottage Hospital Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, \_\_\_\_\_ Widow of \_\_\_\_\_  
 Name of Father, Carl Mayo His Birth-place, \* Rockland Mass.  
 Maiden Name of Mother } Margaret Kramer Her Birth-place, \* Ireland.  
 Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Edward His Residence, \_\_\_\_\_  
 Place of burial, St. Mary's Cemeter-, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Sept 19 1923  
Earl Mayo  
 Diagram of }   
 Burial Lot. } Put in the Diagram one mark like this for every Grave in it. And mark this Burial with death's dagger thus: † Designate site of Monument thus: □  
 † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No.	<u>5</u>	<u>00</u>	Flowers,	
Size, _____ Made by _____			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box,			Carriages for	
Burial robe,			" "	
Preserving Body with			" "	
Washing and Dressing			Carriages at Funeral	
Shaving,			Death Notices in	
Music,				
Services,				
Use of Chairs,			Officiating Clergyman	
Church Charges			Goods ordered by	
Cemetery Fee, <u>Interment</u>	<u>5</u>	<u>00</u>	Bill charged to <u>Earl Mayo</u>	<u>10 00</u>
Dr.	<u>10 00</u>			

			<u>Oct. 22, 1923</u>	<u>Cash</u>	<u>10 00</u>

RECEIVED  
 Oct. 22, 1923  
 Earl Mayo

# RECORD AND BILL OF ITEMS

Yearly No. 60. FOR THE FUNERAL OF John B. Riddell Total to date \_\_\_\_\_

Date of Birth, March 24 1962 (Month) (Day) (Year)  
 Date of Death, Sept 18 1923 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Name of Deceased, John B. Riddell  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Melrose, Mass Street, 3 Burrell Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, Male Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Bookkeeper Wife of \_\_\_\_\_  
 Birth-place, Charlstown S.C. Widow of Amelia C. Riddell

Name of Father, Isaac S. Riddell His Birth-place, \* Nantucket  
 Maiden Name of Mother } Harriet de Bony Her Birth-place, \* Charlstown S.C.

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 305 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



Date of Interment, Sept 23 1923  
Ralph H. Riddell 3 Burrell Date whether White or Black. \* Insert Town and State.  
Melrose, Mass.

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral <u>W. Wood</u> <u>3</u> <u>12 00</u>
Shaving, _____	Death Notices in _____
Music, _____	<u>Removal from Boat</u> <u>5 00</u>
Services, _____	<u>Interment</u> <u>28 00</u>
Use of Chairs, _____	Officiating Clergyman _____
Church Charges _____	Goods ordered by _____
Cemetery Fee, _____	Bill charged to <u>Ralph H. Riddell</u> <u>42 00</u>

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

	<u>Mar 19 1923 Check</u> <u>42 00</u>
	<u>sent check to Wood</u> <u>Nov. 20. 1923</u>
	<u>Nov 19-23</u> <u>Ralph H. Riddell</u>

RECORD AND BILL OF ITEMS

Yearly No. 61. FOR THE FUNERAL OF Badoura Elizabeth Robinson. Total to date 144.  
 Date of Birth, Dec 11, 1893  
 Date of Death, Sept 22, 1923 Color † Age 29 Years  
9 Months  
9 Days

Name of Deceased, Badoura E. Robinson.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Pawtucket, R.I. Street, 23 Hope. Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at Home Wife of \_\_\_\_\_  
 Birth-place, Pawtucket R.I. Widow of James Davis Robinson.  
 Name of Father, Isaac H. Sherman. His Birth-place, Portsmouth, N. H.  
 Maiden Name of Mother } Charlotte W. Maynard. Her Birth-place, Sabreuk, Conn.  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 506 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Internment, Sept. 24 1923  
Ada M. Robinson.  
 Diagram of Burial Lot:   
 Put in the Diagram one mark like this for every Grave lot. And mark with Burial with dec'd's dagger thus: † Designate site of Monument thus:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.	Flowers	
Size, _____ Made by _____	Candles	
Lining	Gloves	
Handles	Pall Bearers or Porter	
Plate	Hearse to <u>From Best Cemetery</u>	<u>\$ 25 00</u>
Outside Box	Carriages for <u>Lowering Device</u>	<u>3.</u>
Burial robe	" " <u>"A. Williams sealing</u>	
Preserving Body with	Carriages at Funeral <u>Vault</u>	<u>5 00</u>
Washing and Dressing	Death Notices in	
Shaving	Officiating Clergyman	
Music	Goods ordered by	
Services	Bill charged to <u>Ada M. Robinson.</u>	<u>\$ 33 00</u>
Use of Chairs		
Church Charges		
Cemetery Fee		

Dr.		Cr.
	<u>Sept 26</u> <u>Cash</u>	<u>\$ 33 00</u>

RECEIVED  
 Sept. 26-23  
 Ada M. Robinson

# RECORD AND BILL OF ITEMS

Yearly No. 62 FOR THE FUNERAL OF Mary A. Parker. Total to date 145.

Date of Birth, Nov. 18 1850 (Month) (Day) (Year)  
 Date of Death, Sept 22 1923 (Month) (Day) (Year) Color f Age  $\left\{ \begin{array}{l} 72 \text{ Years} \\ 10 \text{ Months} \\ 10 \text{ Days} \end{array} \right.$

Name of Deceased, Mary A. Parker.  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Woods Hob. Street, Main. Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home. Wife of \_\_\_\_\_

Birth-place, Lisbon Widow of Fredrick J. Parker.

Name of Father, John Starkey His Birth-place, \* Wales.

Maiden Name of Mother } Sarah Bales Her Birth-place, \* Lisbon N. H.

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

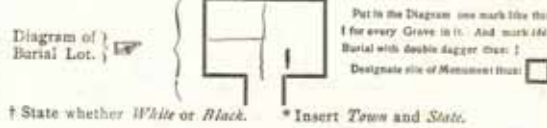
Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 595. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Sept 24, 1923. Warren E. Parker.



Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to <u>Boat to</u> Cemetery <u>\$25 00</u>
Outside Box, _____	Carriages for <u>1st Wood. Jr. h. hach</u> <u>4 00</u>
Burial robe, _____	" " _____
Preserving Body with _____	Carriages at Funeral _____
Washing and Dressing _____	Death Notices in _____
Shaving, _____	Officiating Clergyman _____
Music, _____	Goods ordered by _____
Services, _____	Bill charged to <u>W. C. Davis, Co.</u> <u>\$29 00</u>
Use of Chairs, _____	<u>Rock 13425</u>
Church Charges _____	<u>Falmouth Mass.</u> Cr.
Cemetery Fee, _____	

Dr.	Date	Particulars	Cr.
	<u>Nov 7</u>	<u>1923 Check</u>	<u>22 00</u>
		<u>Paid Wood By</u>	
		<u>Check No 136 Nov 7 1923</u>	
		<b>RECEIVED</b>	
		<b>PAYMENT</b>	
		<u>Nov 7 - 23</u>	
		<u>W. C. Davis Co.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 146

Name of Deceased, John L. Thomas

Date of Birth, May 17 1854 (Month) (Day) (Year)

Date of Death, Sept 24 1923 (Month) (Day) (Year) Color f Age { 69 Years, 4 Months, 7 Days

Name of Deceased, John L. Thomas

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 5 Howard Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, Married, Married

Occupation, Fisherman Retired 15 yrs Wife of Sarah L. Thomas

Birth-place, Dennis Port, Mass. Widow of \_\_\_\_\_

Name of Father, John S. Thomas His Birth-place, \* Can not be learned

Maiden Name of Mother } Lorraine Wagon Her Birth-place, \* Cape Cod

Cause of death, } Primary, Pub. Tuberculosis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, F. J. J. J. His Residence, \_\_\_\_\_

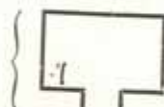
Place of burial, Newton Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Internment, Sept. 26 1923

Ernest C. Thomas

Diagram of Burial Lot: 

Put in the Diagram one mark like this for every Grave to 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 No. <u>89</u>	<u>40 00</u>	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>10 00</u>	Carriages for,	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" "	
Washing and Dressing <u>&amp; Shaving</u>	<u>7 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,		Officiating Clergyman	
Services,		Goods ordered by	
Use of Chairs,		Bill charged to	<u>89 00</u>
Church Charges			
Cemetery Fee, <u>&amp; Return</u>	<u>20 00</u>		
Dr. <u>89.00</u>			

			Cr.
	<u>Nov 10</u>	<u>1923 Cr By Cash</u>	<u>30 00</u>
	<u>Dec 8</u>	<u>" " " "</u>	<u>10 00</u>
	<u>Jan 5</u>	<u>1924 " " "</u>	<u>5 00</u>
	<u>" 19</u>	<u>" " " "</u>	<u>10 00</u>
	<u>Feb 6</u>	<u>1924 Cash</u>	<u>34 00</u>
	<u>" 16</u>	<u>" " "</u>	<u>5 00</u>
			<u>24 00</u>
	<u>Mar 1</u>	<u>24 " "</u>	<u>5 00</u>
	<u>" 15</u>	<u>" " "</u>	<u>5 00</u>
	<u>May 6</u>	<u>" " "</u>	<u>9 00</u>
			<u>20 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 64 FOR THE FUNERAL OF Caroline Perry Total to date 197

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Sept. 25 1923 Color † \_\_\_\_\_ Age { About 28 Years.  
 (Month) (Day) (Year) \_\_\_\_\_ Months  
 \_\_\_\_\_ Days

Name of Deceased, Caroline Perry  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Cottage Hospital Ward No. \_\_\_\_\_

Residence, " 119 Main St. Sex, Single Single Married

Occupation, Housemaid With Residence 25 Shore Road, S. Hampton

Birth-place, \_\_\_\_\_ Widow of Chapel District England

Name of Father, Frederic Perry His Birth-place, \* Can not be learned.

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

Cause of death, } Primary, Appendicitis Duration, \_\_\_\_\_

Cause of death, } Secondary, Peritonitis Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, St. Mary's East of Vincent Ave. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

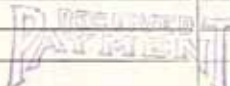
Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of }   
 Burial Lot. }

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

Date of Interment, Sept. 29 1923  
Mrs Marjory Biglow † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	65 00	Flowers, _____	
Size, _____ Made by _____		Candles, _____	
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Pine</u>	15 00	Carrriages for <u>J. H. Wood</u>	
Burial robe, _____		" " <u>1 Hacks</u>	4 05
Preserving Body with _____		" " <u>1 Carriage</u>	3 00
Washing and Dressing _____		Carrriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, <u>Removal from Hospital</u>	5 00	Officiating Clergyman _____	
Services, <u>Professional</u>	25 00	Goods ordered by <u>Mrs Biglow</u>	
Use of Chairs, _____		Bill charged to " "	8142 00
Church Charges _____			
Cemetery Fee, <u>Interment</u>	25 00		
<b>Dr.</b>	<b>135 00</b>	<b>Cr.</b>	

	Mch 27 1924 Check 142 00
	Paid Wood Box Check Mch 31 1924
 Mch 27 1924 Union County Trust Co. Elizabeth M.Y.	



# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 148

*Hannah G. Sheffield*

Date of Birth, June 27 1846  
 Date of Death, Sept 27 1923 Color † Age 78 Years  
3 Months  
 Days

Name of Deceased, Hannah G. Sheffield

Maiden Name of Deceased

Place of Death, Nantucket Street, Ocean Island Home Ward No.

Residence, 26 Centre St. Sex, Single Single Married

Occupation, Merchant Wife of

Birth-place, Nantucket Widow of

Name of Father, Benjamin Sheffield His Birth-place, Nantucket

Maiden Name of Mother, Lucy Dyer Her Birth-place, Russellborough, Maine

Cause of death, } Primary, arterial sclerosis Duration,

Cause of death, } Secondary, myocarditis Duration,

Certifying Physician, H. Hooper His Residence,

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

Funeral Services at

Time of Services,

Diagram of Burial Lot



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

Date of Interment, Sept. 30 1923

Miss Bertha Lawrence

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

Casket or Coffin No. <u>390</u>	<u>125 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to <u>Cemetery</u>	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,	<u>18 00</u>	" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving, <u>Removal to Rooms</u>	<u>5 00</u>	Death Notices in	
Music, <u>" Church</u>	<u>5 00</u>		
Services, <u>Professional</u>	<u>20 00</u>	Officiating Clergyman	
Use of Chairs,		Goods ordered by <u>Miss Bertha Lawrence</u>	
Church Charges <u>Use of truck</u>	<u>2 00</u>	Bill charged to <u>Walter H. Burgess</u>	<u>213 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dn.</b>	<b><u>218 00</u></b>		

Oct 8. 1924 check 215 00

Oct. 9. 1924  
Walter H. Burgess Adm.

# RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 149

Edward G. Swain

Date of Birth, May 2 1884 (Month) (Day) (Year)  
 Date of Death, Oct 6 1923 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 38 Years, 5 Months, 4 Days.

Name of Deceased, Edward G. Swain

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 43 Orange Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, Single Single Married

Occupation, Retired Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Richard G. Swain His Birth-place, \* Nantucket

Maiden Name of Mother, Rebecca G. Parker Her Birth-place, \* \_\_\_\_\_

Cause of death, } primary, arterial sclerosis Duration, \_\_\_\_\_

Cause of death, } Secondary, myocarditis Duration, \_\_\_\_\_

Certifying Physician, Brouard His Residence, \_\_\_\_\_

Place of burial, New Bedford, Rural Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, \_\_\_\_\_ 1923

Maurice H. Paige New Bedford State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>517</u>	<u>15</u>	<u>250 00</u>	Flowers,	
Size, _____	Made by _____		Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>		<u>15 00</u>	Carriages for	
Burial robe,		<u>18 00</u>	" "	
Preserving Body with _____			" "	
Washing and Dressing _____			Carriages at Funeral	
Shaving,			Death Notices in _____	
Music,				
Services, <u>Professional</u>		<u>25 00</u>	Officiating Clergyman	
Use of Chairs, <u>2 day</u>		<u>2 00</u>	Goods ordered by <u>Maurice H. Paige</u>	
Church Charges			Bill charged to _____	<u>315 00</u>
Cemetery Fee, <u>Removal to Boat</u>		<u>5 00</u>		

Dr. 315 00 Cr. \_\_\_\_\_

			<u>Dec 26 1923 Check</u>	<u>315 00</u>

Dec 26, 1923  
Maurice H. Paige Cash.

# RECORD AND BILL OF ITEMS

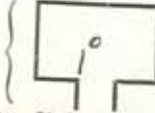
Yearly No 67

FOR THE FUNERAL OF

Total to date 150

Name of Deceased, Susan A. Mowry  
 Date of Birth, Apr 17 191852  
 Date of Death, <sup>(Month)</sup> Oct 14 <sup>(Day)</sup> 1923 <sup>(Year)</sup> Color † Age 71 Years  
5 Months  
27 Days  
 Name of Deceased, Susan A. Mowry  
 Maiden Name of Deceased D  
 Place of Death, Dorchester Street, 97 Bowdoin St. Ward No.   
 Residence, " Sex, Single Married,   
 Occupation, at home Wife of  Married,   
 Birth-place, Albany, Maine Widow of   
 Name of Father, Franklin Hussey His Birth-place, \* Albany, Me.  
 Maiden Name } Abigail Tinkham Her Birth-place, \* Rochester, Mass.  
 Cause of death, } Primary, Carcinoma of Breast Duration,   
 } Secondary, Breast Duration,   
 Certifying Physician,  His Residence,   
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 345 Section No.   
 Funeral Services at   
 Time of Services,

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: ☐

Date of Interment, Oct 17 1923  
Merrill-Smith

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

Casket or Coffin No. _____	Flowers _____
Size, _____ Made by _____	Candles _____
Lining _____	Gloves _____
Handles _____	Pall Bearers or Porter _____
Plate _____	Hearse <u>Boat to Cemetery</u> <u>\$25.00</u>
Outside Box _____	Carriages for <u>Carfax Flowers</u> <u>2.00</u>
Burial robe _____	" <u>1st Wood's 3 Tracks</u> <u>12.00</u>
Preserving Body with _____	Carriages at Funeral _____
Washing and Dressing _____	Death Notices in _____
Shaving _____	Officiating Clergyman _____
Music _____	Goods ordered by _____
Services _____	Bill charged to <u>\$39.00</u>
Use of Chairs _____	
Church Charges _____	
Cemetery Fee, _____	

Dr.				Jan 10 1924 Check	39.00	Cr.

# RECORD AND BILL OF ITEMS

Yearly No. 68. FOR THE FUNERAL OF Total to date 151.

George C. Williams

Date of Birth, Jan 22 1861 (Month) (Day) (Year) Age { 62 Years, 8 Months, 22 Days

Date of Death, Oct. 14 1923 (Month) (Day) (Year) Color † \_\_\_\_\_

Name of Deceased, George C. Williams

Maiden Name of Deceased \_\_\_\_\_

Place of Death, East H. Olden, Me. Street, \_\_\_\_\_ Ward No. \_\_\_\_\_

Residence, " " " Sex, \_\_\_\_\_ Single, Single Married,

Occupation, Office of Eastern Steamship Co. of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, George C. Williams His Birth-place, \* Fayol.

Maiden Name of Mother, Martha S. Randall Her Birth-place, \* Nantucket

Cause of death, } Primary, Compound Fracture of base of skull.

Cause of death, } Secondary, Gun shot wound (suicide).

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 609 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Oct. 18 1923. Mary B. Barnes.

Diagram of Burial Lot:  Put in the Diagram one mark like this ( ) for every Grave in it. And mark this ( ) for every Grave in it. And mark this ( ) for every Grave in it. And mark this ( ) for every Grave in it. Designate site of Monument thus: [ ]

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

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to <u>House, 35</u> Cemetery, <u>250</u> <u>30</u> <u>00</u>	
Outside Box, _____	Carriages for <u>2 log Chairs</u> <u>2</u> <u>00</u>	
Burial robe, _____	<u>1st Wood 4 Hacks</u> <u>16</u> <u>00</u>	
Preserving Body with _____	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	Officiating Clergyman _____	
Services, _____	Goods ordered by <u>J. C. Jones</u> <u>48</u> <u>00</u>	
Use of Chairs, _____	Bill charged to _____	
Church Charges _____		
Cemetery Fee, _____		

Dr.			Cr.
	<u>Donald F. Snow</u>	<u>July 12, 1926 Check</u>	<u>48 00</u>
	<u>17 B road St</u>	<u>Hacks</u>	<u>16 00</u>
	<u>Banga</u>		<u>32 00</u>
	<u>Ms.</u>		

RECEIVED  
 PAID  
 July 12 1926  
 A. B. Hall & Son Adm.

# RECORD AND BILL OF ITEMS

Yearly No 69

FOR THE FUNERAL OF

Total to date 152

Caroline H. Gruber.

Date of Birth, Aug 28 1921  
 Date of Death, Oct 28 1923 Color f Age  $\left\{ \begin{array}{l} 82 \text{ Years} \\ 1 \text{ Month} \\ 22 \text{ Days} \end{array} \right.$

Name of Deceased, Caroline H. Gruber.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Nant. Cottage/Hospital No. \_\_\_\_\_  
 Residence, " 17 Mill St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of William H. Gruber.  
 Name of Father, Barclay Framming His Birth-place, \* Nantucket  
 Maiden Name of Mother } Sarah Allen Ellis Her Birth-place, \* Nantucket.  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Brouard. His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 516 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Diagram of Burial Lot.



Date of Interment, Oct. 23 1923

Carrie A. Haven † State whether White or Black. \* Insert Town and State.  
66 Clifton Ave. Compella Mass

Casket or Coffin No. <u>285-642</u>	<u>135 00</u>	Flowers,	
Size, _____	Made by _____	Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box <u>None</u>	<u>15 00</u>	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving <u>Removal from Hospital</u>	<u>5 00</u>	Death Notices in _____	
Music, " <u>to Home</u>	<u>5 00</u>		
Services, <u>Professional</u>	<u>20 00</u>	<u>J. H. Woodh. 2 Hacks</u>	<u>8 00</u>
Use of Chairs, _____		Officiating Clergyman _____	
Church Charges _____		Goods ordered by <u>Carrie A. Haven</u>	<u>205 00</u>
Cemetery Fee <u>Interment</u>	<u>25 00</u>	Bill charged to " " - <u>Adm.</u>	<u>213 00</u>
Dr. _____	<u>205.00</u>		

		<u>July 2</u>	<u>1924 Check</u>	<u>213 00</u>
			<u>2 Hacks</u>	<u>8 00</u>
				<u>205 00</u>

RECEIVED PAYMENT  
July 2, 1924

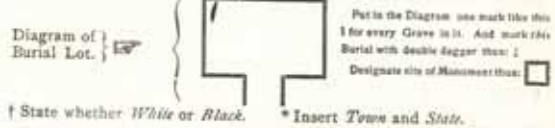
Sent check July 2, 1924 for Hacks.

# RECORD AND BILL OF ITEMS

Yearly No. 76. FOR THE FUNERAL OF Susan Austin. Total to date 153.

Date of Birth, Aug 16 1871  
 Date of Death, Oct 20 1923 Color † \_\_\_\_\_ Age { 52 Years,  
2 Months,  
4 Days.  
 Name of Deceased, Susan Austin.  
 Maiden Name of Deceased Dedham.  
 Place of Death, \_\_\_\_\_ Street, Washington Ward No. \_\_\_\_\_  
 Residence, Dedham. Sex, \_\_\_\_\_ Single, Single Married,  
 Occupation, Nurse. Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Chas. G. S. Austin His Birth-place, \* Nantucket  
 Maiden Name of Mother } Mary E. Codd. Her Birth-place, \* Nantucket  
 Cause of death, } Primary, accidental multiple  
 Cause of death, } Secondary, injuries. Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 761. Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Oct. 25. 1923.  
Charles Warren Austin.



Casket or Coffin No. <u>245 sh 2</u>	135 00	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery,	
Outside Box,		Carriages for	
Burial robe, <u>grey</u>	15 00	" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving, <u>Removal from Boat</u>	5 00	Death Notices in	\$188 00
Music,		<u>Credit on Shipping Case</u>	25 00
Services,		Officiating Clergyman	
Use of Chairs, <u>2 doz chairs</u>	2 00	Goods ordered by <u>Charles Warren Austin.</u>	
Church Charges		Bill charged to " "	\$165 00
Cemetery Fee, <u>Interment,</u>	28 00		
<b>Dr.</b>	<b>\$188.00</b>		

Dt.	Dr.	Cr.
<u>Sent Bill 110-11923</u>		
<u>Jan. 1. 1924.</u>		<u>\$115 00</u>
<u>July 2. "</u>		<u>\$50 00</u>
<u>Aug 1.</u>		<u>\$165 00</u>

PAID  
Sept 26 1925  
H. Linsley Johnson  
Sawyer

# RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 154

Lunice Coffin Gardner Brooks

Date of Birth, May 4 1849  
 Date of Death, Nov 3 1923 Color † \_\_\_\_\_ Age { 74 Years, 6 Months, \_\_\_\_\_ Days

Name of Deceased, Lunice G. Brooks

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Nant. Cott. Hospital Ward No. \_\_\_\_\_

Residence, 68 Cliff Rd. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of John G. Brooks

Name of Father, Jasiah C. Gardner His Birth-place, \* Nantucket

Maiden Name of Mother, Susan Jones Her Birth-place, \* Nantucket

Cause of death, } Primary, Valvular Heart Disease Duration, \_\_\_\_\_


Cause of death, } Secondary, Chronic Myocarditis Duration, \_\_\_\_\_

Certifying Physician, Lewis His Residence, \_\_\_\_\_

Place of burial, North Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of } Burial Lot. } 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger ††. Designate site of Monogram stones

Date of Interment, Nov 5 1923

John B. Ridger Coffin † State whether White or Black \* Insert Town and State. Fairview Heights Rochester, N.Y.

Casket or Coffin No. <u>295</u>	<u>150 00</u>	Flowers	
Size, _____	Made by _____	Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse to _____ Cemetery	
Outside Box, <u>Chestnut</u>	<u>50 00</u>	Carrriages for _____	
Burial robe		" " _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing	<u>5 00</u>	Carrriages at Funeral	
Shaving, <u>Removal from Hospital</u>	<u>5 00</u>	Death Notices in _____	
Music, <u>to House</u>	<u>5 00</u>		
Services, <u>Singing Service</u>	<u>5 00</u>	Officiating Clergyman _____	
Use of Chairs	<u>3 00</u>	Goods ordered by _____	
Church Charges		Bill charged to <u>John B. Coffin Adm.</u>	<u>263 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Ds.</b>	<b>263.00</b>		

on 25 1924 Check 263 00

RECEIVED PAYMENT  
on 25 1924  
John B. Coffin Adm.

# RECORD AND BILL OF ITEMS

Yearly No. 72.

FOR THE FUNERAL OF

Total to date 155

Isaac Augustus Macy

Date of Birth, Mch. 4 1850  
(Month) (Day) (Year)

Date of Death, Nov. 8 1923 Color † \_\_\_\_\_  
(Month) (Day) (Year)

Name of Deceased, Isaac A. Macy Age  $\left\{ \begin{array}{l} 73 \text{ Years.} \\ 8 \text{ Months.} \\ 2 \text{ Days.} \end{array} \right.$

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Belmont, Mass Street, Millars City Hospital Ward No. \_\_\_\_\_

Residence, 7 ant. 7. Pleasant St. Sex, \_\_\_\_\_ Single, single Married, \_\_\_\_\_

Occupation, Broker Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Isaac Macy His Birth-place, \* Nantucket

Maiden Name of Mother, Ann King Macy Her Birth-place, \* Nantucket

Cause of death, } Primary, Myocarditis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_


Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 111. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Nov. 8 1923  
Mary C. Macy

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 No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to <u>House</u> <u>5.00</u> Cemetery _____	<u>5 00</u>
Outside Box, _____	Carriages for <u>Interment</u> _____	<u>25 00</u>
Burial robe, _____	"    " <u>Spring trace</u> _____	<u>5 00</u>
Preserving Body with _____	"    " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	Officiating Clergyman _____	
Services, _____	Goods ordered by <u>H. Long Johnson</u> _____	<u>35 00</u>
Use of Chairs, _____	Bill charged to _____	
Church Charges _____		
Cemetery Fee, _____		

Dr.	Cr.
	<u>Jan. 15. 1924 Check</u> <u>\$35 00</u>



# RECORD AND BILL OF ITEMS

Yearly No. 73

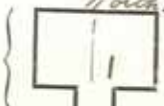
FOR THE FUNERAL OF

Total to date 156

*Sarah J. Mendell.*

Date of Birth, Apr. 15 1866  
 Date of Death, Nov. 4 1923 Color f Age  $\left\{ \begin{array}{l} 57 \text{ Years} \\ 6 \text{ Months} \\ 24 \text{ Days} \end{array} \right.$   
 Name of Deceased, Sarah J. Mendell.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 22 New. Ward No. \_\_\_\_\_  
 Residence, " Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married, X  
 Occupation, At Home Wife of Obed F. Mendell.  
 Birth-place, Boston, Mass. Widow of \_\_\_\_\_  
 Name of Father, William Lane His Birth-place, \* England  
 Maiden Name of Mother, Mary Ann Lane Her Birth-place, \* Ireland  
 Cause of death, } Primary, Cerebral Hemorrhage Location, \_\_\_\_\_  
 Cause of death, } Secondary, Cerebral Hemorrhage Location, \_\_\_\_\_  
 Certifying Physician, Folger His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 574 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Internment, Nov. 12 1923  
Obed F. Mendell.  
 Diagram of Burial Lot.   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2405</u>	<u>85 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving, <u>Removal to Shop</u>	<u>5 00</u>	Death Notices in	
Music, " " <u>House</u>	<u>5 00</u>		
Services, <u>Candlelight</u>	<u>2 00</u>	Officiating Clergyman	
Use of Chairs, <u>Candles</u>	<u>50</u>	Goods ordered by	
Church Charges <u>Truck</u>	<u>2 00</u>	Bill charged to <u>Obed F. Mendell.</u>	<u>156 50</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>156.50</b>		

		<u>Nov 26 1923 Cash</u>	<u>156 50</u>

## RECORD AND BILL OF ITEMS

Yearly No. 74. FOR THE FUNERAL OF Robert W. Coleman. Total to date 157

Date of Birth, Jan 19 1859 Age  $\left\{ \begin{array}{l} 84 \text{ Years} \\ 9 \text{ Months} \\ 21 \text{ Days} \end{array} \right.$  Color  $\dagger$  \_\_\_\_\_  
 Date of Death, Nov 8 1923  
 Name of Deceased, Robert W. Coleman

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Boston Street, 327 Tremont Ward No. \_\_\_\_\_  
 Residence, Nantucket, 15 Mill St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Carpenter Wife of Mary Jane Coleman.  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, James Coleman His Birth-place, \* Catuit, Cape Cod.  
 Maiden Name of Mother, Phoebe Swain Her Birth-place, \* Nantucket.  
 Cause of death, } Primary, Cancer of Bladder Duration, \_\_\_\_\_  
 } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 507 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
Frederick W. Kelley, Boston Diagram of Burial Lot.  $\left\{ \begin{array}{l} \square \\ \square \\ \square \end{array} \right.$  Put in the Diagram one mark like this  $\left\{ \begin{array}{l} \square \\ \square \\ \square \end{array} \right.$  for every Grave in it. And mark this Burial with double dagger thus:  $\left\{ \begin{array}{l} \square \\ \square \\ \square \end{array} \right.$   
 Date of Interment, Nov 12 1923 Designate site of Monument thus:  $\left\{ \begin{array}{l} \square \\ \square \\ \square \end{array} \right.$   
 $\dagger$  State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse <u>from Brattle cemetery</u> <u>25 00</u>
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	Officiating Clergyman _____
Services, _____	Goods ordered by _____
Use of Chairs, _____	Bill charged to <u>Walter S. Coleman</u> <u>\$25 00</u>
Church Charges _____	
Cemetery Fee, _____	

Ds.	Ca.
	<u>Dec 6 1923 Check \$25 00</u>
	<u>Dec 6 1923</u> <u>Walter S. Coleman</u>

# RECORD AND BILL OF ITEMS

Yearly No 75.

FOR THE FUNERAL OF

Total to date 158.

George W. Swain

Date of Birth, Feb. 13 1883  
 Date of Death, Nov. 18 1923 Color † \_\_\_\_\_ Age { 40 Years, 9 Months, 6 Days.  
 Name of Deceased, George W. Swain  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Statens Island, N.Y. Street, Sailors Aug Harbor Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Watchman (Retired) of \_\_\_\_\_  
 Birth-place, Nantucket Widow of Ulmira H. Swain  
 Name of Father, Bergella Swain His Birth-place, \* Nantucket  
 Maiden Name of Mother } Junice Chase Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Chro. Myocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 545 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_  
Mattie Douglas, Harbor Hill Diagram of Burial Lot. }   
 Date of Interment, Nov. 21 1923  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 No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	<u>Removal From Boat \$5 00</u>
Services, _____	<u>Interment \$20 00</u>
Use of Chairs, _____	Officiating Clergyman <u>Chairs 1 00</u>
Church Charges _____	Goods ordered by _____
Cemetery Fee, _____	Bill charged to <u>Mattie Douglas 25 00</u>

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

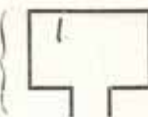
		<u>Dec 5</u>	<u>Cash</u>	<u>\$ 22 00</u>
		<u>" 7</u>	<u>Cash</u>	<u>4 00</u>
				<u>26 00</u>

RECEIVED  
 PATTEN  
Dec 5, 1923  
Mattie Douglas

RECORD AND BILL OF ITEMS

Yearly No. 76 FOR THE FUNERAL OF Ellen C. Sylvano Total to date 159

Date of Birth, Dec. 5 1884 (Month) (Day) (Year)  
 Date of Death, Nov. 29 1923 (Month) (Day) (Year) Color †  
 Name of Deceased, Ellen C. Sylvano Age { 38 Years, 11 Months, 21 Days.  
 Maiden Name of Deceased  
 Place of Death, Nantucket Street, Hospital Ward No.  
 Residence, Nant. 67 N. Centre St. Sex, Single, Married,  
 Occupation, At Home Wife of  
 Birth-place, Nantucket Widow of Enos J. Sylvano  
 Name of Father, Joseph Sylvano His Birth-place, \* Western Isles  
 Maiden Name of Mother, Phoebe Ann Fisher Her Birth-place, \* Falmouth  
 Cause of death, } Primary, Arterial Sclerosis Duration,  
 Cause of death, } Secondary, Myocarditis Duration,  
 Certifying Physician, Grouard His Residence,  
 Place of burial, Newtown Cemetery, Lot or Grave No. Section No.  
 Funeral Services at  
 Time of Services,

Date of Interment, Dec. 1 1923  
Ferdinand Sylvano † State whether *White or Black*. \* Insert Town and State.  
 Diagram of Burial Lot:  Put in the Diagram one mark like this for every Grave to it. And mark this Burial with double Sagger than 1. Designate site of Monument thus:

Casket or Coffin No. <u>160</u>	<u>60 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe, <u>10.00 Paid by Catharine Sylvano</u>	<u>12 00</u>	" "	
Preserving Body with		" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,		Officiating Clergyman	
Services, <u>Removal from Hospital</u>	<u>3 00</u>	Goods ordered by	
Use of Chairs,		Bill charged to	<u>W 112 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>20 00</u>		
Dx.	<u>112.00</u>		

				Mch	12	1924 Ca By Cash	<u>10 00</u>
				"	19	" " " "	<u>10 00</u>
				Apr	8	" " " "	<u>10 00</u>
				"	11	" " " "	<u>10 00</u>
				"	26	" " " "	<u>10 00</u>
				May	13	" " " "	<u>10 00</u>
				"	24	" " " "	<u>10 00</u>
				June	7	" " " "	<u>10 00</u>
				"	28	" " " "	<u>10 00</u>
				July	12	" " " "	<u>10 00</u>
				"	26	" " " "	<u>10 00</u>

### RECORD AND BILL OF ITEMS

Yearly No. 77

FOR THE FUNERAL OF

Total to date 160.

*Ellen Sylvia*

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Dec. 3 1923 Color † Age About 82 Years  
(Month) (Day) (Year) (Month) (Day) (Year) † Months Days

Name of Deceased, Ellen Sylvia  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, One Island Home Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of Deceased  
 Birth-place, Ireland Widow of \_\_\_\_\_

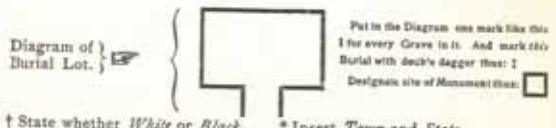
Name of Father, Unknown His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother } Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Arterial Sclerosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Dec. 5 1923  
Edward J. Safford † State whether *White* or *Black*. \* Insert *Town* and *State*.



Casket or Coffin No. <u>120</u>	<u>50 00</u>
Size, _____ Made by _____	
Lining, _____	
Handles, _____	
Plate, _____	
Outside Box, <u>Pine</u>	<u>12 00</u>
Burial robe, _____	
Preserving Body with <u>Fluid</u>	<u>12 00</u>
Washing and Dressing	<u>5 00</u>
Shaving, _____	
Music, _____	
Services, <u>Removal to Home</u>	<u>5 00</u>
Use of Chairs, _____	
Church Charges, <u>Truck</u>	<u>2 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>

Flowers, _____	
Candles, _____	
Gloves, _____	
Pall Bearers or Porter _____	
Hearse to _____ Cemetery	
Carriages for, _____	
" " _____	
" " _____	
Carriages at Funeral <u>J.H. Wood Jr</u>	<u>8 00</u>
Death Notices in _____	
Officiating Clergyman, _____	
Goods ordered by _____	
Bill charged to <u>Edw. J. Safford</u>	<u>111 00</u>

Dr. <u>9111.00</u>	
Cr. <u>119 00</u>	
Pool Department	<u>812 00</u>
1 Rob	
Dec. 21, 1923 Check	<u>912.00</u>
From Pool Dep.	
Dec. 14, 1923 Check	<u>119 00</u>
Paid Herbert casts	<u>8 00</u>
	<u>111 00</u>
	<u>Dec. 15.</u>
	<u>Dec 14 1923</u>
	<u>Edw J Safford</u>

## RECORD AND BILL OF ITEMS

Yearly No. 78. FOR THE FUNERAL OF Cora Ella Ross. Total to date 161

Date of Birth, May 27, 1915 (Month) (Day) (Year)

Date of Death, Dec. 17, 1923 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 8 Years, 6 Months, 22. Days.

Name of Deceased, Cora E. Ross.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 35 Milk Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, single Single, single Married,

Occupation, at school Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Fletcher & Ross His Birth-place, \* Canada

Maiden Name of Mother, Hortense Gibbs Her Birth-place, \* Nantucket

Cause of death, } Primary, Diphtheria Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

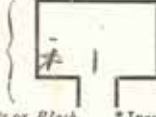
Certifying Physician, Trouard His Residence, \_\_\_\_\_

Place of burial, Prospect St. Cemetery, Lot or Grave No. 789 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Dec. 20, 1923 Fletcher & Ross.

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 No. <u>21</u>	<u>70</u>	<u>00</u>	Flowers,	
Size, _____ Made by _____			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box,	<u>8</u>	<u>00</u>	Carriages for _____	
Burial robe,			" " _____	
Preserving Body with _____	<u>10</u>	<u>00</u>	" " _____	
Washing and Dressing _____			Carriages at Funeral	
Shaving,			Death Notices in _____	
Music,				
Services,				
Use of Chairs,			Officiating Clergyman _____	
Church Charges _____			Goods ordered by _____	
Cemetery Fee, <u>Interment</u>	<u>20</u>	<u>00</u>	Bill charged to _____	<u>78</u> <u>15</u>
<b>Da.</b>	<u>78.00</u>		<b>Cr.</b>	

		<u>Jan. 14, 1924 Check.</u>	<u>78 00</u>

RECEIVED  
Jan 14 1924  
Fletcher & Ross

# RECORD AND BILL OF ITEMS

Yearly No. 79

FOR THE FUNERAL OF

Total to date 162

*Joseph J. Sylvania Jr.*

Date of Birth, June 14 1877  
(Month) (Day) (Year)

Date of Death, Dec. 20 1923 Color †  
(Month) (Day) (Year)

Name of Deceased, Joseph J. Sylvania Jr. Age { 46 Years.  
6 Months.  
6 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 6 Atlantic Ave. Ward No. \_\_\_\_\_

Residence, " Sex, Single Married \_\_\_\_\_

Occupation, H Fisherman Wife of Isabel Sylvania

Birth-place, Fagal Azus Widow of \_\_\_\_\_

Name of Father, Joseph J. Sylvania His Birth-place, \* Fagal Azus Isl.

Maiden Name of Mother } Anna Sylvania Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Blues of lung Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Dec. 22 1923Diagram of }  
Burial Lot. } 

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

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

Casket or Coffin No.	# 90 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter _____	
Plate,		Hearse to _____ Cemetery _____	
Outside Box, <u>Pine</u>	12 00	Carriages for <u>F. Sylvania</u>	
Burial robe,	18 00	" "	
Preserving Body with _____	12 00	" "	
Washing and Dressing _____	5 00	Carriages at Funeral <u>Sylvania</u>	
Shaving,		Death Notices in _____	
Music, <u>Pandelalia</u>	2 00		
Services, <u>10 Candles</u>	1 00		
Use of Chairs,		Officiating Clergyman _____	
Church Charges <u>Truck</u>	2 00	Goods ordered by _____	167 00
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to <u>Joseph J. Sylvania Jr. Adm.</u>	
<b>Dr.</b>	<b>167.00</b>		

Cr.

Feb. 19, 1924 Check 167 00

**PAID**

Feb. 19, 1924  
 BY Joseph J. Sylvania Jr. Adm.

1924.  
**RECORD AND BILL OF ITEMS**

Yearly No. 1

FOR THE FUNERAL OF

Total to date 163.

George W. Chase.

Date of Birth, Feb. 14 1889 (Month) (Day) (Year) Age { 34 Years, 10 Months, 25 Days.  
 Date of Death, Jan. 8 1924 (Month) (Day) (Year) Color † \_\_\_\_\_

Name of Deceased, George W. Chase

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Brockton, Mass. Street, City Hospital Ward No. \_\_\_\_\_

Residence, 1070 Warren Ave. Campbell. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, married

Occupation, Engineer (Retired). Wife of Mary M. Chase.

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Robert B. Chase. His Birth-place, \* Nantucket, Mass.

Maiden Name of Mother } Elizabeth Macy. Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Lobar Pneumonia Duration, \_\_\_\_\_  
 Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

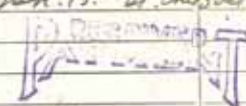
Place of burial, North. Cemetery, Lot or Grave No. 159 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

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 ††. Designate site of Monument thus: □

Date of Interment, Jan. 11, 1924. † State whether White or Black. \* Insert Town and State.  
Mrs. R. H. Stebbins 114. 5 Denzille Ave. Boston 34.

Casket or Coffin No.	Flowers,	
Size, _____ Made by _____	Candles,	
Lining,	Gloves,	
Handles,	Pall Bearers or Porter	
Plate,	Hearse to <u>From Boston Cemetery</u>	<u>\$25.00</u>
Outside Box,	Carriages for	
Burial robe,	" "	
Preserving Body with	" "	
Washing and Dressing	Carriages at Funeral <u>J. H. Wood &amp; Son</u>	<u>4.00</u>
Shaving,	Death Notices in	
Music,		
Services,		
Use of Chairs,	Officiating Clergyman	
Church Charges	Goods ordered by	
Cemetery Fee,	Bill charged to <u>Mrs. R. H. Stebbins</u>	<u>\$29.00</u>

Dr.	Cr.
	<u>Jan. 11 1924. Check</u> <u>\$29.00</u>
	<u>Paid Herbert Cash</u> <u>\$4.00</u>
	<u>Jan. 15: at St. Paul.</u>
	
	<u>Jan. 18, 1924</u>
	<u>Mrs. R. H. Stebbins.</u>




# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 164

Oscar H. Ryder

Date of Birth, May 2 1992  
 Date of Death, Jan 13 1924 Color † Age { 31 Years, 8 Months, 11 Days  
 Name of Deceased, Oscar H. Ryder  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, New York Street, Maine Hospital Ward No. \_\_\_\_\_  
 Residence, 52 Orange St. Montucket Sex, male Single, \_\_\_\_\_ Married, Married  
 Occupation, Fisherman Wife of, Adeline C. Ryder  
 Birth-place, Chatham, Mass Widow of \_\_\_\_\_  
 Name of Father, Edmond G. Ryder His Birth-place, Chatham, Mass  
 Maiden Name of Mother, Flore Ann Emery Her Birth-place, Hitting Point, Maine  
 Cause of death, } Primary, Cholelithiasis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 788 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Jan 16 1924  
Adeline C. Ryder    
 Diagram of Burial Lot:  Pat in the Diagram one mark like this for every Grave in it. And mark this Burial with death's dagger thus:  Designate site of Mausoleum thus:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to _____ Cemetery _____	
Outside Box, _____	Carriages for _____	
Burial robe, _____	" " _____	
Preserving Body with _____	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	Officiating Clergyman _____	
Services, <u>Removal from Boat</u> <u>5 00</u>	Goods ordered by _____	
Use of Chair, <u>2 day, no charge</u>	Bill charged to <u>Chas G. Ryder</u> <u>\$ 30 00</u>	
Church Charges _____		
Cemetery Fee, <u>Interment</u> <u>25 00</u>		
<b>Dr.</b> <u>30 00</u>		

	Feb. 4, 1924	Check	\$ 30 00

PAYMENT

Feb. 4, 1924  
 Chas G. Ryder

# RECORD AND BILL OF ITEMS

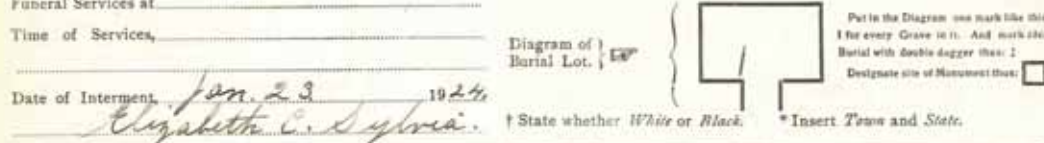
Yearly No. 3

FOR THE FUNERAL OF

Total to date 165

Anna R. Moores

Date of Birth, June 27 1957  
 Date of Death, Jan. 23 1924 Color † \_\_\_\_\_ Age { 64 Years, 6 Months, 24 Days.  
 Name of Deceased, Anna R. Moores  
 Maiden Name of Deceased Anna Ray  
 Place of Death, Nantucket Street, 2 Ash Ward No. \_\_\_\_\_  
 Residence, At Home Sex, Widowed Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of George R. Moores  
 Name of Father, Thomas Ray His Birth-place, \* Woods Hole  
 Maiden Name of Mother } Charlotte Subyie Her Birth-place, \* Nantucket  
 Cause of death, } Primary, Angina Pectoris Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Fryson His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 586 Section No. \_\_\_\_\_



Casket or Coffin No. <u>5157-12</u>	<u>250 00</u>	Flowers,	
Size, _____	_____	Candles,	
Lining, _____	_____	Gloves,	
Handles, _____	_____	Pall Bearers or Porter	
Plate, _____	_____	Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for _____	
Burial robe, _____	_____	" " _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral _____	
Shaving, <u>Removal to mortuary</u>	<u>5 00</u>	Death Notices in _____	
Music, <u>Living Service</u>	<u>5 00</u>		
Services, _____	_____	Officiating Clergyman	
Use of Chairs, <u>2 doz</u>	<u>2 00</u>	Goods ordered by <u>Mrs Sylvia + Mrs Hagg</u>	
Church Charges	_____	Bill charged to _____	<u>319 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
Dr. <u>319.00</u>			

		Cr. <u>319 00</u>
	<u>Apr. 12, 1924 Check</u>	

PAID

Apr 12 - 1924  
Mrs Sylvia + Mrs Hagg

# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 166


Robert Orr Holgate

Date of Birth, Jan 29 1924 (Month) (Day) (Year)  
 Date of Death, Jan 29 1924 (Month) (Day) (Year)  
 Name of Deceased, Robert Orr Holgate Color † \_\_\_\_\_ Age { \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Sie Scout Street, Shell Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, Sie Scout Widow of \_\_\_\_\_

Name of Father, Frank O. Holgate His Birth-place, \* Providence R.I.  
 Maiden Name of Mother } Barbara C. Brownell Her Birth-place, \* Yantucket  
 Cause of death, } Primary, Premature Birth Duration, \_\_\_\_\_  
 Cause of death, } Secondary, intestinal obstruction & vomiting no defecation Duration, \_\_\_\_\_

Certifying Physician, Roberts His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemeter, Lot or Grave No. 581 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_  
 Date of Interment, Jan 25 1924  
F. O. Holgate  
 Diagram of Burial Lot:  Put in the Diagram one mark like this for every Grave in it. And mark the Burial with death's dagger thus: † Designate site of Monument thus: □  
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.	<u>410</u>	<u>00</u>	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to Cemetery	
Outside Box,			Carriages for	
Burial robe,			" "	
Preserving Body with			" "	
Washing and Dressing			Carriages at Funeral	
Shaving,			Death Notices in	
Music,				
Services,			Officiating Clergyman	
Use of Chairs,			Goods ordered by	
Church Charges			Bill charged to	<u>\$12 00</u>
Cemetery Fee, <u>Interment</u>	<u>2</u>	<u>00</u>		
Ds.		<u>12 00</u>		

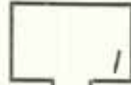
	<u>Bill sent Feb 1, 1924</u>	<u>Apr 2, 1924</u>	<u>Cash</u>	<u>\$12 00</u>

RECEIVED PAYMENT  
 April 2, 1924  
 F. O. Holgate

# RECORD AND BILL OF ITEMS

Yearly No. 5. FOR THE FUNERAL OF Harold L. Ryder. Total to date 168.  
 Date of Birth, June 20, 1915 (Month) (Day) (Year)  
 Date of Death, Jan. 26, 1924 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 8. Years, 7. Months, 6. Days.

Name of Deceased, Harold L. Ryder.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Wentucket Street, 66 Orange Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, X Married, \_\_\_\_\_  
 Occupation, At School. Wife of \_\_\_\_\_  
 Birth-place, Wentucket Widow of \_\_\_\_\_  
 Name of Father, Stephen S. Ryder His Birth-place, \* Chatham, Mass.  
 Maiden Name of Mother } Lovely M. Fisher Her Birth-place, \* Wentucket  
 Cause of death, } Primary, Myocarditis Nephritis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Robert His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 787 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Jan. 28, 1924 (Month) (Day) (Year) † State whether *White* or *Black*. \* Insert *Town* and *State*.  
 Burial Lot, {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger then: † Designate site of Monument then: ☐

Casket or Coffin No. <u>3500</u>	Flowers,	
Size, _____ Made by, _____	Candles,	
Lining, _____	Gloves,	
Handles, _____	Pall Bearers or Porter	
Plate, _____	Hearse to _____ Cemetery _____	
Outside Box, <u>Pine,</u> <u>7 00</u>	Carriages for _____	
Burial robe, _____	" " _____	
Preserving Body with _____ <u>10 00</u>	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____		
Services, _____		
Use of Chairs, <u>2 doz.</u> <u>2 00</u>	Officiating Clergyman _____	
Church Charges _____	Goods ordered by _____	
Cemetery Fee, <u>Interment</u> <u>20 00</u>	Bill charged to <u>Stephen S. Ryder</u> <u>174 00</u>	

Dt.		Cr.	
		<u>Feb 1,</u>	<u>1924 Cash</u> <u>174 00</u>

PAID  
Feb 1, 1924  
Stephen S. Ryder

# RECORD AND BILL OF ITEMS

Yearly No. 6.

FOR THE FUNERAL OF

Total to date 168.

Maria J. Swaney

Date of Birth, Jan. 21, 1830.  
 Date of Death, Jan. 26, 1924. Color † \_\_\_\_\_ Age { 94. Years.  
6. Months.  
6. Days.

Name of Deceased, Maria J. Swaney  
 Maiden Name of Deceased, \_\_\_\_\_

Place of Death, Nantucket Street, 30 Centre, Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home, Wife of \_\_\_\_\_

Birth-place, Nantucket, Widow of Charles B. Swaney.

Name of Father, Asa J. Swaney, His Birth-place, \* Nantucket.

Maiden Name } Emeline North, Her Birth-place, \* Maine.

Cause of death, } Primary, Arterio-sclerosis, Duration, \_\_\_\_\_

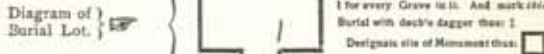
Cause of death, } Secondary, \_\_\_\_\_, Duration, \_\_\_\_\_

Certifying Physician, F. J. Gagnon, His Residence, \_\_\_\_\_

Place of burial, Respect Hill, Cemet., Lot or Grave No. 172, Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, Jan. 29, 1924.

David S. Swaney † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No. <u>5157-235</u>	<u>2.50 00.</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery,	
Outside Box, <u>Pine</u>	<u>12 00.</u>	Carriages for	
Burial robe,		" "	
Preserving Body with	<u>15 00</u>	" "	
Washing and Dressing	<u>5 00.</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Prayer to multiply</u>	<u>5 00.</u>	Officiating Clergyman	<u>David Swaney &amp; Son</u>
Services, <u>Living grave</u>	<u>5 00</u>	Goods ordered by <u>W. H. Swaney &amp; Son</u>	
Use of Chairs, <u>2 1/2 doz</u>	<u>2 50.</u>	Bill charged to <u>H. S. Swaney &amp; Son</u>	<u>210.00</u>
Church Charges	<u>8 00</u>		
Cemetery Fee, <u>Interment</u>	<u>25.00</u>		
	<b>210.00</b>		

Dr.		Cr.
	<u>April 15, 1924 Check</u>	<u>210 00</u>

April 15, 1924  
W. H. Swaney & Son  
Elizabeth A. Riddell

RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 169

Arthur M. Coffin

Date of Birth, Nov. 4, 1872. Date of Death, Jan. 28, 1924. Color ? Age { 51 Years, 2 Months, 24 Days.

Name of Deceased, Arthur M. Coffin. Maiden Name of Deceased

Place of Death, Nantucket. Street, 3 Stone Alley. Ward No.

Residence, Residence, Sex, Single, Married.

Occupation, Clerk. Wife of Margaret W. Coffin.

Birth-place, Boston, Mass. Widow of

Name of Father, Charles H. Coffin. His Birth-place, Nantucket.

Maiden Name of Mother, Charlotte Miller. Her Birth-place,

Cause of death, Primary, Dortic Tabular Disease. Duration,

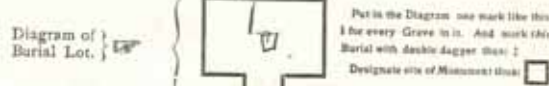
Cause of death, Secondary, Myocarditis. Duration,

Certifying Physician, Brouard. His Residence,

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 51. Section No.

Funeral Services at

Time of Services,



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: □

Date of Interment, Jan. 31, 1924.

Margaret W. Coffin. † State whether White or Black. \* Insert Town and State.

Table with columns for items (Casket or Coffin No., Size, Lining, Handles, Plate, Outside Box, Burial robe, Preserving Body with, Washing and Dressing, Shaving, Music, Services, Use of Chairs, Church Charges, Cemetery Fee), amounts (Drs.), and other services (Flowers, Candles, Gloves, Pall Bearers or Porter, Hearse to, Carriages for, Carriages at Funeral, Death Notices in, Officiating Clergyman, Goods ordered by, Bill charged to).

Table for recording payments with columns for date, description, and amount. Includes a 'PAYMENT' stamp dated April 1, 1924 for Margaret W. Coffin.

# RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 170

William H. Sherman

Date of Birth, Aug. 15. 1858.  
(Month) (Day) (Year)  
 Date of Death, Jan. 29. 1924. Color † \_\_\_\_\_ Age { 65 Years.  
(Month) (Day) (Year) { 5 Months.  
 Name of Deceased, William H. Sherman. { 14 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Street, 11. Prospect Ward No. \_\_\_\_\_  
 Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Farmer. Wife of Sophie L. Sherman.  
 Birth-place, So. Dartmouth, Mass. Widow of \_\_\_\_\_

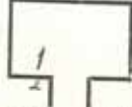
Name of Father, cannot be learned. His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother } Harriet C. Lake. Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Nephritis Chronic. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Howard. His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 570 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Internment, Feb. 1. 1924.  
Sophie L. Sherman. † State whether *White* or *Black.* \* Insert *Town* and *State.*

Diagram of Burial Lot: 

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

Casket or Coffin No. <u>120.</u>	50 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine.</u>	12 00	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with <u>Fluid</u>	12 00	" " _____	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving,	1 50	Death Notices in _____	
Music,			
Services,		<u>J. H. Wood for 2 Hacks</u>	8 00
Use of Chairs, <u>2 doz</u>	2 50	Officiating Clergyman	
Church Charges		Goods ordered by _____	107 00
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to _____	\$115 00
<b>Dr.</b>	<b>\$107 50</b>		

		Cr.
	<u>Feb 15, 1924 Cash</u>	<u>\$115 00</u>
	<u>Paid Wood Feb 15.</u>	<u>08 00</u>
		<u>107 00</u>

**PAID**  
Feb. 14, 1924  
 BY Sophie L. Sherman

RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 171.

*Olivia H. Brown*

Date of Birth, *Oct. 25* 18*76*  
 Date of Death, *Feb. 1* 19*24* Color † Age { *47* Years, *3* Months, *7* Days.

Name of Deceased, *Olivia H. Brown*  
 Maiden Name of Deceased, *Thompson*

Place of Death, *Alliston, Mass* Street, *S Allcott* Ward No. \_\_\_\_\_  
 Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, *At Home* Wife of, \_\_\_\_\_  
 Birth-place, \_\_\_\_\_ Widow of *Samuel T. Brown*

Name of Father, *James Thompson* His Birth-place, \* *Nantucket, Mass.*  
 Maiden Name of Mother } *Sarah Ann Horsfield* Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, *Articular Rheumatism* Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, *Prospect Hill* Cemetery, Lot or Grave No. *56* Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, *Feb. 9* 19*24*  
*Miss G. T. Dillingham* 132 Elm St. State whether *White* or *Black*. \* Insert Town and State.  
*Worcester, Mass.*

Diagram of Burial Lot { }  
 Put in the Diagram one mark like this for every Grave in it. And mark (di) Burial with double dagger thus: † Designate site of Monument thus: □

Casket or Coffin No.	Size, Made by	Flowers	Candles
		Gloves, <i>Remond from Boat</i>	<i>5 00</i>
		Full Bearers, or Porter	
		Hearse, <i>sent to Cemetery</i>	<i>\$ 25 00</i>
		Carriages for <i>W. Wood &amp; Son</i>	<i>4 00</i>
		" "	
		Carriages at Funeral	
		Death Notices in	
		Officiating Clergyman, <i>Mr. Ratchiff</i>	<i>5 00</i>
		Goods ordered by	
		Bill charged to	<i>\$ 39 00</i>

Dr.	Cr.
	Feb 9, 1924 Check
	<i>\$ 39 00</i>
	<i>Paid Wood Feb 11<sup>th</sup></i>
	<i>in R. Dumbrows store</i>
	<i>4 00</i>
	<i>Feb 9, 1924</i>
	<i>Miss G. T. Dillingham</i>







RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 174

Judith C. Folger

Date of Birth, \_\_\_\_\_ 19\_\_\_\_

Date of Death, Feb 17 1924 Color † Age 81 Years, 6 Months, \_\_\_\_\_ Days.

Name of Deceased, Judith C. Folger

Maiden Name of Deceased, \_\_\_\_\_

Place of Death, Brockton Street, 25 Fairmount Ave. Ward No. \_\_\_\_\_

Residence, " " Sex, Widowed Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Alexander Folger

Name of Father, Alexander Barrett His Birth-place, \* Nantucket

Maiden Name of Mother, Mary Sumner Her Birth-place, \* Nantucket

Cause of death, } Primary, Arterio Sclerosis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 164 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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: ☐

Date of Interment, Feb 21 1924.  
Ernest G. Folger  
Brockton Mass

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

Casket or Coffin No.		Flowers	
Size	Made by _____	Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse <u>Boat to</u> Cemetery <u>25 00</u>	
Outside Box		Carriages for <u>J. F. Wood</u> <u>4 00</u>	
Burial robe		" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving		Death Notices in _____	
Music		Officiating Clergyman _____	
Services		Goods ordered by _____	
Use of Chairs		Bill charged to <u>Ernest G. Folger</u> <u>29 00</u>	
Church Charges			
Cemetery Fee			

Dr.

Cr.

<u>Ernest G. Folger</u> <u>25 Fairmount Ave</u> <u>Brockton</u>	<u>Feb 21 1924 Cash</u> <u>29 00</u>	
	<u>Paid Wood Cash</u>	
	<u>Feb 21 1924 on Main St</u>	

PROSPECT HILL  
Feb 21 1924  
Ernest G. Folger

## RECORD AND BILL OF ITEMS

Yearly No. 13.

FOR THE FUNERAL OF

Total to date 175.

Arthur H. Gardner.

Date of Birth, Aug 4. 1854. (Year)  
 Date of Death, Feb 27. 1924. (Year) Color † \_\_\_\_\_ Age { 69 Years.  
 { 6. Months.  
 { 18. Days.

Name of Deceased, Arthur H. Gardner.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket. Street, 33 Milk Ward No. \_\_\_\_\_

Residence, " Sex, Single, Married, X

Occupation, Tax Collector. Wife of Mary M. Gardner.

Birth-place, San Francisco. Widow of \_\_\_\_\_

Name of Father, Wm. B. Gardner. His Birth-place, \* Baltimore, Md.

Maiden Name of Mother } Charlotte Coffin Her Birth-place, \* Nantucket.

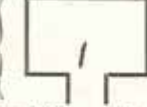
Cause of death, } Primary, Cerebral Hemorrhage. Duration, \_\_\_\_\_

Cause of death, } Secondary, arterial sclerosis. Duration, \_\_\_\_\_

Certifying Physician, Lewis. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill. Cem-try, Lot or Grave No. 509. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, Mary M. Gardner - Nant. Diagram of }  
 Burial Lot. }  Put in the Diagram, one mark like this  
 † for every Grave in it. And mark the  
 Burial with double dagger ††  
 Designate site of Monument thus:

Date of Interment, Feb 26 1924.

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

Casket or Coffin No. <u>340253</u>	135 00	Flowers,
Size, _____ Made by _____		Candles,
Lining, _____		Gloves,
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	12 00	Carriages for _____
Burial robe, _____		" " _____
Preserving Body with <u>Fluid</u>	15 00	" " _____
Washing and Dressing _____	5 00	Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, <u>P. Mary Cab</u>	3 00	Officiating Clergyman _____
Services, <u>T. Lewis Carjeflowers</u>	4 00	Goods ordered by _____
Use of Chairs, <u>2 1/2 doz</u>	2 50	Bill charged to <u>Mary M. Gardner</u>
Church Charges _____		201 50
Cemetery Fee, <u>Interment.</u>	25 00	
<b>Ds.</b>	<b>201 50</b>	<b>Cr.</b>


Sent Bill mch 10 1924		Mch 12 1924 Check	201 50
		Paid Tom Mch 14 th.	
		" P. Mary " 17 th.	
		Mch 12 - 24	
		Mary M. Gardner	

# RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 176

*Ignis Ellen Chase*  
 Date of Birth, July 17 1878  
 Date of Death, March 1 1924 Color † \_\_\_\_\_ Age { 25 Years, 7 Months, 13 Days.  
 Name of Deceased, Ignis E. Chase  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Wentuckset Street, 33 Washington Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, X  
 Occupation, At Home Wife of Gordon M. Chase  
 Birth-place, Juristown R.I. Widow of \_\_\_\_\_  
 Name of Father, Henry J. Nicholson His Birth-place, \* Juristown R.I.  
 Maiden Name of Mother } Katharine M. Donnell Her Birth-place, \* Prince Edward's Isls.  
 Cause of death, } Primary, Phlegmonous Tonsillitis  
 Cause of death, } Secondary, Acute Endocarditis Duration \_\_\_\_\_  
 Certifying Physician, F. G. G. H. His Residence \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 632, Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_ Diagram of }  
Gordon M. Chase Burial Lot. }   Pet to the Diagram one mark like this  
 Date of Internment, March 4 1924. \* Insert Town and State. † State whether White or Black. Burial with double dagger thus: †  
 Designate size of Monuments thus:

Casket or Coffin No. <u>169 White Pine</u>	<u>15 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe,	<u>15 00</u>	" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,		Officiating Clergyman	
Services, <u>2 Removals</u>	<u>5 00</u>	Goods ordered by _____	
Use of Chairs,		Bill charged to <u>Gordon M. Chase</u>	<u>149 00</u>
Church Charges			
Cemetery Fee, <u>Internment</u>	<u>25 00</u>		
<b>Dr.</b>	<u>149 00</u>		<b>Cr.</b>

		<u>March 25, 1924 Cash</u>	<u>149 00</u>

RECEIVED PAYMENT  
 March 25 - 1924  
 Gordon M. Chase

# RECORD AND BILL OF ITEMS

Yearly No. 15 FOR THE FUNERAL OF George M. Winslow Total to date 177

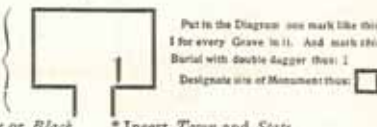
Date of Birth, Oct. 29, 1952  
 (Month) (Day) (Year)  
 Date of Death, Feb. 3, 1924 Color † \_\_\_\_\_ Age { 71 Years  
 (Month) (Day) (Year) { 4 Months  
 { 3 Days

Name of Deceased, George M. Winslow  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, West Chester Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, X  
 Occupation, Fishermen Wife of Carrie Louise Winslow

Birth-place, Nantucket, Mass. Widow of \_\_\_\_\_  
 Name of Father, George M. Winslow His Birth-place, \* Nantucket, Mass.  
 Maiden Name of Mother } Mary Starbuck Her Birth-place, \* Albany, N.Y.  
 Cause of death, } Primary, Bun shot, wound of head Duration, \_\_\_\_\_  
 Cause of death, } Secondary, suicidal gun shot Duration, \_\_\_\_\_

Certifying Physician, Lewis Medical Exam is Residence, \_\_\_\_\_  
 Place of burial, North Cemetery, Lot or Grave No. 141 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, William H. Winslow Past. Diagram of Burial Lot: }  
 Date of Interment, Feb. 5 1924.  
 † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>120</u>	50	00	Flowers	
Size, _____ Made by _____			Candles	
Lining			Gloves	
Handles			Pall Bearers or Porter	
Plate			Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	12	50	Carriages for	
Burial robe	10	00	" "	
Preserving Body with _____			" "	
Washing and Dressing			Carriages at Funeral	
Shaving			Death Notices in _____	
Music				
Services	25	00		
Use of Chairs, <u>2 doz</u>	2	00	Officiating Clergyman _____	
Church Charges, <u>Removal without</u>	5	00	Goods ordered by _____	
Cemetery Fee, <u>Interment</u>	20	00	Bill charged to _____	129 00

Da. 5129.00 Ca.

County of Nant.			Apr. 23 1924.	Check	129 00
Removal to Morgue	35	00			
Paid Feb 7, 1924.					

# RECORD AND BILL OF ITEMS

Yearly No. 16.

FOR THE FUNERAL OF

Total to date 178.

Charlotte M. F. Wood.

Date of Birth, May 24, 1845  
 Date of Death, Mich 7, 1924 Color † \_\_\_\_\_ Age { 78 Years, 9 Months, 12 Days.

Name of Deceased, Charlotte M. F. Wood

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Nant. Cott. Hospital No. \_\_\_\_\_

Residence, 27 Orange St. Nant. Sex, Wid. Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home. Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of James F. Wood

Name of Father, Benjamin F. Wood His Birth-place, Nantucket, Mass.

Maiden Name of Mother, Wm. H. Hill Her Birth-place, \_\_\_\_\_

Cause of death, } Primary, Endocarditis Chami. Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grouard. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 182 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Mary E. Raymond. Diagram of } Burial Lot. } 

Date of Internment, Mich 10, 1924 Put in the Diagram one mark like this 1 for every Grave in it. Add mark like this for Burial with double dagger thus: † Designate site of Monument thus: □

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

Casket or Coffin No. <u>120</u>	<u>25 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery,	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>12 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>2 remarks</u>	<u>5 00</u>	Officiating Clergyman	
Use of Chairs, <u>4 doz.</u>	<u>1 00</u>	Goods ordered by _____	
Church Charges		Bill charged to <u>Mary E. Raymond</u>	<u>110 00</u>
Cemetery Fee, <u>Internment</u>	<u>25 00</u>		
<b>Dx.</b>	<u>\$ 110.00</u>		

<u>Mrs Herbert Brown.</u>		<u>July 5 1924</u>	<u>Cash</u>	<u>1910 00</u>
<u>1 robe</u>	<u>12 00</u>			
<u>Mich 17 1924 Cash</u>	<u>12 00</u>			
<u>From Mrs Herbert Brown.</u>				
<u>Saw Bill June 2-24</u>				

RECEIVED PAYMENT  
 July 5, 1924  
 Mary E. Raymond.

# RECORD AND BILL OF ITEMS

Yearly No. 17. FOR THE FUNERAL OF Ira Ruth Chase. Total to date 179.

Date of Birth, Nov. 19 1918  
 Date of Death, March 12 1924 Color † \_\_\_\_\_ Age { 5 Years.  
 { 3 Months.  
 { 22. Days.

Name of Deceased, Ira R. Chase.  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Sp. Milstone Rd. Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single Single Married,

Occupation, None. Wife of \_\_\_\_\_  
 Birth-place, Nantucket. Widow of \_\_\_\_\_

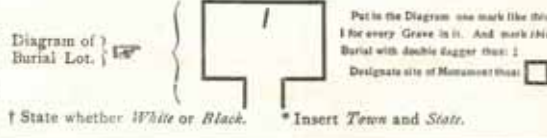
Name of Father, Gordon M. Chase His Birth-place, \* Nantucket, Mass.  
 Maiden Name of Mother } Agnes L. Nickerson Her Birth-place, \* Linnton, R. I.

Cause of death, } Primary, Diphtheria Duration, \_\_\_\_\_  
 } Secondary, Heart Failure Duration, \_\_\_\_\_

Certifying Physician, Croward. His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 632 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, March 13 1924  
Gordon M. Chase.



Casket or Coffin No. <u>21.</u>	<u>35 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>7 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,		Officiating Clergyman	
Services,	<u>10 00</u>	Goods ordered by	
Use of Chairs,		Bill charged to <u>Gordon M. Chase</u>	<u>72 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>20 00</u>		
<b>Dr.</b>	<b>472.00</b>		<b>Cr.</b>

March 25 1924 Cash 72 00

**RECEIVED  
 PAYMENT**  
March 25 1924  
by Gordon M. Chase.



## RECORD AND BILL OF ITEMS

Yearly No. 18.

FOR THE FUNERAL OF

Total to date 180

Mary J. Wyer

Date of Birth, Nov. 15. 1881  
(Month) (Day) (Year)  
 Date of Death, Mch. 13. 1924 Color † \_\_\_\_\_ Age { 42 Years  
(Month) (Day) (Year) { 3 Months  
 { 27 Days

Name of Deceased, Mary J. Wyer

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Via Scout Street, Main St. Ward No. \_\_\_\_\_

Residence, Nantucket 68 Central St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at Home. Wife of \_\_\_\_\_

Birth-place, Nantucket. Widow of Benjamin F. Wyer

Name of Father, Charles R. Paddock His Birth-place, \* Nantucket

Maiden Name of Mother } Sydia B. Bunker Her Birth-place, \* " "

Cause of death, } Primary, Myo. Endocarditis Duration, \_\_\_\_\_

Cause of death, } Secondary, arterial Sclerosis Duration, \_\_\_\_\_

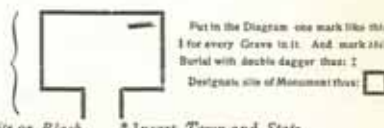
Certifying Physician, Howard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 409 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot.



Date of Interment, Mch. 15. 1924  
William H. Wyer

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

Casket or Coffin No. <u>390.</u>	<u>125 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving: <u>Removal from Scout</u>	<u>10 00</u>	Death Notices in _____	
Music, " <u>For Home</u>	<u>5 00</u>		
Services, _____		Officiating Clergyman _____	
Use of Chairs, <u>2 doz.</u>	<u>2 00</u>	Goods ordered by <u>A. B. Pitman</u>	
Church Charges _____		Bill charged to <u>Mrs. A. B. Pitman</u>	<u>199 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b><u>7199.00</u></b>		<b>Cr.</b>

Apr. 21. 1924 Check #199 00

**RECEIVED PAYMENT**

Apr. 21. 1924  
Charlotte M. Pitman adm.

## RECORD AND BILL OF ITEMS


Yearly No. 19.

FOR THE FUNERAL OF

Total to date 191.

Emily Chase Ellis

Date of Birth, Oct. 26 1885 (Month) (Day) (Year)      Color † \_\_\_\_\_      Age { 36 Years,  
4 Months,  
19 Days.  
 Date of Death, Mch. 16 1924 (Month) (Day) (Year)  
 Name of Deceased, Emily Chase Ellis  
 Maiden Name of Deceased, " " McClary  
 Place of Death, Tantucket Street, 8 Orange Ward No. \_\_\_\_\_  
 Residence, " " \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at home Wife of \_\_\_\_\_  
 Birth-place, Tantucket Widow of Samuel H. Ellis  
 Name of Father, Edward Verbeeth His Birth-place, \* England  
 Maiden Name of Mother } Emily S. McClary Her Birth-place, \* Tantucket  
 Cause of death, } Primary, Arterial Sclerosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Croward His Residence, \_\_\_\_\_  
 Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 516 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Diagram of Burial Lot.  Put in the Diagram, one mark like this ( ) for every Grave in it. And mark this ( ) Burial with double dagger like this: ( † ) Designate site of Monument thus: ( □ )  
 Date of Interment, Mch 17 1924.  
Minnie Sichel † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2405</u>	<u>85</u> 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter,	
Plate,		Hearse to _____ Cemetery,	
Outside Box, <u>Paint</u>	<u>12</u> 00	Carriages for,	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>15</u> 00	" "	
Washing and Dressing	<u>5</u> 00	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removal to Rooms</u>	<u>5</u> 00	Officiating Clergyman	
Services, " " <u>at home</u>	<u>5</u> 00	Goods ordered by <u>Minnie Sichel</u>	
Use of Chairs,		Bill charged to " "	<u>152</u> 00
Church Charges,			
Cemetery Fee, <u>Interment</u>	<u>25</u> 00		
Dr. <u>1852.00</u>			

	Cr.
<u>Sept 13 till June 2 - 24</u>	<u>Aug 8</u> 19 <u>24</u> Cash <u>152</u> 00

RECEIVED  
PAYMENT

Aug 8, 1924  
Minnie Sichel

# RECORD AND BILL OF ITEMS

Yearly No 20.

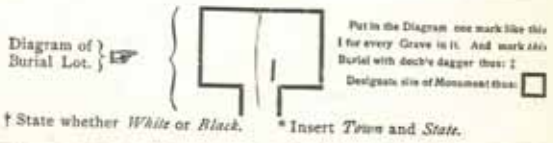
FOR THE FUNERAL OF

Total to date 182.

*Mary Ella Waterman*

Date of Birth, Sept 24 1883  
 (Month) (Day) (Year)  
 Date of Death, March 22 1924 Color † \_\_\_\_\_  
 (Month) (Day) (Year) Age { 45 Years.  
 { 5 Months.  
 { 27 Days.  
 Name of Deceased, Mary Ella Waterman  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 43 Centre Ward No. \_\_\_\_\_  
 Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at home Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of Nelson Waterman  
 Name of Father, William Harris His Birth-place, \* Nantucket  
 Maiden Name } Lidia R. Macy Her Birth-place, \* \_\_\_\_\_  
 of Mother } \_\_\_\_\_  
 Cause of death, } Primary, Chronic myocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Roberts His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 650 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, March 25 1924  
William H. Key



Casket or Coffin No. <u>390</u>	<u>125 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Horse to Cemetery,	
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for	
Burial robe,	<u>10 00</u>	" "	
Preserving Body with <u>fluid</u>	<u>15 00</u>	" "	
Washing and Dressing	<u>3 -</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removal to Grave</u>	<u>5 00</u>	Officiating Clergyman	
Services,		Goods ordered by	
Use of Chairs, <u>2 Doz</u>	<u>2 00</u>	Bill charged to <u>Wm H Key</u>	<u>199 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<u>2199 00</u>		

	<u>Sent bill July 2nd 1924</u>	<u>July 15</u>	<u>Check</u>	<u>2199 00</u>

RECEIVED  
 PAYMENT  
 July 15, 1924  
 Wm H Key

RECORD AND BILL OF ITEMS

Yearly No 21 FOR THE FUNERAL OF Everett Chester B Barrett Total to date 183

Date of Birth, Mch 14 1924 Age { \_\_\_\_\_ Years  
 Date of Death, Mch 23 1924 Color † \_\_\_\_\_ Months  
 Name of Deceased, Everett C B Barrett 6 Days

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N. E. Hospital Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

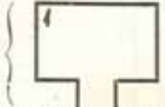
Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Chester S B Barrett His Birth-place, \* Nantucket  
 Maiden Name of Mother } Marquerite Menden Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Taculus Hemorrhage  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, F. Logan His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 713 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Mch 23 1924 Diagram of Burial Lot:  Put in the Diagram one mark like this † for every Grave in it. And mark † double dagger †† for Burial with double dagger ††: † Designate site of Monument thus: □  
Chester S B Barrett † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.	<u>1000</u>	Flowers		
Size, Made by		Candles		
Lining		Gloves		
Handles		Pall Bearers or Porter		
Plate		Hearse to _____ Cemetery		
Outside Box		Carriages for		
Burial robe		" "		
Preserving Body with		" "		
Washing and Dressing		Carriages at Funeral		
Shaving		Death Notices in		
Music		Officiating Clergyman		
Services, <u>Removal from Hosp</u>	<u>2 00</u>	Goods ordered by		
Use of Chairs		Bill charged to <u>Chester S B Barrett</u>	<u>17 00</u>	
Church Charges				
Cemetery Fee, <u>Interment</u>	<u>5 00</u>			
Dx.	<u>\$17 00</u>			

				<u>Apr 4 1924 Check</u>	<u>17 00</u>

  
 Apr 8 1924  
 Everett C B Barrett

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 184

Date of Birth, Apr 17 1922 (Month) (Day) (Year)  
 Date of Death, 5 1924 (Month) (Day) (Year) Color stillborn Age 2 Years 0 Months 0 Days

Name of Deceased, Arthur C. Norcross

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Thomas M. Norcross His Birth-place, \* Nantucket

Maiden Name of Mother } Mary C. Pouch Her Birth-place, \* Prince Edward Island, Canada

Cause of death, } Primary, stillborn Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Folsom His Residence, \_\_\_\_\_

Place of burial, St Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, at April 20 1924  
Thos M. Norcross

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

Casket or Coffin No.	<u>10 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box,		Carriages for	
Burial robe,		" "	
Preserving Body with		" "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,		Officiating Clergyman	
Services, <u>Removal from Hosp</u>	<u>2 00</u>	Goods ordered by	
Use of Chairs,		Bill charged to <u>Thos M. Norcross</u>	<u>17 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>5 00</u>		

Dr.	<u>17 00</u>	Ca.	
	<u>Sent Bill June 2-24</u>	<u>July 7, 1924 Cash</u>	<u>17 00</u>

RECEIVED PAYMENT  
 July 9, 1924  
 Thos M. Norcross

# RECORD AND BILL OF ITEMS

Yearly No 23.

FOR THE FUNERAL OF

Total to date 195.

Robert Mack

Date of Birth, Feb. 1. 1868  
(Month) (Day) (Year)  
 Date of Death, Apr. 19. 1924 Color † \_\_\_\_\_ Age { 56 Years.  
(Month) (Day) (Year) { 2 Month.  
 { 18. Days.

Name of Deceased, Robert Mack

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 1. Plumbe Lane Ward No. \_\_\_\_\_

Residence, 11 Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, A

Occupation, Register of Probate. Wife of Lotie M. Mack.

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

Name of Father, Thomas Mack His Birth-place, \* Ireland.

Maiden Name of Mother, Margaret Purcell. Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Angina Pectoris. Duration, \_\_\_\_\_

Cause of death, } Secondary, Coronary Sclerosis. Duration, \_\_\_\_\_

Certifying Physician, Edward Fred Thompson Residence, \_\_\_\_\_

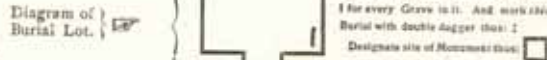
Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 193 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Apr. 22. 1924

Lotie M. Mack.



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

Casket or Coffin No. <u>390.</u>	<u>125 00</u>	Flowers, _____
Size, _____	Made by, _____	Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Fall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for _____
Burial robe, _____		" " _____
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, _____		<u>Paid Mrs Mack for diet</u> <u>20 00</u>
Services, _____		Officiating Clergyman <u>184 50</u>
Use of Chairs, <u>2 1/2 Doz</u>	<u>2 50</u>	Goods ordered by <u>Lotie M. Mack</u>
Church Charges _____		Bill charged to <u>204 50</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	

Da. 18184.50 Ca. \_\_\_\_\_

	<u>May 29.</u>	<u>Cash.</u>
		<u>204.50</u>

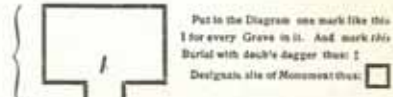
# RECORD AND BILL OF ITEMS

Yearly No. 24 FOR THE FUNERAL OF Margaret Elizabeth Ayers Total to date 186

Date of Birth, Feb 9 1857 Age { 66 Years.  
 Date of Death, April 28 1924 Color †      } { 8 Months.  
 Name of Deceased, Margaret E. Ayers } { 13 Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 13 Orange Ward No. \_\_\_\_\_  
 Residence, " 13 Orange St. Sex, Single, Married, Married.  
 Occupation, At Home. Wife of Lawrence Ayers.  
 Birth-place, Boston Mass. Widow of \_\_\_\_\_  
 Name of Father, Patrick Buckley His Birth-place, \* Ireland.  
 Maiden Name of Mother } Jane Kearney Her Birth-place, \* Ireland.  
 Cause of death, } Primary, Arterial Sclerosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, St. Mary's Cemeter-, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Internment, April 28 1924  
Lawrence Ayers † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>Black Italy larch</u>	<u>200 00</u>	Flowers, <u>Amount Brought In</u>	<u>254 00</u>
Size, <u>Made by</u>		<u>3 1/2 Doz. 300. Candelabra's w</u>	<u>5 00</u>
Lining		Gloves, <u>6 pair @ 25</u>	<u>1 50</u>
Handles		Pal Bearer or Porter	
Plate		Hearse to _____ Cemetery	
Outside Box, <u>12 00</u>		<u>Cars</u> for <u>J. H. Hood 3.</u>	<u>12 00</u>
Burial robe		" <u>John Terry 2</u>	<u>8 00</u>
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" <u>Peace &amp; Joy 1</u>	<u>7 00</u>
Washing and Dressing		Carriages at Funeral	
Shaving		Death Notices in	
Music			
Services			
Use of Chairs		Officiating Clergyman	
Church Charges <u>Church truck</u>	<u>2 00</u>	Goods ordered by	
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to <u>Lawrence Ayers</u>	<u>284 50</u>
<b>Dr.</b>	<b>254. 00</b>		

	<u>June 2 1924</u>	<u>Check</u>	<u>284. 00</u>
		<u>Cars</u>	<u>24. 00</u>
			<u>260. 00</u>
		<u>Sent checks for Cars</u>	
		<u>June 5. 1924</u>	
		<b>P. RECEIVER</b>	
		<b>PAYMENT</b>	
		<u>June 2 1924</u>	
		<u>Lawrence Ayers</u>	

RECORD AND BILL OF ITEMS

Yearly No. 25

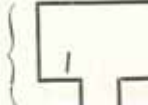
FOR THE FUNERAL OF

Total to date 197

Frederick W. Alley

Date of Birth, Dec. 3<sup>rd</sup> 1868  
 Date of Death, Jan. 28<sup>th</sup> 1924. Color †  
 Age { 56 Years,  
       3 Months,  
       28 Days.

Name of Deceased, Frederick W. Alley  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, On the way to St. Elizabeth's Hospital 756 Cambridge, Brighton Mass  
 Residence, 907 Broadway Boston 13<sup>th</sup> Single, Married, \_\_\_\_\_  
 Occupation, Carpenter Wife of Rhube S. Alley  
 Birth-place, Bahama Isls. Widow of \_\_\_\_\_  
 Name of Father, Charles Alley His Birth-place, \* Nantucket, Mass.  
 Maiden Name of Mother } Annie S. Platt Her Birth-place, \* Bahama Islands  
 Cause of death, } Primary, Embolism Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetry, Lot or Grave No. 546 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Diagram of Burial Lot {  Put in the Diagram one mark like this 1 in every Grave in it. And mark this Burial with double dagger ††; Designate site of Monument there.   
 Date of Interment, May 1 1924.  
Rhube S. Alley  
 † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No.		Flowers	
Size, _____ Made by _____		Candles	
Lining _____		Gloves	
Handles _____		Pall Bearers or Porter	
Plate _____		Hearse <u>From Boat to Cemetry</u>	<u>\$25.00</u>
Outside Box _____		Carriages for _____	
Burial robe _____		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving _____		Death Notices in _____	
Music _____		Officiating Clergyman _____	
Services _____		Goods ordered by _____	
Use of Chairs _____		Bill charged to <u>Rhube S. Alley</u>	<u>\$25.00</u>
Church Charges _____			
Cemetery Fee _____			

Dr.		Cr.	
	<u>bill sent June 2 1924</u>	<u>June 19 1924 Money order</u>	<u>25.00</u>

PAID  
June 19 1924  
Rhube S. Alley



# RECORD AND BILL OF ITEMS

Yearly No 26

FOR THE FUNERAL OF

Total to date 188

Name of Deceased, Sydia C. Selden

Date of Birth, July 26 1848  
 (Month) (Day) (Year)

Date of Death, May 3 1924  
 (Month) (Day) (Year)

Color † \_\_\_\_\_ Age { 75 Years, 9 Months, 7 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_  
29 Liberty

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Charles Selden

Name of Father, Christopher Fodge His Birth-place, \* Cysterville

Maiden Name of Mother } Syphasa Beave Her Birth-place, \* Cysterville

Cause of death, } Primary, Cerebral Hemorrhage Duration, \_\_\_\_\_

Cause of death, } Secondary, Chronic Nephritis Duration, \_\_\_\_\_

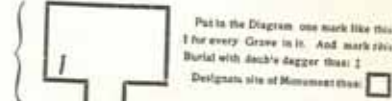
Certifying Physician, Roberts His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemet., Lot or Grave No. 5 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot.



Put in the Diagram one mark like this 1 for every Grave in it. And mark this Burial with decb's dagger thus: † Designate site of Monument thus: □

Date of Interment, May 6 1924  
Charles A. Selden Plainfield N.J. State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2852</u>	<u>135 00</u>	Flowers,	
Size, _____	Made by _____	Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, _____	<u>15 00</u>	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with _____	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving, <u>removed to Rooms</u>	<u>5 00</u>	Death Notices in _____	
Music, <u>to House</u>	<u>5 00</u>		
Services, _____			
Use of Chairs, <u>2 doz</u>	<u>2 50</u>	Officiating Clergyman _____	
Church Charges _____		Goods ordered by _____	
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to <u>Charles A. Selden</u>	<u>207 00</u>
<b>Dr.</b>	<b>207.00</b>		

May 13, 1924 Check 207 00

*PREPARED BY*  
May 13, 1924  
Charles A. Selden

# RECORD AND BILL OF ITEMS

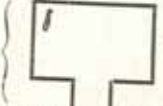
Yearly No. 27.

FOR THE FUNERAL OF

Total to date 189.

Annie J. Brown.

Date of Birth, Jan. 19\_\_\_\_  
 Date of Death, May <sup>(Month)</sup> 4 <sup>(Day)</sup> 1924. <sup>(Year)</sup> Color † \_\_\_\_\_ Age { 84. Years. 4. Months. \_\_\_\_\_ Days.  
 Name of Deceased, Annal J. Brown.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Worcester Street, 52 High Ward No. \_\_\_\_\_  
 Residence, " \_\_\_\_\_ Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_  
 Occupation, School teacher Wife of \_\_\_\_\_  
 Birth-place, Ireland. Widow of \_\_\_\_\_  
 Name of Father, Can not be learned. His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother, Margaret Weston Her Birth-place, \* Ireland.  
 Cause of death, } Primary, arterial sclerosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, St Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, May 7 1924  
Elizabeth Starbuck † State whether *White* or *Black.* \* Insert *Town* and *State.*



Put in the Diagram one mark like this 8 for every Grave in it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

Casket or Coffin No.		Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery, _____	
Outside Box,		Carriages for _____	
Burial robe,		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral	
Shaving,		Death Notices in	
Music,		<u>Interment from Boat</u> \$25.00	
Services,		Officiating Clergyman	
Use of Chairs,		Goods ordered by _____	
Church Charges		Bill charged to <u>J. H. Murphy &amp; Son</u> 25.00	
Cemetery Fee,		<u>622 Main St. Worcester</u>	
Ds.			

		<u>Jan. 14, 1925 Check</u>	<u>25 00</u>

RECORDED  
 Jan. 14, 1925  
Maguire & Gardner  
 311. Main St.  
 Room 56-57 Worcester  
 Mass

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 190

Isaac Hamblin

Years.  
Months.  
Days.

Date of Birth, Apr 4 1880  
 Date of Death, Mar 8 1924 Color † \_\_\_\_\_ Age { 43 Years.  
 Name of Deceased, Isaac Hamblin { 1 Months.  
 Maiden Name of Deceased \_\_\_\_\_ { 4 Days.

Place of Death, Nantucket Street, 4. New Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Light House Keeper Retired 4. W. of \_\_\_\_\_  
 Birth-place, Cape Cod Widow of \_\_\_\_\_

Name of Father, Joseph Hamblin His Birth-place, \* Cape Cod  
 Maiden Name of Mother, Sarah Her Birth-place, \* \_\_\_\_\_

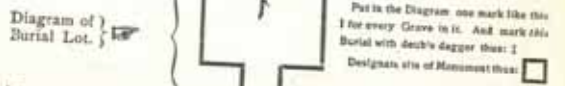
Cause of death, } Primary, Terminal Illness Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Ground His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemeter, Lot or Grave No. 307 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, May 11 1924  
W. H. Fisher



Casket or Coffin No. <u>160</u>	60	00	Flowers,
Size, _____ Made by _____			Candles,
Lining, _____			Gloves,
Handles, _____			Pall Bearers or Porter _____
Plate, _____			Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	12	00	Carriages for _____
Burial robe, _____			" " _____
Preserving Body with <u>Fluid</u>	15	00	" " _____
Washing and Dressing	5	00	Carriages at Funeral _____
Shaving, _____			Death Notices in _____
Music, _____			Officiating Clergyman _____
Services, _____			Goods ordered by _____
Use of Chairs, _____			Bill charged to <u>W. H. Fisher</u>
Church Charges _____			117 00
Cemetery Fee, <u>Interment</u>	25	00	
<b>Dr.</b>	<b>\$117.00</b>		

			June 10, 1924 <u>Church of S. S. C. H.</u>	50 00
			" 11. " <u>Cash Mrs Fisher</u>	67 00
				117 00

PAID  
 June 11, 1924  
 W. H. Fisher

# RECORD AND BILL OF ITEMS

Yearly No. 29 FOR THE FUNERAL OF Annie Christene Dunham. Total to date 191

Date of Birth, Aug 24 1884 (Year) Age { 79 Years  
 Date of Death, May 18 1924 (Year) Color †      { 8 Months  
 (Day) (Day) (Year) (Year) { 24 Days

Name of Deceased, Annie C. Dunham.

Maiden Name of Deceased     

Place of Death, Nantucket Street, 24 Pearl Ward No.     

Residence,      Sex,      Single,      Married,     

Occupation, At Home Wife of     

Birth-place, Suenburg Sweden Widow of Isaac P. Dunham.

Name of Father,      His Birth-place, \*     

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

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

Cause of death, } Secondary,      Duration,     

Certifying Physician, Lewis His Residence,     

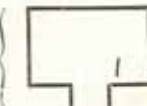
Place of burial, Prospect Hill Cemetery, Lot or Grave No. 6 Section No.     

Funeral Services at     

Time of Services,     

Date of Interment, May 21 1924

Mary L. Giffin † State whether White or Black. \* Insert Town and State.

Diagram of Burial Lot: 

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

Casket or Coffin No. 28541 135 00

Size,      Made by     

Lining,     

Handles,     

Plate,     

Outside Box, Steel Vault. 70 00

Burial robe,      20 00

Preserving Body with Fluid 15 00

Washing and Dressing      5 00

Shaving,     

Music, Philip Murray & Co. 3 00

Services,     

Use of Chairs, 2 1/2 Doz 2 50

Church Charges     

Cemetery Fee, Interment 25 00

Bill charged to      275 50

Dr.      275 50 Cr.     

**RECEIVED PAYMENT**  
 Sept 12 1924  
 Walter N. Chase Adm.

### RECORD AND BILL OF ITEMS

Yearly No. 30 FOR THE FUNERAL OF Total to date 192

Calvin F Crocker

Date of Birth, Apr 22 1853  
 Date of Death, May 23 1924 Color   
 Name of Deceased, Calvin F Crocker Age { 71 Years.  
 Months 1 Days 1

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 29 Pleasant Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single,  Married,

Occupation, Janitor Wife of Illa M. Crocker  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Calvin F Crocker His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother Hersibeth Coleman Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Carcinoma of Stomach, Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_, Duration, \_\_\_\_\_  
 Certifying Physician, Laouard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemet'y, Lot or Grave No. 617 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Diagram of Burial Lot. { 1 617 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with deck's dagger thus: † Designate site of Monument thus: □

Date of interment, May 25 1924  
Alice Crocker Lawrence † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>390</u>	<u>125 00</u>	Flowers,
Size, _____ Made by _____		Candles,
Lining, _____		Gloves,
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	<u>12 00</u>	Carriages for _____
Burial robe, _____		“ “ _____
Preserving Body with <u>Fluid</u>	<u>15 00</u>	“ “ _____
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, _____		
Services, _____		
Use of Chairs, <u>2 Day</u>	<u>2 00</u>	Officiating Clergyman _____
Church Charges _____		Goods ordered by _____
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to <u>Alice Crocker</u>
		<u>184 00</u>
Dr. <u>184 00</u>		Cr.

		July 16 1924 Check, <u>184 00.</u>

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date \_\_\_\_\_

William H. Hall

Date of Birth, Aug 5 1859 (Month) (Day) (Year)  
 Date of Death, May 26 1924 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 64 Years, 9 Months, 21 Days.

Name of Deceased, William H. Hall

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Duck Island Home Ward No. \_\_\_\_\_

Residence, " Sex, Single Single Married,

Occupation, Day labour Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, David Hall His Birth-place, \* Nantucket

Maiden Name of Mother, Martha James Her Birth-place, \* \_\_\_\_\_


Cause of death, } Primary, Chronic nephritis Duration, \_\_\_\_\_

Cause of death, } Secondary, Myocarditis Duration, \_\_\_\_\_

Certifying Physician, Dr. Board His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 415 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of }  Put in the Diagram one mark like this † for every Grave in it. And mark this Burial with double dagger ††. Designate site of Monument thus: □

Date of Interment, May 27 1924 † State whether White or Black. \* Insert Town and State.  
Eliza Sylvia

Casket or Coffin No. <u>39</u>	<u>35 00</u>	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box,	<u>15 00</u>	Carriages for _____	
Burial robe,	<u>10 00</u>	" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in _____	
Music,		Officiating Clergyman _____	
Services, <u>2 days 1 back</u>	<u>4 00</u>	Goods ordered by _____	
Use of Chairs,		Bill charged to <u>Eliza Sylvia</u>	<u>94 00</u>
Church Charges _____			
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b><u>79 00</u></b>		<b>Cr.</b>

	<u>94 00</u>
June 9. 1924 Check	<u>94 00</u>
Paid S. Sylvia Cash June 11.	
	

# RECORD AND BILL OF ITEMS

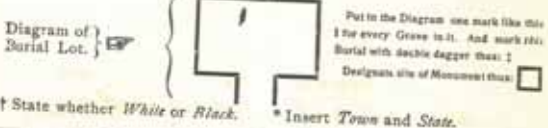
FOR THE FUNERAL OF

Yearly No 32

Total to date 194

Name of Deceased, Jeanette Allen  
 Maiden Name of Deceased, \_\_\_\_\_  
 Date of Birth, June 5 1922  
(Month) (Day) (Year)  
 Date of Death, June 6 1924  
(Month) (Day) (Year) Color † \_\_\_\_\_ Age { 2 Years, 0 Months, 1 Days.  
 Name of Deceased, Jeanette Allen  
 Place of Death, Pt. Washington 2.6 New York 35 Fairview Street No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_  
 Occupation, None Wife of \_\_\_\_\_  
 Birth-place, Pt. Jefferson 2.9 N.Y. Widow of \_\_\_\_\_  
 Name of Father, Walter D. Allen His Birth-place, \* Nantucket  
 Maiden Name of Mother, Marion Longdon Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Strichman's Poisoning due from eating Alophen Pills  
 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 Internment, June 8 1924  
William F. Codd.



Casket or Coffin No.		Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	<u>N</u>
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse, <u>from Boat to Cemetery</u>	<u>\$20.00</u>
Outside Box, _____		Carriages for _____	
Burial robe, _____		“ “ _____	
Preserving Body with _____		“ “ _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman _____	
Services, _____		Goods ordered by _____	
Use of Chairs, _____		Bill charged to <u>Walter D. Allen</u>	<u>20.00</u>
Church Charges _____			
Cemetery Fee, _____			

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

		<u>July 18, 1924</u>	<u>Chuck</u>	<u>20.00</u>

*July 18, 1924  
Walter D. Allen*

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 195

*Sydia G. Bunker*

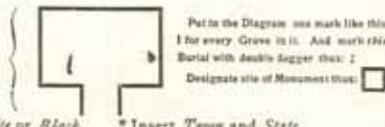
Date of Birth, June 16, 1884  
(Month) (Day) (Year)

Date of Death, June 15, 1924. Color †  
(Month) (Day) (Year)

Name of Deceased, Sydia G. Bunker

Maiden Name of Deceased

Place of Death, Nantucket Street, N. C. Hospital Ward No.  
 Residence, 39 Pearl St. Nant. Sex, Single Single Married,  
 Occupation, At Home Wife of  
 Birth-place, Nantucket Widow of  
 Name of Father, Asa Bunker His Birth-place, \* Nantucket, Mass.  
 Maiden Name } Mary Ray Her Birth-place, \*  
 of Mother }  
 Cause of death, } Primary, Cerebral Hemorrhage  
 Cause of death, } Secondary,  
 Certifying Physician, F. Olgu His Residence,  
 Place of burial, North Cemetery, Lot or Grave No. 146 Section No.



Date of Interment, June 2, 1924.  
Mary Wait, Medford Mass.  
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2405.</u>	<u>85 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to <u>Cemetery</u>	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with	<u>15 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removal from Hospital</u>	<u>5 00</u>	Officiating Clergyman	
Services, <u>to house</u>	<u>5 00</u>	Goods ordered by	
Use of Chairs, <u>1 Doz</u>	<u>1 00</u>	Bill charged to <u>Mary Wait</u>	<u>156 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b><u>916.00</u></b>		<b>Cr.</b>

		<u>Aug 5 1924</u>	<u>Chuck</u>	<u>156 00</u>

PAID  
Aug 5 1924  
Mary Wait John



# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 196

*Mary Elizabeth Holm*

Date of Birth, May 18 <sup>(Month)</sup> 1924 <sup>(Year)</sup> } 5 Years.  
 Date of Death, May 18 <sup>(Month)</sup> 1924 <sup>(Year)</sup> } 5 Months.  
 Name of Deceased, Mary E. Holm } 0 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C. Hospital Ward No. \_\_\_\_\_

Residence, " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Nant. Widow of \_\_\_\_\_

Name of Father, Lisle Holm His Birth-place, \* Somerville, Mass.

Maiden Name of Mother } Lena W. Bennett Her Birth-place, \* Nantucket

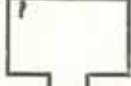
Cause of death, } Primary, Stillborn Duration, \_\_\_\_\_

Cause of death, } Secondary, Asphyxia Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 720 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, Entombed June 19<sup>th</sup> 1924 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: □

Date of Internment, \_\_\_\_\_ 19 \_\_\_\_\_

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

Casket or Coffin No. _____	10 00	Flowers, _____	
Size, _____ Made by _____		Candles, _____	
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery, _____	
Outside Box, _____		Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman _____	
Services, <u>Entombing</u>	2 00	Goods ordered by _____	
Use of Chairs, _____		Bill charged to _____	15 00
Church Charges _____			
Cemetery Fee, <u>Internment</u>	3 00		

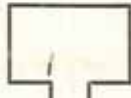
Dr.	Cr.	Cr.
	Sept 26 1924 Chuck	15 00
	Sept 27 1924 L. Lisle Holm	

## RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 197*William Wallace Russell*

Date of Birth, Jan. 3, 1856 (Month) (Day) (Year)  
 Date of Death, June 17, 1924 (Month) (Day) (Year) Color      Age  $\left\{ \begin{array}{l} 78 \\ 5 \\ 15 \end{array} \right\}$  Years, Months, Days  
 Name of Deceased, William W. Russell  
 Maiden Name of Deceased       
 Place of Death, Millbury, Mass. Street, Grafton Ward No.       
 Residence,      Sex,      Single,      Married,       
 Occupation,      Wife of       
 Birth-place, Nantucket, Mass. Widow of       
 Name of Father, Thomas Russell His Birth-place, Nantucket  
 Maiden Name of Mother, Liza Ellis Her Birth-place,       
 Cause of death, } Primary, Cerebral Apoplexy 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,      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 that 1. Designate site of Monument thus:

Date of Interment, June 24, 1924 State whether White or Black \* Insert Town and State.  
Anna B. Gillis Grafton, Mass. Millbury, Mass.

Casket or Coffin No.		Flowers		
Size	Made by	Candles		
Lining		Gloves		
Handles		Pall Bearers or Porter		
Plate		Hearse to <u>Boat to</u> Cemetery	<u>25 00</u>	
Outside Box		Carriages for		
Burial robe		" "		
Preserving Body with		" "		
Washing and Dressing		Carriages at Funeral		
Shaving		Death Notices in		
Music		Officiating Clergyman		
Services		Goods ordered by		
Use of Chairs		Bill charged to <u>Anna B. Gillis</u>	<u>25 00</u>	
Church Charges				
Cemetery Fee				

Dr.

Cr.

Nov. 22 1924 Cash 25 00

PAID  
 Nov 22 1924  
*William Russell*

1924  
-79

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 198.

Benjamin Folger

Date of Birth, Oct. 18, 1944  
 (Month) (Day) (Year)

Date of Death, June 25, 1924 Color f  
 (Month) (Day) (Year)

Name of Deceased, Benjamin Folger Age 79 Years  
8 Months  
18 Days

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C. Hospital Ward No. \_\_\_\_\_

Residence, 122 Main St. Sex, Widowed Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, Painter Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Mary B. Folger

Name of Father, Caleb B. Folger His Birth-place, \* Nantucket

Maiden Name of Mother } Mary Macy Her Birth-place, \* Nantucket

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_

Cause of death, } Secondary, Actual / chronic Duration, \_\_\_\_\_

Certifying Physician, Deves His Residence, \_\_\_\_\_

Place of burial, 1 Prospect Hill Cemetery, Lot or Grave No. 370 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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:

Date of Internment, June 29, 1924

Lucy S. Folger-Brockton

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

Casket or Coffin No. <u>390.</u>	<u>125 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for _____	
Burial robe,	<u>15 00</u>	“ “ _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	“ “ _____	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in _____	
Music, <u>Removal from Hosp.</u>	<u>5 00</u>	Officiating Clergyman	
Services, <u>to House</u>	<u>5 00</u>	Goods ordered by _____	
Use of Chairs, <u>1 Doz.</u>	<u>1 00</u>	Bill charged to _____	<u>211. 00</u>
Church Charges			
Cemetery Fee, <u>Internment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>211 00</b>		

				<u>Jan 18 1925 Check</u>	<u>211 00</u>

Jan. 18 1925  
J. Susan P. Folger

# RECORD AND BILL OF ITEMS

Yearly No. 37 FOR THE FUNERAL OF Total to date 199

*Nathan C. Twining*

Date of Birth, Jan 17 1848 (Month) (Day) (Year) Color † Age { 56 Years, 5 Months, 18 Days.

Name of Deceased, Nathan C. Twining

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass Street, 52 N. Liberty Ward No. \_\_\_\_\_

Residence, 35 Main Ave. Newport, R.I. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Rear Admiral U.S. Navy Wife of Caroline S. Twining

Birth-place, Boscobel, Wis. Widow of \_\_\_\_\_

Name of Father, Nathan C. Twining His Birth-place, \* Can not be learned.

Maiden Name of Mother } Mary Remney Her Birth-place, \* Chicago

Cause of death, } primary, Heart Disease Presumable Aneurism of Aorta

Cause of death, } Secondary, Sudden death Duration, \_\_\_\_\_

Certifying Physician, Lewis Med. Es. His Residence, \_\_\_\_\_

Place of burial, Washington D.C. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at Orlinton Cemetery

Time of Services, \_\_\_\_\_

Date of Interment, \_\_\_\_\_ 19 \_\_\_\_\_

William E. Mackay Nantucket † State whether *White* or *Black*, \* Insert *Town* and *State*.



Put in the Diagram one mark like this 1 for every Grave in it. And mark (H) Burial with double dagger thus: † Designate site of Monument thus: □

Casket or Coffin No. <u>390. X 20 in.</u>	<u>175 00</u>	Flowers,	
Size, <u>20 in.</u> Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Chesnut</u>	<u>50 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>20 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removal to Rooms</u>	<u>5 00</u>		
Services, " <u>to Boat</u>	<u>5 00</u>	Officiating Clergyman	<u>2 62 10</u>
Use of Chairs,	<u>2 16</u>	Goods ordered by <u>to Rooms</u>	<u>2 16</u>
Church Charges <u>Telegrams</u>		Bill charged to <u>Mrs N. C. Twining</u>	<u>2 60 00</u>
Cemetery Fee,			
Dr. <u>18262 16</u>			Cr.

	July 15 1924 Check	262 16

# RECORD AND BILL OF ITEMS

Yearly No. 38.

FOR THE FUNERAL OF

Total to date 200.

Name of Deceased, Francis V. Powers  
 Date of Birth, Feb 4 1895  
 Date of Death, July 6 1924 Color † \_\_\_\_\_  
 Age { 29 Years,  
5 Months,  
2 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Pogquoy Ward No. \_\_\_\_\_

Residence, Sardner, Mass. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Auditor Wife of Helen Powers

Birth-place, Somerville Mass Widow of \_\_\_\_\_

Name of Father, Lawrence Q. Powers His Birth-place, \* Nova Scotia.

Maiden Name of Mother } Mary Fay Her Birth-place, \* Unknown.

Cause of death, } Primary, Pulmonary Duration, \_\_\_\_\_

Cause of death, } Secondary, Tuberculosis. Duration, \_\_\_\_\_

Certifying Physician, Grouard. His Residence, \_\_\_\_\_

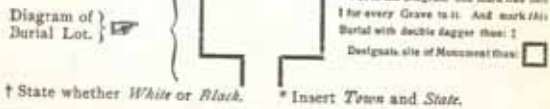
Place of burial, Oak Grove Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at: Springfield Mass.

Time of Services, \_\_\_\_\_

Date of Internment, Shipped July 7, 1924.

Mrs Helen Powers.



Casket or Coffin No. <u>245-L</u>	<u>135 00</u>	Flowers, _____	
Size, _____ Made by _____		Candles, _____	
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Hummel</u>	<u>50 00</u>	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman _____	
Services, <u>Professional</u>	<u>20 00</u>	Goods ordered by _____	
Use of Chairs, <u>Removal to town</u>	<u>10 00</u>	Bill charged to <u>Mrs Helen Powers</u>	<u>235 60</u>
Church Charges, <u>to Boat</u>	<u>5 00</u>		
Cemetery Fee, <u>Express Charge</u>	<u>15 60</u>		
<b>Dr.</b>	<b>\$ 235.60</b>		

			Cr.
<u>Ballantyne Aug 21 1924</u>	<u>100 00</u>	<u>Mar. 12</u>	<u>Cash from Treasurer 100 00</u>
<u>" " Jan. 1 1925</u>		<u>Apr 4 1925</u>	<u>Check 135 60</u>
			<u>235 60</u>
			<u>15 00</u>
			<u>220 60</u>
<u>Mrs Helen Powers</u> <u>125 Passo Road</u> <u>Indian Orchard.</u>			
<u>Apr 4 1925</u> <u>Helen M. Powers Adm.</u>			



## RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 202.

Ilda Montgomery.  
 Date of Birth, July 21 1940  
 Date of Death, Feb. 29 1924. Color † \_\_\_\_\_ Age { \_\_\_\_\_ Years  
 \_\_\_\_\_ Months  
 \_\_\_\_\_ Days  
 Name of Deceased, Ilda Montgomery.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Washington D.C. Street, \_\_\_\_\_ Ward No. \_\_\_\_\_Residence, Mantoloking, Calabar Sex, \_\_\_\_\_ Single, single Married, \_\_\_\_\_Occupation, Teacher of the Deaf Wife of \_\_\_\_\_Birth-place, New York Widow of \_\_\_\_\_Name of Father, Thomas Montgomery His Birth-place, \* Can not be learnedMaiden Name of Mother } Matilda Todd Her Birth-place, \* " " " "Cause of death, } Primary, Lobar Pneumonia Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

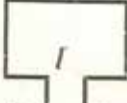
Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Internment, \_\_\_\_\_ 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 site of Monument thus: □

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

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse <u>Boats</u> Cemetery <u>25 00</u>
Outside Box, _____	Carriages for _____
Burial robe, _____	" " <u>Extra Help</u> <u>5 00</u>
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral <u>H. Wood Co</u> <u>5 00</u>
Shaving, _____	Death Notices in _____
Music, _____	_____
Services, _____	_____
Use of Chairs, _____	Officiating Clergyman _____
Church Charges _____	Goods ordered by _____
Cemetery Fee, _____	Bill charged to _____ <u>35 00</u>

Dr.

Cr.

	<u>July 8. ch. 1924</u>	<u>Check</u>	<u>35 00</u>
		<u>Paid Wood by check</u>	
		<u>July 10 1924</u>	

# RECORD AND BILL OF ITEMS

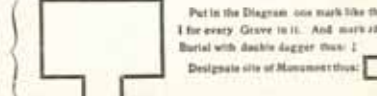
FOR THE FUNERAL OF

Yearly No. 76 Total to date 203.

*Emma L. Cahoon.*

Date of Birth, Aug 5 1863 Age { 60 Years.  
(Month) (Day) (Year)  
 Date of Death, July 2 1924. Color †  
(Month) (Day) (Year)  
 Name of Deceased, Emma L. Cahoon. Age { 11 Months.  
(Month) (Day) (Year) 4. Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N.C. Hospital. Ward No. \_\_\_\_\_  
 Residence, Main St. Barnstable. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at Home. Wife of Artemus W. Cahoon.  
 Birth-place, Yarmouth Widow of \_\_\_\_\_  
 Name of Father, Anthony Montcalm His Birth-place, \* Yarmouth, Mass.  
 Maiden Name of Mother, Mayona Phillips Her Birth-place, \* Harwich, "  
 Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Sail blade Duration, \_\_\_\_\_  
 Certifying Physician, Grouard. His Residence, \_\_\_\_\_  
 Place of burial, North Harwich. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Shipment July 10, 1924  
 Diagram of Burial Lot:   
 † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No. <u>285-5</u>	135 00	Flowers,
Size, _____ Made by, _____		Candles,
Lining, _____		Gloves,
Handles, _____		Pall Bearers or Porter
Plate, _____		Hearse to _____ Cemetery
Outside Box, <u>Pine</u>	15 00	Carriages for _____
Burial robe, _____	18 00	" " _____
Preserving Body with <u>Fluid.</u>	15 00	" " _____
Washing and Dressing _____	5 00	Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, <u>Removal from Hoop</u>	5 00	
Services, <u>to Boat.</u>	5 00	Officiating Clergyman _____
Use of Chairs, _____		Goods ordered by _____
Church Charges _____		Bill charged to <u>Artemus W. Cahoon</u> 198 00
Cemetery Fee, _____		

Dr.	198 00	Cr.
<u>Bill sent July 16<sup>th</sup> 1924</u>	<u>Jan 6</u>	<u>925 Check</u> 100 00
	<u>Feb 14</u>	<u>1225 " "</u> 88 00

Artemus W. Cahoon



# RECORD AND BILL OF ITEMS

Yearly No. 72 FOR THE FUNERAL OF Emma Ellis Total to date 204.

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Oct 9 (Month) 1 (Day) 1924 (Year) Color Colored Age About 40 Years  
 \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Months \_\_\_\_\_ Days

Name of Deceased, Emma Ellis

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 4 New Mill Ward No. \_\_\_\_\_

Residence, Springfield Mass Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Saundress Wife of William E. Ellis

Birth-place, \_\_\_\_\_ Widow of \_\_\_\_\_

Name of Father, \_\_\_\_\_ His Birth-place, \*

Maiden Name of Mother, \_\_\_\_\_ Her Birth-place, \*

Cause of death, } Primary, Cerebral Apoplexy Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

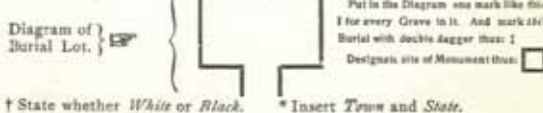
Certifying Physician, Roberts His Residence, \_\_\_\_\_

Place of burial, Springfield Mass Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Internment, Shipped Aug 4 1924



Casket or Coffin No.		Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine trimmed</u> <u>18 00</u>		Carriages for _____	
Burial robe,		" "	
Preserving Body with <u>Fluid</u> <u>15 00</u>		" "	
Washing and Dressing <u>5 00</u>		Carriages at Funeral	
Shaving, <u>Removal from hospital</u> <u>5 00</u>		Death Notices in _____	
Music, <u>To Bearer</u> <u>5 00</u>			
Services, <u>Toll Call</u> <u>1 35</u>		Officiating Clergyman	
Use of Chairs, <u>Express to Springfield</u> <u>15 60</u>		Goods ordered by _____	
Church Charges		Bill charged to <u>Ernest E. Byron</u> <u>64 95</u>	
Cemetery Fee,		<u>Springfield, Mass.</u>	
<b>Dx.</b> <u>164.95</u>		<b>Cr.</b>	

		<u>Oct. 2 1924</u>	<u>Check</u>	<u>64 95.</u>
			<u>express &amp; toll call</u>	<u>16 95</u>
				<u>81 90</u>

Oct. 2 1924  
Ernest E. Byron (undated)

# RECORD AND BILL OF ITEMS

Yearly No. 43 FOR THE FUNERAL OF Julia P. Willey Total to date 205

Date of Birth, June 30 1885 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Date of Death, Aug 2 1924 (Month) (Day) (Year)

Name of Deceased, Julia P. Willey

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass Street, 6 Orange Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Royalston, Mass Widow of Charles A. Willey

Name of Father, Joseph de Berkens His Birth-place, \* Royalston, Mass

Maiden Name of Mother, Flora H. Perry Her Birth-place, \* Warwick, Mass

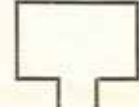
Cause of death, } Primary, Cerebral Hemorrhage

Cause of death, } Secondary, Arterial Sclerosis Duration, \_\_\_\_\_

Certifying Physician, Ground His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, Entombed Aug 4, 1924 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:

Date of Interment, \_\_\_\_\_ 19 \_\_\_\_\_ † State whether White or Black. \* Insert Town and State.

Certifying Physician, Josephine O. Ballantine

Casket or Coffin No. <u>516 6921</u> <u>500 00</u>	Flowers, <u>Stray for door</u> <u>4 00</u>
Size, <u>Hinton Home</u>	Candles, <u>engraving Plate</u> <u>2 50</u>
Lining, <u>Made by handles</u>	Gloves, _____
Handles, _____	Pall Bearers or Portes, <u>8 00</u>
Plate, _____	Hearse to Cemetery, _____
Outside Box, <u>Pine</u> <u>15 00</u>	Carriages for <u>Wood 50 50</u> <u>15 00</u>
Burial robe, _____	" " <u>Ferry Steedly 1.</u> <u>5 00</u>
Preserving Body with <u>Prepared</u> <u>30 00</u>	" " <u>L. Lige 1.</u> <u>5 00</u>
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in <u>4. Hart Barrows</u> <u>39 50</u>
Music, _____	<u>by Bunker Permitt</u> <u>1 50</u>
Services, _____	Officiating Clergyman <u>Removal to Home</u> <u>15 00</u>
Use of Chairs, <u>2 00</u>	Goods ordered by <u>572 00</u>
Church Charges _____	Bill charged to <u>Benjamin H Perkins</u> <u>628 00</u>
Cemetery Fee <u>Interment</u> <u>25 00</u>	
<b>Dx.</b> <u>572 00</u>	<b>Cx.</b> _____

Aug 13 Paid John <u>54 00</u>			
" " <u>5 00</u>			
Charlie W. Wilton <u>2 00</u>	Oct 5	1924 Check	<u>628 00</u>
Paid H. Chase <u>2.25 00</u>		Paid out	<u>39 00</u>
" L. B. Conkey <u>1 50</u>			<u>589 00</u>
engraving Plate <u>2 50</u>			
Vinewood <u>4 00</u>			
Steadley <u>5 00</u>			
Nov. 9 Wood <u>15 00</u>			

**RECEIVED PAYMENT**

Oct 5, 1924

By Benj H Perkins Adm

Josephine O Ballantine

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 206

Richard Collins Child of Clara Bartlett

Date of Birth, Aug 1 1924  
 Date of Death, Aug 4 1924 Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} \underline{0} \text{ Years} \\ \underline{0} \text{ Months} \\ \underline{0} \text{ Days} \end{array} \right.$

Name of Deceased, Richard Collins

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Stonham, Mass. Street, 10 Parkway Rd. Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Stonham Mass Widow of \_\_\_\_\_

Name of Father, William C. Collins His Birth-place, \* Can not be learned

Maiden Name of Mother } Clara N. Bartlett Her Birth-place, \* Quanticus, Mass

Cause of death, } Primary, Stillborn Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

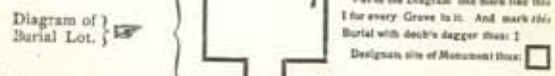
Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 708 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Internment, Aug 4 1924

Edith Bartlett



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

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Fall Bearers or Porter _____	
Plate, _____	Hearse <u>From Boat to Cemetery</u> \$ <u>10 00</u>	
Outside Box, _____	Carriages for _____	
Burial robe, _____	" " _____	
Preserving Body with _____	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____		
Services, _____		
Use of Chairs, _____	Officiating Clergyman _____	
Church Charges _____	Goods ordered by _____	
Cemetery Fee, _____	Bill charged to <u>Wm. C. Collins</u> \$ <u>10 00</u>	

Da.		Cr.
	<u>Aug 12 1924 Money order</u>	<u>\$10 00</u>

Aug 12 1924  
Wm. C. Collins

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 207.

David W. Gibbs

Date of Birth, July 18 1879  
 Date of Death, Aug 4 1926 Color †  
 Name of Deceased, David W. Gibbs Age { 65 Years,  
 { 0 Months,  
 { 17 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 39 Pleasant Ward No. \_\_\_\_\_  
 Residence, " Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, Farmer Wife of Elsie Gibbs  
 Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Thomas Gibbs His Birth-place, \* Nantucket  
 Maiden Name of Mother } Mary W. Burgess Her Birth-place, \* Nantucket

Cause of death, } Primary, Acute Intestinal Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Nephritis Duration, \_\_\_\_\_

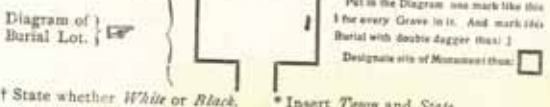
Certifying Physician, Brouard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 216-282 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Aug 6 1926  
Houghton Gibbs



Casket or Coffin No. <u>160</u>	<u>75 00</u>	Flowers,
Size, _____ Made by _____		Candles,
Lining,		Gloves,
Handles,		Pall Bearers or Porter
Plate,		Hearse to _____ Cemetery.
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for _____
Burial robe,	<u>15 00</u>	" "
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" "
Washing and Dressing	<u>5 00</u>	Carriages at Funeral
Shaving,		Death Notices in _____
Music,		Officiating Clergyman _____
Services, <u>Removal to Rooms</u>	<u>5 00</u>	Goods ordered by _____
Use of Chairs,		Bill charged to _____
Church Charges		
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	
<b>Total</b>	<b><u>115 00</u></b>	

	June 18 1926 Check <u>150 00</u>
	Edm

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 208.

Harriet P. W. Butler.

Date of Birth, Feb 11 1895:  
 Date of Death, Aug 10 1924 Color †      Age 29 Years.  
6 Months.  
     Days.  
 Name of Deceased, Harriet P. W. Butler.

Maiden Name of Deceased     

Place of Death, Nantucket Street, 12 Liberty Ward No.     

Residence,      Sex,      Single,      Married,     

Occupation, At Home Wife of     

Birth-place, Nantucket Mass Widow of George H. Butler.

Name of Father, John W. Wier. His Birth-place, \* Wakefield, Mass.

Maiden Name of Mother } Roxanne Cass. Her Birth-place, \* Unknown

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

Cause of death, } Secondary,      Duration,     

Certifying Physician,      His Residence,     

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

Funeral Services at Boston, Mass.

Time of Services,     

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:

Date of Interment, Shipment Aug. 12 1924

George M. Butler, Dedham Mass. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.	<u>2754</u>	<u>1.50</u> 00	Flowers,	
Size,	Made by <u>    </u>		Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to <u>    </u> Cemetery	
Outside Box, <u>Chestnut</u>		<u>5.00</u> 00	Carriages for	
Burial robe,			"    "	
Preserving Body with <u>Prof Services</u>		<u>2.50</u> 00	"    "	
Washing and Dressing			Carriages at Funeral	
Shaving,			Death Notices in	
Music,				
Services, <u>Removal to Boat</u>		<u>5.00</u> 00	Officiating Clergyman	
Use of Chairs,			Goods ordered by	
Church Charges			Bill charged to <u>Geo M. Butler.</u>	<u>2.30</u> 00
Cemetery Fee,				
<b>Ds.</b>		<u>18 23 0.00</u>		

				C.R.	
		<u>Sept 25 1924</u>	<u>Check</u>	<u>2.30</u>	<u>00</u>

**PAID**

Sept. 25 1924  
Geo M. B. Butler Adm.

# RECORD AND BILL OF ITEMS

Yearly No 47

FOR THE FUNERAL OF

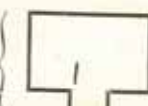
Total to date 209

Frank E. Holm

Date of Birth, Nov 6 1960  
 Date of Death, Aug 14 1924 Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} 63 \text{ Years} \\ 9 \text{ Months} \\ 8 \text{ Days} \end{array} \right.$   
 Name of Deceased, Frank E. Holm

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Nant Cottage Hospital Ward No. \_\_\_\_\_  
 Residence, Norwader Farm Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Farmer Wife of, Charlotte H. Holm  
 Birth-place, Charlestown, Mass. Widow of \_\_\_\_\_  
 Name of Father, Charles H. Holm His Birth-place, Copenhagen, Denmark  
 Maiden Name of Mother, Emily Loring Her Birth-place, Charlestown, Mass.  
 Cause of death, } Primary, Chronic Myocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_  
 Certifying Physician, Folger His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 720 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Aug 16 1924  
J. Ledy Holm  
 Diagram of Burial Lot:  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger then † Designate site of Monument thus: □  
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>320</u>	125 00	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, <u>Pine</u>	15 00	Carriages for <u>J. H. Wood Jr 2</u>	10 00
Burial robe,		" <u>H. Ledy 1</u>	5 00
Preserving Body with <u>Fluid</u>	15 00	Carriages at Funeral <u>3</u>	
Washing and Dressing	5 00	Death Notices in	
Shaving <u>Removal from Hospital</u>	5 00	Officiating Clergyman	
Music, <u>3 trips to farm</u>	9 00	Goods ordered by	199 00
Services,		Bill charged to <u>J. Ledy Holm Adm.</u>	214 00
Use of Chairs,			
Church Charges			
Cemetery Fee, <u>Interment</u>	25 00		
<b>Ds.</b>	<b>2199 00</b>		

De.	Date	Ca.
	Sept 26 1924	Check 214 00
		34 checks 15 00
Paid Wood Cash.	Sept 27	182 00
" Ledy "	" "	
Sept 26 1924		
J. Ledy Holm Adm.		

## RECORD AND BILL OF ITEMS

Yearly No. 48 FOR THE FUNERAL OF Edward B. Hayes Total to date 210.

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Aug (Month) 22 (Day) 1924 (Year) Color f Age { 53 Years, 8 Months, 13 Days.

Name of Deceased, Edward B. Hayes

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Mass Street, Point Rd. Ward No. \_\_\_\_\_

Residence, Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Hotel Proprietor Wife of Elizabeth Hayes

Birth-place, Stonham, Mass Widow of \_\_\_\_\_

Name of Father, Lewis B. Hayes His Birth-place, \* Can not be learned

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

Cause of death, } Primary, Central Item Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

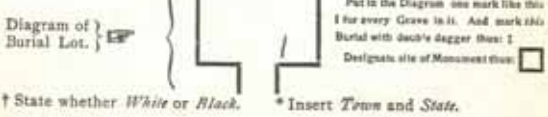
Certifying Physician, Groutard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemeter, Lot or Grave No. 753 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Aug 24 1924  
R. J. Fitz Randolph † State whether *White or Black*. \* Insert *Town and State*.



Casket or Coffin No. <u>285</u>	135 00	Flowers, _____
Size, <u>Made by</u>		Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery
Outside Box, <u>None</u>	15 00	Carriages for _____
Burial robe, _____		" " _____
Preserving Body with <u>Prof. Services</u>	25 00	" " _____
Washing and Dressing _____		Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, <u>Removal to Rooms</u>	5 00	
Services, <u>Church</u>	5 00	
Use of Chairs, _____		Officiating Clergyman _____
Church Charges <u>Truck</u>	2 00	Goods ordered by _____
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to _____
<b>Da.</b> <u>A. 212.00</u>		<b>\$ 212 00</b>

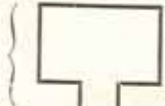
		Oct 21. 1924 <u>Church</u>
		213 00
		Oct 21. 1924 <u>Elizabeth Hayes Adams</u>

# RECORD AND BILL OF ITEMS

Yearly No. 49 FOR THE FUNERAL OF Edward J. R. Schneider Total to date 211

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Aug 27 1924 Color † \_\_\_\_\_ Age { 60 Years.  
(Month) (Day) (Year) { \_\_\_\_\_ Months.  
 { \_\_\_\_\_ Days.

Name of Deceased, \_\_\_\_\_  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket, Mass Street, Gull Island Ward No. \_\_\_\_\_  
 Residence, Highland Post South Woodhouse Rd. Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Advertising Salesman Wife of Agnes  
 Birth-place, New York Widow of \_\_\_\_\_  
 Name of Father, Carl Schneider His Birth-place, \* Germany  
 Maiden Name of Mother } Mary Muller Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Found dead in bed. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Heart disease presumably Coronary Sclerosis. Duration, \_\_\_\_\_  
 Certifying Physician, Lewis (Med. Lic.) His Residence, \_\_\_\_\_  
 Place of burial, Oregon Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at Brooklyn N.Y.

Time of Services, \_\_\_\_\_  
 Date of Interment, \_\_\_\_\_ 19\_\_\_\_  
Frank A. W. Juney  
 Diagram of Burial Lot:   
Put in the Diagram one mark like this for every Grave lot. And mark the Burial with double dagger than 2. Designate site of Monument thus:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>109</u>	<u>40 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, _____	<u>10 00</u>	Carriages for	
Burial robe,	<u>7 50</u>	" "	
Preserving Body with	<u>15 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>Removals</u>	<u>10 00</u>	Officiating Clergyman	
Use of Chairs,		Goods ordered by	
Church Charges,		Bill charged to <u>Juney &amp; Sons</u>	<u>88 00</u>
Cemetery Fee,			
<b>Dr.</b>	<b>88.00</b>		<b>Cr.</b>

Dr.			Cr.
		<u>Aug 23 1924 Check</u>	<u>88 00</u>
	<u>Medical Expenses</u>		
	<u>Removal to Rooms</u>	<u>15 00</u>	
	<u>Card</u>		

RECORDED  
Aug 25-1924  
Juney & Sons





# RECORD AND BILL OF ITEMS

Yearly No. 51.

FOR THE FUNERAL OF

Total to date 218.

Arthur M. Barrally.

Date of Birth, Oct. 1919  
 Date of Death, Aug 27 1924 Color † \_\_\_\_\_ Age { 55 Years.  
 (Month) (Day) (Year) (Year) (Month) Days.

Name of Deceased, Arthur M. Barrally.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Que Island Homestead No. \_\_\_\_\_

Residence, No. Dartmouth, Mass. Sex, \_\_\_\_\_ Single, Single Married,

Occupation, Farmer Wife of \_\_\_\_\_

Birth-place, Nantucket Mass Widow of \_\_\_\_\_

Name of Father, Thomas H. Barrally His Birth-place, \* Boston, Mass.

Maiden Name of Mother, Sarah M. Bennett Her Birth-place, \* Nantucket

Cause of death, } Primary, Chronic Nephritis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

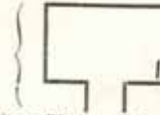
Certifying Physician, Croward His Residence, \_\_\_\_\_

Place of burial, \_\_\_\_\_ Cemetery, Lot or Grave No. 599 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot.



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

Date of Interment, Aug 30 1924

Thomas H. Barrally Tonawanda, N.Y. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>200</u>	100 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15 00	Carriages for _____	
Burial robe,	15 00	" "	
Preserving Body with _____	20 00	" "	
Washing and Dressing _____	5 00	Carriages at Funeral <u>J. H. Woodruff</u>	5 00
Shaving,		Death Notices in _____	
Music, <u>Removal to Rooms</u>	5 00		
Services,		Officiating Clergyman _____	
Use of Chairs,		Goods ordered by _____	125 00
Church Charges _____		Bill charged to <u>Thos M. Barrally</u>	190 00
Cemetery Fee, <u>Interment</u>	25 00		
<b>Dr.</b>	<b>1185 00</b>		

			Cr.
	<u>Oct. 14</u>	<u>1924</u>	<u>Check</u>
	<u>Nov. 26</u>	"	"
	<u>Apr. 2</u>	<u>1925</u>	"
	<u>June 10</u>	"	"
			<u>185 00</u>
			<u>58 00</u>
			<u>50 00</u>
			<u>40 00</u>
			<u>190 00</u>

Thos M. Barrally

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 214

Sister Gardner Day

Date of Birth, June 13 1893  
 Date of Death, Sept 3 1924 Color f Age 36 Years 2 Months 21 Days

Name of Deceased, Sister G. Day

Maiden Name of Deceased

Place of Death, Nantucket, Mass Street, N. C. Hospital Ward No.

Residence, 83 Adah St. Rosindale Mass Single Single Married

Occupation, Chauffeur Wife of

Birth-place, Rosindale Mass Widow of

Name of Father, Brad F. Day His Birth-place, \* Boston, Mass

Maiden Name of Mother, Sarah F. Gardner Her Birth-place, \* Gardner, Mass.

Cause of death, } Primary, Miliary Tuberculosis  
 } Secondary,

Certifying Physician, Ground His Residence,

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 746 Section No.

Funeral Services at  
 Time of Services

Date of Interment, Sept 5 1924  
Brad F. Day

Diagram of Burial Lot:   
 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with each's dagger thus:   
 Designate site of Monument thus:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2405</u>	<u>105</u>	<u>00</u>	Flowers	Candles		
Size, <u>Made by</u>			Gloves	Pall Bearers or Porter		
Lining			Hearse to <u>Cemetery</u>	Carriages for		
Handles		<u>10 00</u>	" "	" "		
Plate			Carriages at Funeral	Death Notices in		
Outside Box, <u>Pine</u>			Officiating Clergyman	Goods ordered by		
Burial robe		<u>15 00</u>	Bill charged to <u>Brad F. Day</u>	<u>\$170.00</u>		
Preserving Body with		<u>5 00</u>				
Washing and Dressing		<u>5 00</u>				
Shaving, <u>Removal from Hoop</u>		<u>5 00</u>				
Music, <u>Job House</u>		<u>5 00</u>				
Services						
Use of Chairs						
Church Charges						
Cemetery Fee, <u>Interment</u>		<u>25 00</u>				
Dr.	<u>\$170.00</u>					

Cr. Oct 2 1924 Check \$170.00

Oct 2 1924  
Brad F. Day

# RECORD AND BILL OF ITEMS

Yearly No. 53 FOR THE FUNERAL OF Sarah Elizabeth Ross. Total to date 215.

Date of Birth, Jan 6, 1869 Color † \_\_\_\_\_ Age { 55 Years, 8 Months, 10 Days.

Date of Death, Sept 15, 1924 Name of Deceased, Sarah E. Ross.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Mass Street, N.C. Hospital. Ward No. \_\_\_\_\_

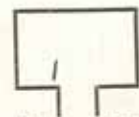
Residence, 30 York St. Nantucket. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at Home Wife of Daniel C. Ross.

Birth-place, Shawbrook Newton New Brunswick.  
 Name of Father, Samuel Cornie His Birth-place, St John's N.B.

Maiden Name of Mother, Almira Milton Her Birth-place, Dakson settlement Albet Co. N.B.


Cause of death, } Primary, Carcinoma of Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Stomach & Liver Duration, \_\_\_\_\_

Certifying Physician, Croward His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 760 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_ Diagram of Burial Lot.  

Date of Interment, Sept 18, 1924 Aquila Cornie. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>285<sup>L</sup></u>	135 <sup>00</sup>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, <u>Pine</u>	15 <sup>00</sup>	Caskets for <u>H. Studley 1</u>	4 <sup>20</sup>
Burial robe,	18 <sup>00</sup>	" <u>J. H. Wood 3</u>	12 <sup>00</sup>
Preserving Body with <u>Fluid</u>	15 <sup>00</sup>	Carriages at Funeral	
Washing and Dressing	5 <sup>00</sup>	Death Notices in	
Shaving, <u>Removal from Hosp.</u>	5 <sup>00</sup>		
Music,			
Services,		Officiating Clergyman	
Use of Chairs,	1 <sup>50</sup>	Goods ordered by	219 <sup>50</sup>
Church Charges		Bill charged to <u>Turner Ross</u>	235 <sup>50</sup>
Cemetery Fee, <u>Interment</u>	25 <sup>00</sup>		
<b>Dr.</b>	<b>219.50</b>		<b>Cr.</b>

	Oct. 11 1924	Cash	235 <sup>00</sup>
		& Carr	16 <sup>00</sup>
			219 <sup>00</sup>
Paid Harry Oct. 12.			
" " Chuck Oct. 14.			
 Oct. 11, 1924 BY <u>Turner Ross</u>			

## RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 216

George Allen Dunham

Date of Birth, Jan. 19 1950 (Year) Age } 74 Years  
 Date of Death, Sept 29 1924 (Year) Color f. } 3 Months  
 Name of Deceased, George A. Dunham } 10 Days

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket, Mass Street, 5 Newmill Ward No. \_\_\_\_\_

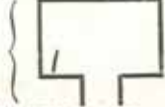
Residence, \_\_\_\_\_ Sex, Single Married, \_\_\_\_\_  
 Occupation, Carpenter Wife of \_\_\_\_\_

Birth-place, Leicester, Me. Widow of Emma Dunham  
 Name of Father, Isaac Dunham His Birth-place, \* Nantucket, Mass.

Maiden Name } Dorcas A. Coombs Her Birth-place, \* Perru, Me.  
 Cause of death, } Primary, Fracture of 6th cervical vertebra  
 Cause of death, } Secondary, Shock & heart failure

Certifying Physician, Howard His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 500 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Diagram of }  }  
 Burial Lot. }  
 † State whether White or Black. \* Insert Town and State.

Date of Internment, Oct. 1 1924  
Dorcas A. Coombs

Casket or Coffin No. <u>2855</u>	135	00	Flowers, _____
Size, <u>Made by</u>			Candles, _____
Lining, _____			Gloves, _____
Handles, _____			Pal Bearer or Porter _____
Plate, _____			Hearse to _____ Cemetery _____
Outside Box, <u>Pine</u>	15	00	Carriages for <u>Carl West</u> 1
Burial robe, _____			4 00
Preserving Body with <u>Fluid</u>	15	00	" " <u>John Ferry</u> 1
Washing and Dressing _____	5	00	4 00
Shaving, _____			Carriages at Funeral _____
Music, _____			Death Notices in _____
Services, _____			Officiating Clergyman _____
Use of Chairs, _____			Goods ordered by _____
Church Charges _____			195 00
Cemetery Fee, <u>Interment</u>	25	00	Bill charged to _____
			207 00

Dr. 195 00 Cr.

	Dec. 31. 1924	
Paid H. Chisholm Oct. 6	Check	207 00
	3 Cars	12 00
		195 00

PAID  
 Dec 31 1924  
 Dorcas A. Coombs

RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 217

Uberto C. Crosby

Date of Birth, July 25, 1885 (Year) 79 Years.  
 Date of Death, Oct 4, 1924 (Year) 2 Months 5 Days.  
 Color †

Name of Deceased, Uberto C. Crosby

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass Street, 44 Orange Ward No. \_\_\_\_\_

Residence, Riverway Sex, Single Married, \_\_\_\_\_

Occupation, Manager of fire insurance of Elmira Esther Crosby

Birth-place, Mattapoisett Widow of \_\_\_\_\_

Name of Father, Uberto C. Crosby His Birth-place, \* Mattapoisett

Maiden Name of Mother } Mary Stevens Her Birth-place, \* Cotuit

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, A. Lewis His Residence, \_\_\_\_\_

Place of burial, Centerville Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, Shipment Oct 6, 1924  
Elmira L. Crosby † State whether White or Black. \* Insert Town and State.  
1110 Beacon St. Brookline, Mass.

Casket or Coffin No. <u>5157 12</u>	<u>3 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Chestnut</u>	<u>50 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>20 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving, <u>Removal to Boat</u>	<u>5 00</u>	Death Notices in	
Music, <u>Ticket for 40¢ + 10¢</u>			
Services, <u>To Woods Hole</u>	<u>15 00</u>		
Use of Chairs,		Officiating Clergyman	
Church Charges		Goods ordered by	
Cemetery Fee,		Bill charged to	<u>8 395 00</u>

Dr. 8395.00 Cr. \_\_\_\_\_

Nov 13 1924 Check 835 00

PAID  
Nov 13-1924  
Elmira L. Crosby Adm.

# RECORD AND BILL OF ITEMS

Yearly No. 56 FOR THE FUNERAL OF John Jackson Gardner Total to date 2181

Date of Birth, Feb 22 1923 Age { 71 Years.  
 Date of Death, Sept 29 1924 Color † \_\_\_\_\_ { 7 Months.  
 Name of Deceased, John J. Gardner { 7 Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Brookline Street, \_\_\_\_\_ Ward No. \_\_\_\_\_

Residence, Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Ship builder Wife of \_\_\_\_\_

Birth-place, Nantucket Mass Widow of Francis W. Gardner  
 Name of Father, Charles W. Gardner His Birth-place, \* Nantucket

Maiden Name } Phyllis B. Greenlow Her Birth-place, \* Last Passabore, Me.  
 of Mother }

Cause of death, } Primary, Cancer of Stomach Duration, \_\_\_\_\_  
 Cause of death, } Secondary, and Dysentery Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 141, Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, Cremated Diagram of }  Put in the Diagram one mark like this }  
 Burial Lot. } † for every Grave in it. And mark this }  
 Burial with double dagger thus: † }  
 Designate site of Monument thus: □

Date of Interment, of Ashes Oct. 6 1924 † State whether White or Black. \* Insert Town and State.  
John J. Gardner 2nd

Casket or Coffin No.	Flowers,
Size, _____ Made by _____	Candles,
Lining,	Gloves,
Handles,	Pal Bearer or Porter
Plate,	Hearse to _____ Cemetery
Outside Box,	Carriages for
Burial robe,	" "
Preserving Body with	" "
Washing and Dressing	Carriages at Funeral
Shaving,	Death Notices in
Music,	
Services,	
Use of Chairs,	Officiating Clergyman
Church Charges	Goods ordered by
Cemetery Fee, <u>Int of Ashes</u> <u>5 00</u>	Bill charged to <u>Wallace Gardner</u> <u>3 00</u>

Dr.	Cr.
	<u>Jan. 6 1924 Check</u> <u>5 00</u>
<u>85 Hollis Ave</u>	
<u>Norfolk Downs</u>	
<u>Mass</u>	
	<u>Jan 6 1924</u>
	<u>Wallace Gardner Adm.</u>

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 219

Edith Gray Church  
 Date of Birth, May 17 1971  
 Date of Death, Oct 5 1924 Color † \_\_\_\_\_ Age { 53 Years  
 { 7 Months  
 { 18 Days  
 Name of Deceased, Edith E. Church

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Baltimore, Md. Street, St. Albans School Ward No. \_\_\_\_\_Residence, St. Albans School Washington D.C. Single, \_\_\_\_\_ Married, \_\_\_\_\_Occupation, at home Wife of William H. ChurchBirth-place, Cambria N.J. Widow of \_\_\_\_\_Name of Father, Abraham B. Gray His Birth-place, \* unknownMaiden Name } Frances V. Bennett Her Birth-place, \* \_\_\_\_\_

of Mother } \_\_\_\_\_

Cause of death, } Primary, Cancer of Ventricles Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 658 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, \_\_\_\_\_ 19\_\_\_\_\_

Diagram of } \_\_\_\_\_

Burial Lot. } \_\_\_\_\_

Put in the Diagram one mark like this  
 I 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 No.		Flowers, <u>Removed from Boat</u>	<u>5 00</u>
Size, _____ Made by _____		Candles, <u>Living Grass</u>	<u>5 00</u>
Lining, _____		Gloves, <u>6 pairs @ .25</u>	<u>1 50</u>
Handles, _____		Pall Bearers or Porter <u>Church truck</u>	<u>2 00</u>
Plate, _____		Hearse to _____ Cemetery	<u>3 00</u>
Outside Box, _____		Carriages for <u>July 3 @ 4</u>	<u>12 00</u>
Burial robe, _____		" " " "	
Preserving Body with _____		" " " "	
Washing and Dressing _____		Carriages at Funeral	
Shaving, _____		Death Notices in _____	
Music, _____			
Services, _____			
Use of Chairs, _____		Officiating Clergyman _____	
Church Charges _____		Goods ordered by _____	
Cemetery Fee, _____		Bill charged to _____	<u>\$ 55 00</u>

Dr.

Cr.

				<u>Nov 18 1924</u>	<u>Chick</u>	<u>55 00</u>
					<u>Terry &amp; Co</u>	<u>12 00</u>
		<u>Paid Chesholm 6.00 for car to Cemetery</u>				<u>43 00</u>
		<u>Paid John Terry Nov 23 1924 Cash</u>				

PAID  
Nov 18 1924  
William H. Church



# RECORD AND BILL OF ITEMS

Yearly No. 58 FOR THE FUNERAL OF Nora Thatchell Total to date 220

Date of Birth, Dec 4 1923 Color † \_\_\_\_\_ Age { 10 Years.  
 Date of Death, Oct. 20 1924 † { 16 Months.  
 Name of Deceased, Nora Thatchell { 16 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 59 Fair Ward No. \_\_\_\_\_

Residence, " Sex, Single Married, \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Boston, Mass. Widow of \_\_\_\_\_

Name of Father, George Thatchell His Birth-place, \* Newfoundland

Maiden Name of Mother } Nora Claw Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, Encephalitis Duration, \_\_\_\_\_

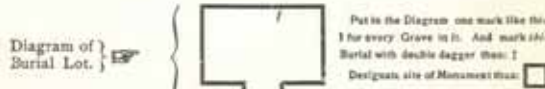
Cause of death, } Secondary, Sepsis Duration, \_\_\_\_\_

Certifying Physician, Roberts His Residence, \_\_\_\_\_

Place of burial, St Marys Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, Oct 22 1924 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>35</u>	50	Flowers, <u>Spray on door</u>	1 75
Size, _____ Made by _____		Candles, _____	1 25
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	5	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral <u>Wood 2</u>	8 00
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman _____	
Services, <u>Professional</u>	60 00	Goods ordered by _____	65 00
Use of Chairs, _____		Bill charged to _____	76 00
Church Charges _____			
Cemetery Fee, <u>Interment</u>	15 00		
<b>DR.</b>	<b>65 00</b>		<b>76 00</b>

				<u>Mar 3 1925</u>	<u>Cash</u>				31 00
				<u>Apr 8</u>	" "				20 00
				<u>Oct 24 1925</u>	" "				20 00
									71 00

# RECORD AND BILL OF ITEMS

Yearly No. 59 FOR THE FUNERAL OF Charles Edward Murray Total to date 221.

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Oct 14 (Month) 14 (Day) 1924 (Year) Color f Age 29 Years  
 Name of Deceased, Charles E. Murray \_\_\_\_\_ Months \_\_\_\_\_ Days

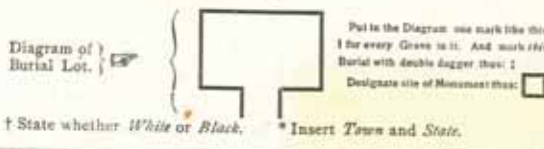
Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Drowned off Hyannis Street, Ward No. \_\_\_\_\_

Residence, 32 Upland Rd. Brockton Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Shoe Worker Wife of \_\_\_\_\_  
 Birth-place, Sandwich, Mass Widow of \_\_\_\_\_

Name of Father, John Murray His Birth-place, \* Sandwich, Mass.  
 Maiden Name of Mother } Ellen H. Buckley Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Accidental Drowning Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_

Certifying Physician, Lewis Medical His Residence, \_\_\_\_\_  
 Place of burial, Coway Cem. Brockton Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, 9:00 Oct. 20. 1924  
 Date of Interment, Oct 21, 1924  
Patrick E. Murray  
Funeral



Casket or Coffin No. _____			Flowers, _____
Size, _____	Made by _____		Candles, _____
Lining, _____			Gloves, _____
Handles, _____			Pall Bearers or Porter _____
Plate, _____			Hearse to _____ Cemetery _____
Outside Box, <u>Pine trimmed</u>	<u>18 00</u>		Carriages for _____
Burial robe, _____			" " _____
Preserving Body with _____	<u>30 00</u>		" " _____
Washing and Dressing _____			Carriages at Funeral _____
Shaving, <u>Removal</u>	<u>10 00</u>		Death Notices in _____
Music, _____			
Services, <u>express to Woods, etc.</u>	<u>3 50</u>		Officiating Clergyman _____
Use of Chairs, _____			Goods ordered by _____
Church Charges, _____			Bill charged to, <u>Patrick E. Murray</u>
Cemetery Fee, _____	<u>61 50</u>		<u>61 50</u>

Dr.					Cr.
<u>Height 6 ft.</u>		<u>71 or 14</u>	<u>1924</u>	<u>Chuck</u>	<u>61 50</u>
<u>Crown Hair</u>				<u>44 pins</u>	<u>3 50</u>
<u>Blue Eyes</u>					<u>5 8 00</u>
<u>Height 195 lbs.</u>					
<u>Medical Examination</u>	<u>7 5 00</u>				
<u>7 D and 9 or 29 1924</u>					
				<u>9 or 14 1924</u>	
				<u>Patrick E. Murray</u>	

RECORD AND BILL OF ITEMS

Yearly No. 60

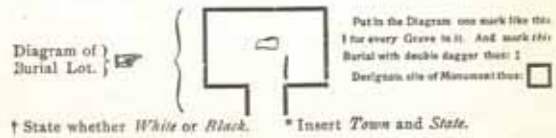
FOR THE FUNERAL OF

Total to date 222

Name of Deceased, Patrick Bernard Delany  
 Maiden Name of Deceased \_\_\_\_\_  
 Date of Birth, Jan 29 1945 (Month) (Day) (Year)  
 Date of Death, Oct 19 1924 (Month) (Day) (Year) Color † Age 79 Years 9 Months 21 Days

Place of Death, So. Orange, N. J. Street, 167 Scotland Rd Ward No. \_\_\_\_\_  
 Residence, " " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Electrical Inventor Wife of \_\_\_\_\_  
 Birth-place, Ireland Widow of Annie M. Delany  
 Name of Father, James Delany His Birth-place, \* Ireland  
 Maiden Name of Mother, Margaret White Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Endocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Oct 23 1924  
James H. Delany



Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, <u>Removal From Boat</u> <u>5 00</u>	Death Notices in _____
Music, _____	<u>Dr. Ayres Cantors / etc</u> <u>3 00</u>
Services, _____	Officiating Clergyman _____
Use of Chairs, <u>4 No Chairs</u> <u>1 00</u>	Goods ordered by <u>James H. Delany</u> <u>38 00</u>
Church Charges, <u>Tuck</u> <u>2 00</u>	Bill charged to <u>James H. Delany</u> <u>41 00</u>
Cemetery Fee, <u>Interment</u> <u>30 00</u>	
<b>Ds. <u>83 8 00</u></b>	<b>C.R.</b>

Oct 23 1924	Cash	41 00
	<u>Dr. Ayres</u>	3 00
<u>Paid Ayres Oct 23</u>		<u>38 00</u>

Oct 23 1924  
 BY James H. Delany


RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 222

Yearly No. 60  
 Date of Birth: 1925 (Month) 09 (Day) 29 (Year) 29  
 Date of Death: 1924 (Month) 09 (Day) 21 (Year) 21  
 Color: }  
 Age: }  
 Years: 29  
 Months: 09  
 Days: 21

Name of Deceased: Patrick Bernard O'Leary  
 Maiden Name of Deceased: O'Leary M.I.  
 Place of Death: 167 Westland Rd.  
 Residence: " "  
 Occupation: Minister of Music  
 Birth-place: Ireland  
 Name of Father: James O'Leary  
 Name of Mother: Margaret O'Leary  
 Cause of death: } Primary, Tuberculosis  
 } Secondary,  
 Certifying Physician: A.T. Murray  
 Place of burial: A.T. Murray  
 Cemetery, Lot or Grave No.:  
 Section No.:

Funeral Services at:  
 Time of Services:  
 Date of Interment: Oct. 23 1924  
 State whether *White or Black*.  
 Diagram of Burial Lot:   
 Place the Diagram on each side of the grave with each edge true.  Diagram, size of Monument:  
 Design, size of Monument:

Casket or Coffin No.	Flowers	1.00	3.00
Size, Made by	Candles		
Lining	Gloves		
Handles	Pall Bearers or Porter		
Plate	Horse to Cemetery		
Outside Box	Carrriages for		
Burial robe	" "		
Preserving Body with	" "		
Washing and Dressing	Carrriages at Funeral		
Shaving, <i>Removal of Beard</i>	Death Notices in	5.00	
Music			
Services			
Use of Chairs, <i>4 No. Glass</i>	Officiating Clergyman	1.00	3.00
Church Charges, <i>Truck</i>	Goods ordered by	2.00	38.00
Cemetery Fee, <i>Walter</i>	Bill charged to <i>James O'Leary</i>	30.00	41.00

Dr. 534.00  
 Oct 25 1924 Cash 41.00  
 Paid by *A. Murray* 3.00  
 Paid by *Oct 23* 38.00

Oct 23 1924  
 James O'Leary

# RECORD AND BILL OF ITEMS

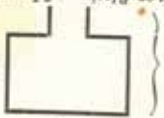
Yearly No. 5-9

FOR THE FUNERAL OF

Total to date 221.

Date of Birth: 19 (Month) 14 (Day) 1924 (Year)  
 Date of Death: 19 (Month) 29 (Day) 1924 (Year)  
 Name of Deceased: Charles E. Murray  
 Maiden Name of Deceased: Charles E. Murray  
 Age: 29 Years, 8 Months, 15 Days

Place of Death: 32 W. Main St., Lowell, Mass.  
 Residence: 32 W. Main St., Lowell, Mass.  
 Occupation: Clerk  
 Birth-place: Lowell, Mass.  
 Name of Father: William Murray  
 Name of Mother: Susan St. Nicholas  
 Cause of death: Primary, accidental  
 Certifying Physician: Dr. J. W. ...  
 Place of burial: Lowell, Mass.

Funeral Services at: ...  
 Time of Services: 10:00 AM, Sept 29, 1924  
 Date of interment: Lowell, Mass., 1924  
 Diagram of Burial Lot:   
 Diagram of Burial Lot:  Diagram of Burial Lot with double dagger (for use in double lots)  
 Diagram of Burial Lot:  Diagram of Burial Lot with double dagger (for use in double lots)  
 State whether White or Black:  White  Black  
 Insert Tray and Stone:  Yes  No

Flowers: ...  
 Candles: ...  
 Gloves: ...  
 Pall Bearers or Porter: ...  
 Hearse to Cemetery: ...  
 Carriages for Hearse to Cemetery: ...  
 Carriages at Funeral: ...  
 Death Notices in: ...  
 Officiating Clergyman: ...  
 Goods ordered by: ...  
 Bill charged to: ...

Casket or Coffin No.		
Size	Made by	
Lining		
Handles		
Plate		
Outside Box	Price	18.00
Burial robe		
Preserving Body with		30.00
Washing and Dressing		10.00
Shaving		
Music		
Services	by ...	3.50
Use of Chairs		
Church Charges		
Cemetery Fee		61.50

9/10/24	14	91/01	Chuck	50	61	50
9/11/24				50	3	50
9/12/24				50		
9/13/24						
9/14/24						
9/15/24						
9/16/24						
9/17/24						
9/18/24						
9/19/24						
9/20/24						
9/21/24						
9/22/24						
9/23/24						
9/24/24						
9/25/24						
9/26/24						
9/27/24						
9/28/24						
9/29/24						
9/30/24						

# RECORD AND BILL OF ITEMS

Yearly No 61

FOR THE FUNERAL OF

Total to date 223

*Elizabeth G. Creasey*

Date of Birth, Jan. 1889 (Year) 2 (Day) 19-24 (Year) Color † \_\_\_\_\_ Age { 65 Years, 9 Months, \_\_\_\_\_ Days.

Name of Deceased, Elizabeth G. Creasey

Maiden Name of Deceased \_\_\_\_\_  
Place of Death, Nantucket Street, 3 New Ward No. \_\_\_\_\_  
Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_  
Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Timothy Coleman His Birth-place, \* Nantucket  
Maiden Name of Mother, Lucretia Mc Donald Her Birth-place, \* Delaware Co.

Cause of death, } Primary, myocarditis Duration, \_\_\_\_\_  
Cause of death, } Secondary, Chronic Diphtheria \_\_\_\_\_

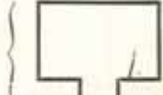
Certifying Physician, Croward His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_  
Time of Services, \_\_\_\_\_

Date of Interment, Dec 30 1924  
Siona M. Ostrom

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 No.	60 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pal Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Nin</u>	15 00	Carriages for,	
Burial robe,	20 00	"    "	
Preserving Body with _____	15 00	"    "	
Washing and Dressing _____	5 00	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services,		<u>Carl West 1 Car</u>	4 00
Use of Chairs, <u>1 Doz</u>	1 00	Officiating Clergyman	
Church Charges		Goods ordered by	141 00
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to <u>Bernice B Lanson</u>	145 00
<b>Ds.</b> 141 00		<b>Cr.</b>	

	Dec 4, 1924		
<u>Paid Carl West 4.00 Cash</u>		<u>Chuck</u>	145 00
<u>Dec. 5, 1924 on manifest</u>		<u>1 Car.</u>	4 00
			141 00
<u>Dec. 4, 1924</u>			
<u>Bernice B Lanson</u>			

# RECORD AND BILL OF ITEMS

Yearly No 62.

FOR THE FUNERAL OF

Total to date 224.

John Hamblin

Date of Birth, July 8 1948 (Month) (Day) (Year)      Age  $\left\{ \begin{array}{l} 76 \text{ Years} \\ 3 \text{ Months} \\ 29 \text{ Days} \end{array} \right.$

Date of Death, Nov 6 1924 (Month) (Day) (Year)      Color † \_\_\_\_\_

Name of Deceased, John Hamblin

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Off Cliff Road Ward No. \_\_\_\_\_

Residence, " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, A

Occupation, Farmer Wife of Mary F. Hamblin

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Thomas C. Hamblin His Birth-place, \* Barnstable, Mass.

Maiden Name of Mother } Sophonia H. Holway Her Birth-place, \* " "

Cause of death, } Primary, Chronic myocarditis

Cause of death, } Secondary, Strangulated intestinal Hernia

Certifying Physician, Lewis His Residence, \_\_\_\_\_

Place of burial, North Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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:

Date of Intersment, Nov 9 1924  
Mary F. Hamblin

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

Casket or Coffin No. <u>200</u>	100	00	Flowers,	
Size, <u>Made by</u>			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15	00	Carriages for	
Burial robe,			" "	
Preserving Body with	15	00	" "	
Washing and Dressing	5	00	Carriages at Funeral	
Shaving,			Death Notices in	
Music,			Officiating Clergyman	
Services,			Goods ordered by <u>Mary F. Hamblin</u>	
Use of Chairs,			Bill charged to " "	160 00
Church Charges				
Cemetery Fee, <u>Interment</u>	25	00		
Da.	\$160.00			Ck.

No.	Date	Description	Amount	Balance
	Nov. 20, 1924	Cash	\$160.00	

RECEIVED  
 Nov 20 1924  
 Mary F. Hamblin

RECORD AND BILL OF ITEMS

Yearly No. 63.

FOR THE FUNERAL OF

Total to date 225

John Alex Mac Dougall

Date of Birth, Feb 28 1923, Date of Death, Nov 18 1924, Age 8 12 Days

Name of Deceased, John Alex Mac Dougall

Maiden Name of Deceased, Place of Death, Boston, Street, River Bank Hospital

Residence, 9 Liberty St. Nantucket, Sex, Single

Occupation, Artist, Wife of, Birth-place, New York City

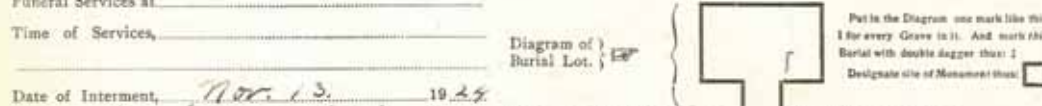
Name of Father, John Mac Dougall, His Birth-place, Unknown

Maiden Name of Mother, Betty Wendel, Her Birth-place, Unknown

Cause of death, Primary, Duration, Cause of death, Secondary, Duration,

Certifying Physician, His Residence, Place of burial, North

Cemetery, Lot or Grave No. 12, Section No. Funeral Services at, Time of Services,



Date of Interment, Nov 13 1924, Caroline S. Farland

Table with columns for Description (Casket, Linings, etc.) and Amount. Total bill charged to 35.00.

Debit and Credit ledger table with columns for Date, Description, and Amount. Includes entry for Robert B Mac Dougall.



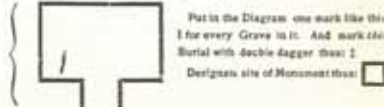
# RECORD AND BILL OF ITEMS

Yearly No. 64 FOR THE FUNERAL OF Mrs. F. Chase Coleman Total to date 226

Date of Birth, Oct. 18, 1850  
 Date of Death, Nov. 28, 1924 Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} 68 \text{ Years} \\ 1 \text{ Month} \\ 10 \text{ Days} \end{array} \right.$   
 Name of Deceased, Mrs. F. Chase Coleman

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, " 103 Main St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at home Wife of Amos A. Coleman  
 Birth-place, Stroms Island, Pacific Ocean  
 Name of Father, Joseph B. Chase His Birth-place, \* Nantucket  
 Maiden Name of Mother, Sarah B. Ray Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, F. Foley His Residence, \_\_\_\_\_  
 Place of burial, Mt. Vernon Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Internment, Nov. 23, 1924  
Wallace S. Coleman † State whether *White* or *Black*. \* Insert Town and State.



Casket or Coffin No. <u>390 20"</u>	<u>150 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>15 00</u>		Carriages for _____	
Burial robe,		" " _____	
Preserving Body with <u>20 00</u>		" " _____	
Washing and Dressing <u>5 00</u>		Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music,			
Services, <u>Removal from Hospital 5 00</u>		Officiating Clergyman _____	
Use of Chairs, <u>1/4 doz 1 50</u>		Goods ordered by _____	
Church Charges _____		Bill charged to <u>Helen C. Langlands 221 00</u>	
Cemetery Fees, <u>Interment 25 00</u>			
<b>Dr.</b> <u>221 50</u>		<b>Cr.</b>	

			<u>Apr 30 1925</u>	<u>Check</u>	<u>221 50</u>

Apr 30 1925  
Helen C. Langlands  
 Adm

# RECORD AND BILL OF ITEMS

Yearly No. 65. FOR THE FUNERAL OF Emeline J. Swain. Total to date 227.

Date of Birth, Aug 17 1889 Age { 35 Years.  
 Date of Death, Nov 24 1924 Color †      { 3 Months  
 { 7 Days.

Name of Deceased, Emeline J. Swain.

Maiden Name of Deceased     

Place of Death, Nantucket Street, 40 Charter Ward No.     

Residence,      Sex, Single Married,     

Occupation, St. Home Wife of     

Birth-place, Nantucket Mass Widow of Charles Swain

Name of Father, Joseph Thompson His Birth-place, Western Mass

Maiden Name of Mother, Susan Griffin Her Birth-place, Nantucket

Cause of death, } Primary, Cerebral Hem Duration,     

Cause of death, } Secondary,      Duration,     

Certifying Physician, Dr. H. G. ... His Residence,     

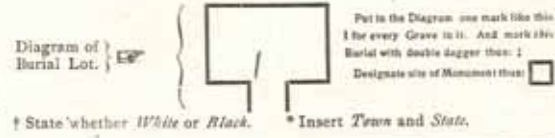
Place of burial, Prospect Hill Cemetery, Lot or Grave No. 633 Section No.     

Funeral Services at     

Time of Services,     

Date of Interment, Nov 26 1924

Carl J. Cook † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>320</u>	<u>125 00</u>	Flowers	
Size, <u>Made by</u>		Candles	
Lining		Gloves	
Handles		Pall Bearers or Porter	
Plate		Hearse to <u>Cemetery</u>	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for <u>J. H. Wood Jr 1</u>	<u>4 00</u>
Burial robe	<u>18 00</u>	" <u>J. J. ... 1</u>	<u>4 00</u>
Preserving Body with	<u>20 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving		Death Notices in	
Music, <u>Removal to Rooms</u>	<u>5 00</u>		
Services, <u>" House</u>	<u>5 00</u>		
Use of Chairs, <u>1 Dog</u>	<u>1 00</u>	Officiating Clergyman	
Church Charges		Goods ordered by	<u>217 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to	<u>227 00</u>
<b>Dr.</b>	<b>219 00</b>		<b>Cr.</b>

<u>Paid July 11 Check No 230 Dec. 4 1924 Cash</u>	<u>227 00</u>
<u>Paid Wood by Check No 231 Dec 4 2 Cash</u>	<u>    </u>
	<u>219 00</u>

## RECORD AND BILL OF ITEMS

Yearly No 66 FOR THE FUNERAL OF John G. Ring Total to date 228  
 Date of Birth, Apr 4, 1955 (Month) (Day) (Year) Age { 64 Years.  
 Date of Death, Nov 21, 1925 (Month) (Day) (Year) Color f. \_\_\_\_\_ Months  
 Days. \_\_\_\_\_  
 Name of Deceased, John G. Ring  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, North Bedford, Street, Sturbridge 17 1/2, Ward No. \_\_\_\_\_  
 Residence, 22 Federal St. West, Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Mason, Wife of \_\_\_\_\_  
 Birth-place, Nantucket, Widow of \_\_\_\_\_  
 Name of Father, Michael Ring, His Birth-place, \* Ireland.  
 Maiden Name of Mother } Margaret Cunningham Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Angina Pectoris Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill, Cemetery, Lot or Grave No. 346 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Dec 2, 1924.  
 Diagram of Burial Lot: { }  
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.		Flowers, <u>Candilabra</u>	2 00
Size, _____ Made by _____		Candles, <u>4 Doz @ 1.25</u>	5 00
Lining, _____		Gloves, <u>White buckram</u>	2 00
Handles, _____		Pall Bearers or Porter <u>Funeral Director</u>	5 00
Plate, _____		Hearse to <u>Church &amp; Co Cemetery</u>	3 00
Outside Box, _____		Carriages for <u>Removal</u>	1 00
Burial robe, _____		" " <u>White buckram</u>	2 00
Preserving Body with _____		" " <u>Sanding Glass</u>	5 00
Washing and Dressing _____		Carriages at Funeral <u>2 Doz for 2.50</u>	3 00
Shaving, _____		Death Notices in _____	
Music, _____			
Services, _____			
Use of Chairs, _____		Officiating Clergyman _____	
Church Charges _____		Goods ordered by _____	
Cemetery Fee, _____		Bill charged to _____	62 00

Dt.	Cr.	
		62 00
<u>Jan 31, 1925.</u>		
		3 00
		65 00

Jan 31, 1925  
W. B. Ring & Adm.

# RECORD AND BILL OF ITEMS

Yearly No. 67.

FOR THE FUNERAL OF

Total to date 229.

Edith C. Larkin.

Date of Birth, June 9, 1884. Age { 40 Years.  
 Date of Death, Dec. 17, 1924. Color † \_\_\_\_\_ { 6 Months.  
 Name of Deceased, Edith C. Larkin. { 5 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass. Street, 10 North Water Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married,

Occupation, Housewife. Wife of Joseph M. Larkin.

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

Name of Father, William Hussey. His Birth-place, Nantucket, Mass.

Maiden Name of Mother, Lydia Coleman. Her Birth-place, " "

Cause of death, Primary, Chronic Parenchyma Duration, \_\_\_\_\_

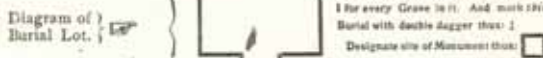
Cause of death, Secondary, Acute Nephritis Duration, \_\_\_\_\_

Certifying Physician, Foley. His Residence, \_\_\_\_\_

Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, Dec. 17, 1924.  
Joseph M. Larkin. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>225</u>	<u>00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>15</u>	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with _____	<u>15</u>	" " _____	
Washing and Dressing <u>+ services</u>	<u>10</u>	Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music, <u>3 1/2 Doz. Candles, etc.</u>	<u>4 25</u>		
Services, <u>Candleabra</u>	<u>2 00</u>	<u>S. Hayes Carriage Co. Fr.</u>	<u>3 00</u>
Use of Chairs,		Officiating Clergyman _____	
Church Charges, <u>Truck</u>	<u>2 00</u>	Goods ordered by _____	<u>298 25</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to _____	<u>301 25</u>

Dr. 298.25 Cr. \_\_\_\_\_

Jan. 3, 1925. Check	301.25
Paid S. Hayes	3.00
at funeral of Mrs. Roberts.	298.25

Jan. 3, 1925  
Joseph M. Larkin.

## RECORD AND BILL OF ITEMS

Yearly No. 68. FOR THE FUNERAL OF Helen Sylvia. Total to date 230.

Date of Birth, July 15, 1918  
 Date of Death, Dec. 20, 1924 Color † Colored Age  $\left\{ \begin{array}{l} 6 \text{ Years} \\ 8 \text{ Months} \\ - 2 \text{ Days} \end{array} \right.$

Name of Deceased, Helen Sylvia.  
 Maiden Name of Deceased

Place of Death, New Bedford St. Marys School Hampton St Ward No.

Residence, 43 Pleasant St. Nant. Sex, Single, Married,

Occupation, At School Wife of

Birth-place, Nantucket Widow of

Name of Father, Edward C. Sylvia His Birth-place, St. Antonio Cape Verde Isld

Maiden Name of Mother, Mary Goncalves Her Birth-place, Providence R.I.

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, His Residence,

Place of burial, St. Marys Cemet., Lot or Grave No. Section No.

Funeral Services at

Time of Services,

Date of Interment, Dec. 23, 1924

Edw. C. Sylvia † State whether White or Black. \* Insert Town and State.

Diagram of Burial Lot. 

Put in the Diagram one mark like this 1 for every Grave in it. Add mark this Burial with death's dagger thus: † Designate site of Monument thus: □

Casket or Coffin No.		Flowers,		
Size, <u>        </u> Made by <u>        </u>		Candles, <u>1.00 Candelabra 2</u>	<u>3</u>	<u>00</u>
Lining,		Gloves, <u>Removal from Boat</u>	<u>5</u>	<u>00</u>
Handles,		Pall Bearers or Porter		
Plate,		Hearse to <u>        </u> Cemetry	<u>20</u>	<u>00</u>
Outside Box,		Carriages for		
Burial robe,		"    "		
Preserving Body with		"    "		
Washing and Dressing		Carriages at Funeral		
Shaving,		Death Notices in		
Music,		Officiating Clergyman		
Services,		Goods ordered by		
Use of Chairs,		Bill charged to	<u>128</u>	<u>00</u>
Church Charges				
Cemetery Fee,				

Dr.

Cr.

	<u>July 17 1925 Cash</u>	<u>5 00</u>
	<u>17 1926 "</u>	<u>5 00</u>
	<u>Sept 27 1926 Bal.</u>	<u>18 00</u>
		<u>28 00</u>

RECORD AND BILL OF ITEMS

Yearly No. 68.69

FOR THE FUNERAL OF

Total to date 231.

Edwin R. Smith.

Date of Birth, June 6 1887 (Year) } 27 Years.  
 Date of Death, Dec. 22 1924 (Day) (Month) (Year) } 6 Months  
 Name of Deceased, Edwin R. Smith } 16 Days.

Maiden Name of Deceased  
 Place of Death, Nantucket Mass Street, 16 Union Ward No.

Residence, " " Sex, Single, Married,

Occupation, Carpenter, Wife of

Birth-place, Edgartown, Widow of Mary J. Smith.

Name of Father, Alfred Smith, His Birth-place, \* Can. Not be learned

Maiden Name of Mother, Sydia Cash, Her Birth-place, \* " " " "

Cause of death, } Primary, Arterial Sclerosis Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Y. Leonard, His Residence,

Place of burial, Prospect Hill, Cemetery, Lot or Grave No. 328, Section No.

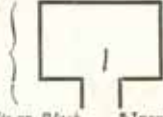
Funeral Services at

Time of Services,

Date of Interment, Dec. 24 1924

Nellie Shaw † State whether White or Black. \* Insert Town and State.

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 □

Casket or Coffin No.	<u>390</u>	<u>125 00</u>	Flowers,	
Size,	<u>Made by</u>		Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to Cemetery	
Outside Box,	<u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,			" "	
Preserving Body with	<u>Fluid</u>	<u>15 00</u>	" "	
Washing and Dressing		<u>5 00</u>	Carriages at Funeral	
Shaving,			Death Notices in	
Music,			<u>J. H. Wood Jr 1 Car</u>	<u>4 00</u>
Services,			<u>Terry &amp; Son 1</u>	<u>4 00</u>
Use of Chairs,			Officiating Clergyman	
Church Charges,			Goods ordered by	
Cemetery Fee, <u>Interment</u>		<u>25 00</u>	Bill charged to	

Dr. 4185.00 Cr.

			<u>Bill Donated.</u>	
	<u>Paid J. Terry By Check Jan 5th 1925</u>			
	<u>" J. H. Wood Jr. Cash Jan 5th "</u>			

RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 232

*Antone Marks.*

Date of Birth, Apr. 30 1880  
 Date of Death, Dec. 26 1924 Color † \_\_\_\_\_ Age { 44 Years.  
 { 7 Months.  
 { 26 Days.

Name of Deceased, Antone Marks.  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Mass. Street, 10 Cherry Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, X

Occupation, Day laborer Wife of Mary S. Marks

Birth-place, St. Miguel Agueda Widow of \_\_\_\_\_

Name of Father, Louis Marks His Birth-place, St. Miguel Agueda

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

Cause of death, } Primary, H. ch. Disease Duration \_\_\_\_\_

Cause of death, } Secondary, Probably Angina Pectoris Duration \_\_\_\_\_

Certifying Physician, Lewis Med. Ex. His Residence, \_\_\_\_\_

Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. Insert.

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Dec. 29 1924

Mary S. Marks.



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

Casket or Coffin No. <u>109</u>	<u>85 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for _____	
Burial robe, _____	<u>10 00</u>	" " _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, <u>Candelabra</u>	<u>2 00</u>	<u>L. Lynn Lema for 4. Huffs</u>	<u>3 00</u>
Services, <u>2 Doz Candles</u>	<u>2 50</u>	Officiating Clergyman _____	<u>1 61 50</u>
Use of Chairs, _____		Goods ordered by _____	
Church Charges, <u>Truck</u>	<u>2 00</u>	Bill charged to _____	<u>91 64 50</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		

Dr. 81 61 50 Cr.

Paid Agueda by check	Mch 9, 1925	Cash	164 50
Mch 13, 1925			3 00
			161 50

Mch 9 1925  
Mary Marks

# RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 233

John R. Sylvia

Date of Birth, Oct. 21, 1886 (Month) (Day) (Year) Color † \_\_\_\_\_

Date of Death, Dec. 26, 1924 (Month) (Day) (Year) Age { 38 Years, 2 Months, 5 Days.

Name of Deceased, John R. Sylvia

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Mass Street, 32 Milk Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, Retired Wife of Amelia Sylvia

Birth-place, Nantucket Mass Widow of \_\_\_\_\_

Name of Father, Francis R. Sylvia His Birth-place, \* Fayed

Maiden Name of Mother } Can not be learned Her Birth-place, \* Cape Cod

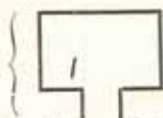
Cause of death, } Primary, Cerebral Hem Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grover His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of }  Put in the Diagram one mark like this 1 for every Grave in it. Add mark for Burial with double dagger thus: † Designate site of Monument thus: □

Date of Interment, Dec 29, 1924 Amelia Sylvia † State whether *White or Black*. \* Insert *Town and State*.

Casket or Coffin No. <u>390</u>	125 00	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15 00	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with <u>Fluid</u>	15 00	" " _____	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving,		Death Notices in _____	
Music,			
Services,		Officiating Clergyman	
Use of Chairs,		Goods ordered by _____	
Church Charges		Bill charged to _____	185 00
Cemetery Fee, <u>Interment</u>	25 00		
<b>Dr.</b>	<b>185 00</b>		<b>Cr.</b>

*Bill Donated*



# RECORD AND BILL OF ITEMS

Yearly No. 1. FOR THE FUNERAL OF Ellen Roberts. Total to date 234.

Date of Birth, Sept 5 1875 (Month) (Day) (Year)  
 Date of Death, Jan 2 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 49 Years, 3 Months, 28 Days.

Name of Deceased, Ellen Roberts.  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass. Street, Cato. Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, Single. Married, \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Boston, Mass. Widow of \_\_\_\_\_

Name of Father, David Roberts. His Birth-place, \* Ireland.

Maiden Name of Mother, Ellen Mahoney Her Birth-place, \* \_\_\_\_\_

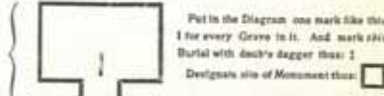
Cause of death, } Primary, multiple myeloid Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Dr. Howard. His Residence, \_\_\_\_\_

Place of burial, St. Mary's Cemet., Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Internment, Jan. 5 1925 † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>285 B</u>	<u>135 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>fluid</u>	<u>13 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Andelabra</u>	<u>2 00</u>	Officiating Clergyman	
Services, <u>1 1/2 Day candles etc.</u>	<u>1 76</u>	Goods ordered by	
Use of Chairs,	<u>1 25</u>	Bill charged to <u>John Roberts</u>	<u>202 00</u>
Church Charges, <u>Truck</u>	<u>2 00</u>		
Cemetery Fee, <u>Internment</u>	<u>25 00</u>		

Dr. <u>\$202.00</u>	Cr.
	<u>Jan 12 1925 Check 202 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 2 FOR THE FUNERAL OF Total to date 235

*Mary Coleman Collins.*

Date of Birth, \_\_\_\_\_ 19 \_\_\_\_\_

Date of Death, Jan 6 1925 Color f Age { 73 Years  
6 Months  
 Days

Name of Deceased, Mary C. Collins.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass. Street, Mt Vernon. Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Dun Doon Ireland. Widow of James Collins.

Name of Father, John Coleman. His Birth-place, \* Ireland.

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

Cause of death, } Primary, Heart Disease Duration, \_\_\_\_\_  
 } Secondary, Angina Pectoris Duration, \_\_\_\_\_

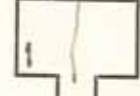
Certifying Physician, Lewis, M.D. E. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 364. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Jan 8. 1925

Diagram of Burial Lot. {  Part in the Diagram one mark like this 1 for every Grave is 11. And mark this Burial with double dagger thus: † Designate site of Monocaulous track

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

Casket or Coffin No. <u>5</u>		100 00	
Size, <u>Made by</u>		Flowers,	
Lining,		Candles,	
Handles,		Gloves,	
Plate,		Pall Bearers or Porter	
Outside Box, <u>Pine</u>	15 00	Hearse to _____ Cemetery.	
Burial robe,		Carriages for,	
Preserving Body with <u>Fluid</u>	15 00	"    "	
Washing and Dressing	5 00	"    "	
Shaving, <u>1 Doz Candles</u>	1 25	Carriages at Funeral	
Music,		Death Notices in	
Services,		<u>1 Eulog Carriage for Fr. Suff</u>	3 00
Use of Chairs,		Officiating Clergyman	
Church Charges <u>Truck</u>	2 00	Goods ordered by <u>Margaret A. Lamb</u>	163 25
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to " "	146 25
<b>Dr.</b>	<b>163 25</b>		

				Cr.	
	<u>Received from Fr. Suffin</u>	<u>Dec 29</u>	<u>1926 check</u>		80 00
	<u>" " Mrs Lamb</u>	<u>Jan 8.</u>	<u>1927 Cash</u>		50 00
<u>00</u>	<u>" " "</u>	<u>Dec 14</u>	<u>1927. Check</u>		20 00
	<u>166 25</u>	<u>May 22</u>	<u>" "</u>		16 25
	<u>131 25</u>				
	<u>36</u>				
	<u>50 00</u>				
	<u>126 00</u>				
	<u>125 00</u>				
	<u>166 25</u>				
	<u>125 00</u>				
	<u>166 25</u>				
	<u>125 00</u>				
	<u>166 25</u>				
	<u>125 00</u>				
	<u>166 25</u>				
	<u>125 00</u>				

**RECEIVED PAYMENT**

*Mrs F. C. Lamb*

# RECORD AND BILL OF ITEMS

Yearly No. 3 FOR THE FUNERAL OF Beatrice Urbano Total to date 236

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, Jan 6 (Month) 6 (Day) 1925 (Year) Color † \_\_\_\_\_ Age { 35 Years  
 \_\_\_\_\_ Months  
 \_\_\_\_\_ Days

Name of Deceased, Beatrice Urbano  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_

Residence, 7 Haven St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, X

Occupation, Housewife Wife of Joseph Urbano  
 Birth-place, St. Miguel Agues, Ill. Widow of \_\_\_\_\_

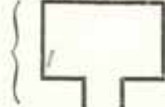
Name of Father, Frank Cordaro His Birth-place, Can not be learned  
 Maiden Name of Mother, Eusebia Her Birth-place, \_\_\_\_\_

Cause of death, } Primary, Ruptured gangrenous appendix Duration, \_\_\_\_\_  
 } Secondary, Peritonitis Duration, \_\_\_\_\_

Certifying Physician, Lewis Med. Co. His Residence, \_\_\_\_\_

Place of burial, St. Marys Cemeter-y, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Diagram of }  
 Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with death's dagger thus: † Designate site of Monument thus: □

Date of Interment, Jan 9 1925  
Joseph Urbano † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>2405</u>	.00	00	Flowers,		
Size, <u>Made by</u>			Candles,		
Lining,			Gloves,		
Handles,			Pall Bearers or Porter		
Plate,			Hearse to _____ Cemetery		
Outside Box, <u>Pine</u>	15	00	Carriages for _____		
Burial robe,	15	00	" " _____		
Preserving Body with <u>Fluid</u>	15	00	" " _____		
Washing and Dressing	5	00	Carriages at Funeral		
Shaving, <u>Removal to hair</u>	5	00	Death Notices in _____		
Music, <u>Candelabra</u>	2	00	<u>A. Agues Carriage for</u>	3	00
Services, <u>2 Boy Candles</u>	2	50	Officiating Clergyman		
Use of Chairs,			Goods ordered by _____	186	50
Church Charges <u>Truck</u>	2	00	Bill charged to _____	189	50
Cemetery Fee, <u>Interment</u>	25	00			
<b>Dr.</b>	<b>186.50</b>				

		Dr.			Cr.	
	<u>Med. Co.</u>		<u>April 12</u>	<u>1925</u>	<u>C. By Cash</u>	25 00
<u>Jan 6</u>	<u>Removal to morgue</u>		<u>July 31</u>	<u>1925</u>	" "	10 00
			<u>Aug 16</u>	" "	" "	20 00
			<u>Sept 18</u>	" "	" "	20 00
		189.50	<u>Oct 23</u>	" "	" "	20 00
		155.	<u>Jan 29</u>	<u>1927</u>	<u>Cash</u>	20 00
		54.50	<u>July 9</u>	" "	" "	20 00
			<u>Sept 30</u>	<u>1928</u>	" "	20 00
			<u>Oct 8</u>	<u>1929</u>	" "	34 00
<u>Joseph Urbano</u>						

RECORD AND BILL OF ITEMS

Yearly No. 4 FOR THE FUNERAL OF Total to date 237

Mary Coffin Mouris. Date of Birth, Apr. 30 1887. Date of Death, Jan. 7 1925. Name of Deceased, Mary C. Mouris. Maiden Name of Deceased, ... Place of Death, Nantucket Mass. Street, 78 Orange. Ward No. ... Occupation, House wife. Wife of Leonard Mouris. Birth-place, Nantucket. Widow of ... Name of Father, William G. Easton. His Birth-place, Can not be learned. Maiden Name of Mother, Lucretia MacDonald. Her Birth-place, ... Cause of death, Primary, Central Hem. Duration, ... Secondary, ... Duration, ... Certifying Physician, Leonard. His Residence, ... Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 745 Section No. ... 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: [ ]

Table with columns for items and prices. Items include: Casket or Coffin No. 2455 (135.00), Outside Box Pine (15.00), Preserving Body with Fluid (15.00), Washing and Dressing (5.00), Cemetery Fee, Interment (25.00). Total: 195.00. Flowers, Candles, Gloves, Pall Bearers or Porter, Hearse to Cemetery, Carriages for, Carriages at Funeral, Death Notices in, Officiating Clergyman, Goods ordered by Leonard Mouris, Bill charged to Leonard Mouris (195.00).

Table with columns for Date, Description, and Amount. Entry: Jan 12 1925 Cash 195.00. Signature: Leonard Mouris, dated Jan 12 1925.

RECORD AND BILL OF ITEMS

Yearly No. 5.

FOR THE FUNERAL OF

Total to date 238.

Patrick Newport.

Date of Birth, Feb 16 1923 (Month) (Day) (Year) Age { 31 Years.  
Date of Death, Jan 13 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ { 9 Months.  
Name of Deceased, Patrick Newport. { 28 Days.

Maiden Name of Deceased \_\_\_\_\_  
Place of Death, Nantucket, Mass Street, N.C. Hospital Ward No. \_\_\_\_\_

Residence, 32 Union St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, fisherman Wife of Anna Newport.

Birth-place, New-Foundland Widow of \_\_\_\_\_

Name of Father, James Newport His Birth-place, St. Johns New-Foundland.

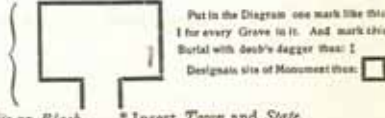
Maiden Name of Mother } Katie Taylor Her Birth-place, " " " "

Cause of death, } Primary, Appendicitis Duration, \_\_\_\_\_  
Cause of death, } Secondary, General Peritonitis Duration, \_\_\_\_\_

Certifying Physician, Froward. His Residence, \_\_\_\_\_

Place of burial, St. Marys Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of Burial Lot. {  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with death's dagger thus: † Designate size of Monument thus:

Date of Interment, Jan. 17. 1925 † State whether *White* or *Black.* \* Insert *Town* and *State.*

Casket or Coffin No. <u>109.</u>	100 00	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Horse to Cemetery	
Outside Box, <u>Pine</u>	15 00	Carriages for	
Burial robe,	5 00	" "	
Preserving Body with _____	20 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving, <u>Candleabra</u>	2 00	Death Notices in	
Music, <u>3 Do Candles 0.125</u>	3 75		
Services, <u>Removal from Hospital</u>	5 00	<u>2 Cages Carriage for Fu.</u>	3 00
Use of Chairs, <u>4 pos. 3.00</u>	1 00	Officiating Clergyman	
Church Charges <u>Trunk</u>	2 00	Goods ordered by	192 75
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to	186 75

Dr. 9183.75 Cr. \_\_\_\_\_

		<u>Mch. 13 1925</u>	<u>Cash</u>	<u>186 00</u>
			<u>to Cages</u>	<u>3 00</u>
<u>Paid by No 139 Check</u>				<u>183 00</u>
<u>Mch 13 1925</u>				
		<u>Mch. 13 1925</u>	<u>M. Newport</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 7 FOR THE FUNERAL OF Myron Charles Taylor Total to date 240

Date of Birth, Jan 8 1925 (Month) (Day) (Year) Color † Age { 0 Years, 0 Months, 8 Days.

Date of Death, Jan 16 1925 (Month) (Day) (Year)

Name of Deceased, Myron C Taylor

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C Hospital Ward No. \_\_\_\_\_

Residence, " 48 Union St. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Myron C Taylor His Birth-place, \* Nantucket Mass

Maiden Name of Mother } Blitha Northland Her Birth-place, \* Clydebourne Texas

Cause of death, } Primary, Erysipelas Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

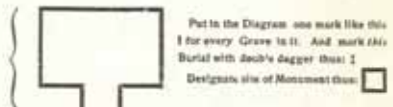
Certifying Physician, Hodges His Residence, \_\_\_\_\_

Place of burial, New Town Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Internment, Jan 18 1925 Myron C Taylor † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>10 00</u>	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to _____ Cemetery _____	
Outside Box, _____	Carriages for _____	
Burial robe, _____	" " _____	
Preserving Body with _____	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____		
Services, _____		
Use of Chairs, _____	Officiating Clergyman _____	
Church Charges _____	Goods ordered by _____	
Cemetery Fee, <u>5 00</u>	Bill charged to _____	<u>15 00</u>

Dr.		Cr.
	<u>mch 3</u>	<u>1925 Cash</u>
	<u>July 6</u>	<u>" "</u>
		<u>5 00</u>
		<u>10 00</u>
		<u>15 00</u>

PAYMENT

Myron C Taylor



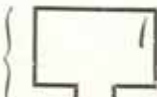


# RECORD AND BILL OF ITEMS

Yearly No. 9 FOR THE FUNERAL OF Hannah H. Christian Total to date 242

Date of Birth, July 24 1884 } 81 Years.  
 Date of Death, Feb 2 1925 } 6 Months  
 Name of Deceased, Hannah H. Christian } 2 Days

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Mass Street, 118 Orange Ward No. \_\_\_\_\_  
 Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, at Home Wife of \_\_\_\_\_  
 Birth-place, Nantucket Mass Widow of James H. Christian  
 Name of Father, John Swain His Birth-place, \* Nantucket, Mass.  
 Maiden Name of Mother } Emeline Cypha Her Birth-place, \* Maine.  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Folger His Residence, \_\_\_\_\_  
 Place of burial, Newtown Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Internment, Feb 5 1925,  
Emeline C. Christian  
 Diagram of Burial Lot. }  Put in the Diagram one mark like this I 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.

Caasket or Coffin No. <u>109</u>	\$100 00	Flowers, <u>Spray for door</u>	3 00
Size, _____ Made by _____		Candles, _____	
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Steel Vault</u>	75 00	Carriages for <u>Cars Wood 2</u>	10 00
Burial robe, _____	18 00	" " <u>Jury 1</u>	5 00
Preserving Body with _____	15 00	" " _____	
Washing and Dressing _____	5 00	Carriages at Funeral _____	
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman _____	
Services, _____		Goods ordered by _____	240 00
Use of Chairs, <u>2 Doz</u>	2 00	Bill charged to _____	258 00
Church Charges _____			
Cemetery Fee, <u>Interment</u>	25 00		
<b>Dr.</b> _____	<b>\$240.00</b>		<b>Cr.</b> _____

		<u>Feb. 3</u>	<u>1925 Cash</u>	<u>258 00</u>
	<u>Paid for Spray Feb 12</u>			<u>18 00</u>
	<u>Paid for Cars Feb 6 by check</u>			<u>240 00</u>

Feb 3 1925  
Hany Monte Odom

## RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 243

*William Seabury Coffin*

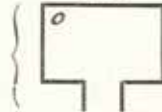
Date of Birth, Jan 3 1887 (Month) (Day) (Year) Age } 87 Years.  
 Date of Death, Feb 12 1925 (Month) (Day) (Year) Color † } 5 Months  
 Name of Deceased, William S. Coffin } 22 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, New York Street, St. Peter's Hospital Ward No. \_\_\_\_\_  
 Residence, Cocoyung Co. Albany N.Y. Sex, Single Single Married \_\_\_\_\_  
 Occupation, Retired Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Benj. S. Coffin His Birth-place, \* Nantucket, Mass.  
 Maiden Name of Mother } Mary Coffin Crosby Her Birth-place, \* Nantucket }  
 Cause of death, ) Primary, Tuberculosis. Duration, \_\_\_\_\_  
 Cause of death, ) Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. Feb 20, 1925 Section No. 138

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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 Movement thus: Date of Interment, Feb 20 1925  
Mary C. Ditmars† State whether *White* or *Black*.\* Insert *Town* and *State*.

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pal Bearer or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	_____
Services, _____	_____
Use of Chairs, _____	Officiating Clergyman _____
Church Charges _____	Goods ordered by _____
Cemetery Fee, <u>Int. of Ashes</u> <u>5 00.</u>	Bill charged to <u>Mrs Ditmars</u> <u>0 10</u>

Dr.

Cr.

		<u>mch 28 1925</u>	<u>check</u>	<u>5 00</u>

mch 28 1925  
Mrs Ditmars Adm

# RECORD AND BILL OF ITEMS.

Yearly No. 11

FOR THE FUNERAL OF

Total to date 244

Leon F. Moynihan

Date of Birth, Jan 3 1925 (Month) (Day) (Year)  
 Date of Death, Feb 18 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 0 Years, 1 Months, 15 Days.

Name of Deceased, Leon F. Moynihan  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 6 Lyon St. Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Leon F. Moynihan His Birth-place, \* Somerville, Mass.

Maiden Name of Mother, Dorothy E. Sorrento Her Birth-place, \* Fall River, Mass.

Cause of death, } Primary, Atelectasis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, F. J. J. J. J. His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ 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: □

Date of Internment, Feb 19 1925 Leon F. Moynihan. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No.	<u>10</u>	<u>00</u>	Flowers,	
Size, Made by			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to Cemetery	
Outside Box,			Carriages for	
Burial robe,			" "	
Preserving Body with			" "	
Washing and Dressing			Carriages at Funeral	
Shaving,			Death Notices in	
Music,				
Services, <u>Door Crape</u>	<u>2</u>	<u>00</u>	Officiating Clergyman	
Use of Chairs,			Goods ordered by	
Church Charges			Bill charged to	<u>17</u> <u>00</u>
Cemetery Fee, <u>Internment</u>	<u>5</u>	<u>00</u>		
Dr.	<u>17 00</u>			

Dr. 17 00 Cr.

	April 1, 1925	Cash	17 00
		Door Crape	2 00
			15 00

APR 6 1925  
 Leon F. Moynihan



# RECORD AND BILL OF ITEMS

Yearly No. 13.

FOR THE FUNERAL OF

Total to date 246

Annie K. Warren.

Date of Birth, June 24 1859 (Year) Age 65 Years.  
 Date of Death, March 4 1925 (Year) Color † \_\_\_\_\_ Age 8 Months.  
 Name of Deceased, Annie Keane Warren. 8 Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket, Mass. Street, 8 Washington Ward No. \_\_\_\_\_

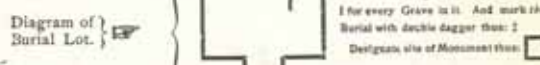
Residence, " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, House Wife Wife of Thomas Warren.

Birth-place, Nantucket, Mass. Widow of \_\_\_\_\_  
 Name of Father, Patrick Keane His Birth-place, Ireland.

Maiden Name } Can not Her Birth-place, \* \_\_\_\_\_  
 of Mother }  
 Cause of death, } Primary, Carcinoma of Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Stomach & Intestines Duration, \_\_\_\_\_

Certifying Physician, Lewis His Residence, \_\_\_\_\_  
 Place of burial, St. Marys Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



Date of Internment, March 7th 1925  
Thomas Warren. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>398</u>	<u>125 00</u>	Flowers, _____	
Size, <u>Made by</u>		Candles, _____	
Lining, _____		Gloves, _____	
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Pine</u>	<u>75 00</u>	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving, <u>Candelabra</u>	<u>2 00</u>	Death Notices in _____	
Music, <u>2 Dg Candles</u>	<u>2 50</u>	<u>L. Byrne Carriage &amp; Tr. Equip.</u>	<u>3 00</u>
Services, _____		Officiating Clergyman _____	
Use of Chairs, <u>4 P. 5 Low</u>	<u>1 00</u>	Goods ordered by _____	<u>192 50</u>
Church Charges <u>truck</u>	<u>2 00</u>	Bill charged to _____	<u>195 50</u>
Cemetery Fee, <u>Internment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>192 50</b>		<b>Cr.</b>

		<u>April 8, 1925</u>	<u>Check</u>	<u>195 50</u>
	<u>Apr. 10 Paid by</u>		<u>Carriage</u>	<u>3 00</u>
				<u>192 50</u>

**PAID**  
April 8, 1925  
Thos Warren

# RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 247

*Mary Elizabeth Snow*

Date of Birth, Dec 13 1858 (Month) (Day) (Year)  
 Date of Death, Mich 18 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 66 Years, 3 Months, 5 Days

Name of Deceased, Mary E. Snow  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Mass Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, Nanti & West Chestnut St. Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

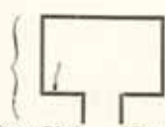
Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Nantucket Mass Widow of \_\_\_\_\_

Name of Father, Charles G. Snow His Birth-place, \* Nantucket Mass  
 Maiden Name of Mother } Emily J. Carpenter Her Birth-place, \* New Bedford "

Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, F. O. L. G. U. His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetry, Lot or Grave No. 360 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Mich. 20 1925,  
Chas. Guald. Snow † State whether *White* or *Black*. \* Insert *Town* and *State*.  
 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 ††. Designate site of Monument thus:

Casket or Coffin No. <u>285 12</u>	150 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetry _____	
Outside Box, <u>Steel Vault</u>	100 00	Carriages for _____	
Burial robe, <u>White</u>	25 00	" " _____	
Preserving Body with _____	25 00	" " _____	
Washing and Dressing _____	5 00	Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music,			
Services,			
Use of Chairs, <u>2 Doz</u>	2 00	Officiating Clergyman _____	
Church Charges _____		Goods ordered by _____	
Cemetry Fee, <u>Interment</u>	25 00	Bill charged to <u>Minnie M. Crockett</u>	332 00

Ds. 332.00 Cs.

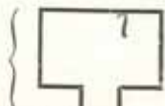
	<u>July 8 1925 Check</u>	<u>332 00</u>
<p><i>Mrs Minnie M. Crockett,</i>  <i>24 Harris St.</i>  <i>Brookline</i>  <i>Mass</i></p>		
<p><i>July 8 1925</i>  <i>Minnie M. Crockett</i>  <i>Special Agent</i></p>		

### RECORD AND BILL OF ITEMS

Yearly No. 15 FOR THE FUNERAL OF Mary E. Barrett. Total to date 248

Date of Birth, Jan 1 1882  
 Date of Death, Mich 20 1925 Color † \_\_\_\_\_ Age { 43 Years,  
2 Months,  
19 Days.

Name of Deceased, Mary E. Barrett.  
 Maiden Name of Deceased, \_\_\_\_\_  
 Place of Death, Nantucket Mass Street, 62 Orange Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, House Wife Wife of James H. Barrett.  
 Birth-place, New Bedford Mass Widow of \_\_\_\_\_  
 Name of Father, Can not be learned His Birth-place, \* \_\_\_\_\_  
 Maiden Name of Mother } Mary M. Smith Her Birth-place, \* Can not be learned.  
 Cause of death, { Primary, Broncho Pneumonia followed by a  
 Cause of death, { Secondary, fractured hip. Duration, \_\_\_\_\_  
 Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, Newtown Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Mich 22 1925 Diagram of }  
James H. Barrett. Burial Lot. }  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger †† as in Designate site of Monument thus:   
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>160</u>	60	00	Flowers,		
Size, Made by			Candles,		
Lining,			Gloves,		
Handles,			Pall Bearers or Porter		
Plate,			Hearse to Cemetery		
Outside Box, <u>Pin</u>	15	00	Carriages for		
Burial robe,			“ “		
Preserving Body with <u>Fluid</u>	15	00	“ “		
Washing and Dressing,	5	00	Carriages at Funeral		
Shaving,			Death Notices in		
Music,					
Services,					
Use of Chairs,			Officiating Clergyman		
Church Charges <u>no charge</u>			Goods ordered by		
Cemetery Fee, <u>Interment</u>	25	00	Bill charged to		120 00
Dr.		120 00			

			Mich 24 1925 Cash	120 00

*Mary E. Barrett*  
 Mich 24 1925  
 by *James H. Barrett*

# RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 249.

Edmun W. Folger

Date of Birth, April 20, 1867 (Year) 58 Years.  
 Date of Death, Mch 28, 1925 (Year) 11 Months.  
 Name of Deceased, Edmun W. Folger. Days.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Vinard Haven Street, Maine Hosp. Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, Divorced Single, Married, \_\_\_\_\_

Occupation, Attendant Wife of Sarah F. Folger  
 Birth-place, Nantucket Mass Widow of \_\_\_\_\_

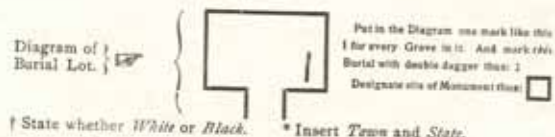
Name of Father, Daniel Folger His Birth-place, \* Nantucket  
 Maiden Name of Mother } Margaret Murphy Her Birth-place, \* Ireland.

Cause of death, } Primary, Cerebrosis of Liver Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 527 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Mch 23, 1925  
Nellie V. Blount.



Dr.			Cr.
	<u>int checks for car may 7. ch.</u>	<u>May 2</u>	<u>1925 Cash paid. 53 00</u>
			<u>Paid out for care 17 00</u>
			<u>Sal. 33 00</u>
		<u>Oct 25</u>	<u>Bal. Due on Bill 5 20</u>
			<u>1926 Check 5 20</u>
			<u>122</u>

Oct 25 1926  
Nelson Robbins.



# RECORD AND BILL OF ITEMS

Yearly No. 17. FOR THE FUNERAL OF David Joy Starbuck Total to date 250

Date of Birth, May 3 1987 (Month) (Day) (Year) Age { 87 Years.  
Date of Death, Feb 22 1925 (Month) (Day) (Year) Color † 9 Months.  
Name of Deceased, David Joy Starbuck 28 Days.

Maiden Name of Deceased \_\_\_\_\_  
Place of Death, Chelsea Street, Sailors Home Ward No. \_\_\_\_\_

Residence, 12 Grafton St. Greenwood Sec. 12-C-22 Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Painter retired 20 yrs Wife of Silla Barnard Starbuck  
Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, \_\_\_\_\_ His Birth-place, \* \_\_\_\_\_  
Maiden Name of Mother } Mary Ann Swain Her Birth-place, \* Nantucket

Cause of death, } Primary, Arterial Sclerosis Duration, \_\_\_\_\_  
Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_  
Place of burial, Prospect Hill Cemetery, Lot or Grave No. 142 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
Time of Services, \_\_\_\_\_

Date of Interment, March 25 1925 A. G. Pierson † State whether White or Black. \* Insert Town and State.  
108 Central St. Somerville



Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pal Bearers or Porter _____
Plate, _____	Hearse to <u>Boat to</u> Cemetery <u>25 00</u>
Outside Box, _____	Carriages for _____
Burial robe, _____	“ “ _____
Preserving Body with _____	“ “ _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	Officiating Clergyman _____
Services, _____	Goods ordered by _____
Use of Chairs, _____	Bill charged to <u>25 00</u>
Church Charges _____	
Cemetery Fee, _____	

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

	<u>Feb 25</u>	<u>1925</u>	<u>Check</u>	<u>25 00</u>

RECEIVED PAYMENT  
Feb. 25, 1925  
 BY A. G. Pierson

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 252

Joseph C. Sylvia

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, March 25 1925 Color † \_\_\_\_\_ Age { 75 Years  
(Month) (Day) (Year) (Month) (Day) (Year) Months Days

Name of Deceased, Joseph C. Sylvia

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 9 Atlantic Apartment No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, Shoemaker Wife of Rosa J. Sylvia

Birth-place, Flores Azousschil Widow of \_\_\_\_\_

Name of Father, Max Maria Sylvia His Birth-place, Flores Azousschil

Maiden Name of Mother, Anna Constantia Her Birth-place, " " "

Cause of death, } Primary, Angina Pectoris Duration, \_\_\_\_\_


Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Lewis His Residence, \_\_\_\_\_

Place of burial, St. Mary's Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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:

Date of Interment, March 27 1925

Joseph C. Sylvia


† State whether *White* or *Black*.

\* Insert *Town* and *State*.

Casket or Coffin No. <u>109</u>	100	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Pall Bearers or Porter		
Plate,			Hearse to _____ Cemetery		
Outside Box, <u>Pine</u>	15	00	Carriages for _____		
Burial robe,			" " _____		
Preserving Body with _____	15	00	" " _____		
Washing and Dressing _____	5	00	Carriages at Funeral		
Shaving, <u>2 Doz Candles</u>	2	50	Death Notices in _____		
Music, <u>Capella</u>	2	00			
Services, <u>C</u>					
Use of Chairs, <u>2 Doz</u>	2	00	Officiating Clergyman _____		
Church Charges <u>Truck</u>	2	00	Goods ordered by _____		
Cemetery Fee, <u>Interment</u>	25	00	Bill charged to <u>Joseph Sylvia</u>	168	50

Dr. 9168.50

Cr.

	May 11, 1925	Check	9168	53
				

# RECORD AND BILL OF ITEMS

Yearly No. 19 FOR THE FUNERAL OF Nelson A. Creasy Total to date \_\_\_\_\_

Date of Birth, June 7 1854 (Year) Age 70 Years  
 Date of Death, March 28 1925 (Year) Color † \_\_\_\_\_ Months 9  
 (Month) (Day) (Year) Days 21

Name of Deceased, Nelson A. Creasy

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket, Mass. Street, 3 New. Ward No. \_\_\_\_\_

Residence, " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Day Labourer Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Elizabeth G. Creasy

Name of Father, George Creasy His Birth-place, Nantucket Mass.

Maiden Name of Mother } Sarah West. Her Birth-place, " "  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_

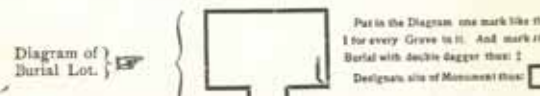
Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Howard His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, March 31 1925

Leona M. Ostman † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>160. 22</u>	<u>85 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for _____	
Burial robe,	<u>12 00</u>	" " _____	
Preserving Body with _____	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral	
Shaving, _____		Death Notices in _____	
Music, _____			
Services, _____		Officiating Clergyman _____	
Use of Chairs, <u>1 Doz</u>	<u>1 00</u>	Goods ordered by _____	
Church Charges _____		Bill charged to <u>Leona M. Ostman</u>	<u>158 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>2158.00</b>		<b>Cr.</b>

		<u>May 11 1925</u>	<u>Cash</u>	<u>158 00</u>

## RECORD AND BILL OF ITEMS

Yearly No. 20.

FOR THE FUNERAL OF

Total to date 263

Frank A. C. Greene.

Date of Birth, Jan 26, 1866  
 Date of Death, Mich 30, 1925  
 Color †  
 Age { 59 Years,  
 2 Months,  
 5 Days.

Name of Deceased, Frank A. C. Greene

Maiden Name of Deceased

Place of Death, Nantucket Mass Street, Nant. Cot Hosp. Ward No.

Residence, New Bedford, 112 Campbell St. Single, Married,

Occupation, Firemen Retired 3 yrs Wife of.

Birth-place, New Bedford. Widow of Susan M. Greene

Name of Father, Nathaniel F. Greene. His Birth-place, Plymouth

Maiden Name of Mother, Betsy Eldridge Her Birth-place, New Bedford

Cause of death, Primary, Miteal Duration,

Cause of death, Secondary, Regurgitation Duration,

Certifying Physician, Folger His Residence,

Place of burial, New Bedford, Rural. Cemetery, Lot or Grave No. Section No.

Funeral Services at

Time of Services, Shipped to N. B. Apr 1.

Date of Interment, April 2, 1925

Etta H. Church

Diagram of Burial Lot. 

Put in the Diagram use mark like this  
 † for every Grave in it. And mark this  
 Burial with double dagger then †  
 Designate site of Monument thus

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

Casket or Coffin No. 5157-12	250 00	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, Pine	15 00	Carriages for	
Burial robe,		" "	
Preserving Body with	15 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving, Removal from Hosp	5 00	Death Notices in	
Music, to Boat	5 00	Shirt Collar Co	3 70
Services,		ticket to New Bedford	2 20
Use of Chairs,		Officiating Clergyman Omblance	0 00
Church Charges		Goods ordered by	295 00
Cemetery Fee,		Bill charged to Etta H. Church	305 90
<b>Dr.</b>	<b>295 00</b>		
		<b>Cr.</b>	

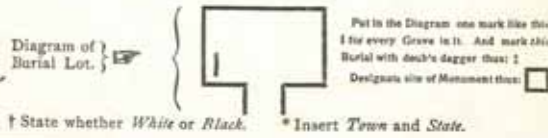
Mich 31, 1925 Cash 305 90  
 Bot Bill 295 00

Mich 31, 1925  
 Etta H. Church

RECORD AND BILL OF ITEMS

Yearly No. 21 FOR THE FUNERAL OF Charles Myron Coffin Total to date 254

Date of Birth, April 26 1878  
 Date of Death, Mich 30 1925 Color f \_\_\_\_\_ Age { 46 Years, 11 Months, 4 Days.  
 Name of Deceased, Charles Myron Coffin.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Mass Street, 6 Pine Ward No. \_\_\_\_\_  
 Residence, 42 Pine St. Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Painter Wife of Jane W. Coffin.  
 Birth-place, Nantucket Mass Widow of \_\_\_\_\_  
 Name of Father, Charles G. Coffin His Birth-place, Nantucket Mass.  
 Maiden Name of Mother, Sarah H. Hunter Her Birth-place, Nantucket.  
 Cause of death, } Primary, Endocarditis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Myocarditis Duration, \_\_\_\_\_  
 Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill. Cemet., Lot or Grave No. 564 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Intment, April 2 1925  
Charles G. Coffin



Casket or Coffin No. <u>109</u>	<u>100</u>	<u>50</u>	Flowers,		
Size, _____ Made by _____			Candles,		
Lining,			Gloves,		
Handles,			Pall Bearers or Porter		
Plate,			Hearse to _____ Cemetery		
Outside Box, <u>Pine</u>	<u>15</u>	<u>00</u>	Carriages for		
Burial robe,			" "		
Preserving Body with <u>Fluid</u>	<u>15</u>	<u>00</u>	" "		
Washing and Dressing	<u>5</u>	<u>00</u>	Carriages at Funeral		
Shaving,			Death Notices in		
Music,			Officiating Clergyman		
Services,			Goods ordered by		
Use of Chairs, <u>2 1/2 doz</u>	<u>2</u>	<u>50</u>	Bill charged to	<u>162</u>	<u>50</u>
Church Charges					
Cemetery Fee, <u>Interment</u>	<u>25</u>	<u>00</u>			
Dr. <u>516</u>	<u>2</u>	<u>50</u>			

			<u>May 27</u>	<u>1925</u>	<u>Chuck</u>	<u>162</u>	<u>50</u>

May 27 1925  
J. Sabel Coffin Adm.

RECORD AND BILL OF ITEMS

Yearly No. 22.

FOR THE FUNERAL OF

Total to date 250

Daniel A. Renaud.

Date of Birth, July 1, 1884. Date of Death, April 2, 1925. Age { 40 Years, 9 Months, 1 Day.

Name of Deceased, Daniel A. Renaud. Maiden Name of Deceased,

Place of Death, Nantucket Mass. Street, 4 W. Dover. Ward No.

Residence, " " Sex, Single. Married,

Occupation, Teamster. Wife of, Florence S. Renaud.

Birth-place, New Brunswick. Widow of,

Name of Father, August Renaud. His Birth-place, France.

Maiden Name of Mother, Cecile Segre. Her Birth-place, New Brunswick.

Cause of death, Primary, Pneumonia. Secondary,

Certifying Physician, Roberts. His Residence,

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

Funeral Services at, Time of Services,

Date of Interment, April 3, 1925. Florence S. Renaud. Diagram of Burial Lot. Part in the Diagram use 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.

Table with 3 columns: Item description, Price, and Total. Includes items like Casket or Coffin No. 38 (50 00), Outside Box Pine (15 00), Music (75), Services Candles (1 25), Church Charges Truck (2 00), Cemetery Fee, Interment (25 00).

Table with 3 columns: Item description, Price, and Total. Includes items like Flowers, Candles, Gloves, Pall Bearers or Porter, Hearse to Cemetery, Carriages for, Carriages at Funeral, Death Notices in, Officiating Clergyman, Goods ordered by, Bill charged to Florence S. Renaud (116 00).

Dr. 8116 00 Cr.

Table with 4 columns: Date, Description, Amount, Total. Includes entries for April 19, 1925 Cash (116 00) and April 23, 1925 Cash.

Stamp: RECEIVED April 19, 1925 by Florence S. Renaud

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 256

Mary C. Collins.

Date of Birth, \_\_\_\_\_ 19 \_\_\_\_  
 Date of Death, Apr 3 1923 Color † \_\_\_\_\_ Age { 76 Years, 9 Months, 19 Days.  
(Day) (Month) (Day) (Year) (Year)

Name of Deceased, Mary C. Collins

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Tombbury Street, State Infirmary No. \_\_\_\_\_

Residence, 30 W. 11 Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_

Occupation, at Home Wife of \_\_\_\_\_

Birth-place, Nantucket Mass Widow of \_\_\_\_\_

Name of Father, Barnard Collins His Birth-place, \* Ireland

Maiden Name of Mother, Rosana Hilley Her Birth-place, \* \_\_\_\_\_

Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

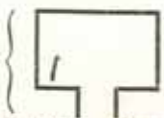
Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 156 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot.



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

Date of Interment, April 6 1923 Arthur B. Collins  
 † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Horse to <u>Boat to</u> Cemetery <u>25 00</u>	
Outside Box, _____	Carriages for _____	
Burial robe, _____	" " _____	
Preserving Body with _____	" " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	<u>Express on Coffin</u> <u>10 38</u>	
Services, _____	<u>Car for minutes</u> <u>2 00</u>	
Use of Chairs, _____	Officiating Clergyman _____	
Church Charges _____	Goods ordered by _____	
Cemetery Fee, _____	Bill charged to <u>37 38</u>	

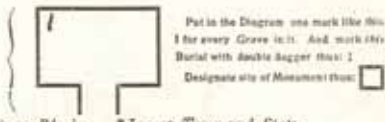
Dr.				Cr.
		<u>Apr 11, 1923</u>	<u>Check</u>	<u>37 38</u>
				<u>12 32</u>
				<u>25 00</u>

April 11, 1923  
Arthur B. Collins

# RECORD AND BILL OF ITEMS

Yearly No. 24 FOR THE FUNERAL OF John H Johnson Total to date 257

Date of Birth, \_\_\_\_\_ 19 \_\_\_\_\_ of \_\_\_\_\_  
 Date of Death, April 7 1925 Color † \_\_\_\_\_ Age { 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Name of Deceased, John H Johnson  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N.C. Hospital Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Fisherman Wife of \_\_\_\_\_  
 Birth-place, Hastead Sweden Widow of Annie Johnson  
 Name of Father, Juhan Johnson His Birth-place, \* Sweden  
 Maiden Name of Mother, Louise Johnson Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Pancreatitis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Cholemia Duration, \_\_\_\_\_  
 Certifying Physician, F. Olger His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 154 1/2 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



Date of Interment, April 10 1925.  
Lambert Parson † State whether White or Black. \* Insert Town and State.  
19 Commonwealth Ave Gloucester

Casket or Coffin No. <u>109</u>	100 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15 00	Carrriages for	
Burial robe,		" "	
Preserving Body with <u>Prof Service</u>	30 00	" "	
Washing and Dressing		Carrriages at Funeral	
Shaving, <u>Removal from Hook</u>	5 00	Death Notices in	
Music,			
Services,		<u>J. H. Wood-smith</u>	5 00
Use of Chairs,		Officiating Clergyman	
Church Charges		Goods ordered by <u>Lambert Parson</u>	180 00
Cemetery Fee, <u>Interment</u>	30 00	Bill charged to <u>J. C. Jones Adm</u>	185 00
<b>Dx.</b>	<b>5185 00</b>	<b>Cs.</b>	

$  \begin{array}{r}  1925 \\  48 \\  \hline  1977  \end{array}  $	May 25 1925 Check 185 00 Paid Wm. Cash May 25 1925 J. C. Jones Adm

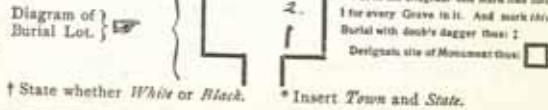


# RECORD AND BILL OF ITEMS

Yearly No. 25. FOR THE FUNERAL OF Rosa J. Sylvia Total to date 258.

Date of Birth, \_\_\_\_\_ 19\_\_\_\_  
 Date of Death, April 11. (Day) 1925. (Year) Color † Age 65 Years.  
 Name of Deceased, Rosa J. Sylvia (Day) (Year) \_\_\_\_\_ Months.  
 Maiden Name of Deceased \_\_\_\_\_ Days.  
 Place of Death, Nantucket Street, 9 Atlantic Ave. Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, At Home. Wife of \_\_\_\_\_  
 Birth-place, Flora, Azores, Ists. Widow of Joseph C. Sylvia  
 Name of Father, Frank Rabbit. His Birth-place, \* Flora, Azores, Ists.  
 Maiden Name } Rate Jesus. Her Birth-place, \* \_\_\_\_\_  
 of Mother } \_\_\_\_\_  
 Cause of death, } Primary, Cerebral Hemorrhage. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_  
 Certifying Physician, Lewis. His Residence, \_\_\_\_\_  
 Place of burial, St Marys. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, April 13. 1925.  
Joseph C. Sylvia.



Casket or Coffin No. <u>109</u>	1 00 00	Flowers,	
Size, <u>Made by.</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	10 00	Carriages for,	
Burial robe,		"    "    "	
Preserving Body with <u>Fluid</u>	15 00	Carriages at Funeral	
Washing and Dressing	5 00	Death Notices in	
Shaving, <u>2 Doz Candles 25¢</u>	2 50	Officiating Clergyman	
Music, <u>Candelabra</u>	2 00	Goods ordered by	
Services,		Bill charged to <u>Joseph C. Sylvia</u>	168 50
Use of Chairs,	2 00		
Church Charges <u>Truck</u>	2 00		
Cemetery Fee, <u>Interment</u>	26 00		
<b>Ds.</b>	<b>168 50</b>		

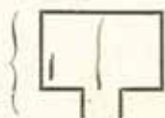
Dr.		Cr.	
		May 14 1925	Cash 168 00

May 14 1925  
 Joseph C. Sylvia Adm

## RECORD AND BILL OF ITEMS


Yearly No. 26 FOR THE FUNERAL OF Stillman C. Cash. Total to date 209.

Date of Birth, Jan 28 1858  
(Month) (Day) (Year)  
 Date of Death, Apr. 14 1925 Color † \_\_\_\_\_  
(Month) (Day) (Year) Age { 67 Years, 2 Months, 17 Days.  
 Name of Deceased, Stillman C. Cash.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, Sia Sconset, Ward No. \_\_\_\_\_  
 Residence, 119 Orange St. Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Occupation, Fish Merchant Wife of Lulu Cash.  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, George H. Cash His Birth-place, \* Nantucket  
 Maiden Name of Mother } Emilie Chubb Her Birth-place, \* Cape Cod  
 Cause of death, } Primary, Acute Myocarditis Duration, 1925  
 Cause of death, } Secondary, Rheumatic Chorea Duration, 57  
 Certifying Physician, Lewis His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cem-try, Lot or Grave No. 706 South Path Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, April 19 1925  
Lulu Cash  
 Diagram of Burial Lot:  Put in the Diagram one mark like this ( ) for every Grave to it. And mark (X) Burial with double dagger ††. Designate site of Monument thus:   
 † State whether *White or Black.* \* Insert *Town and State.*

Casket or Coffin No. <u>S 18.</u>	100 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Gran Vault.</u>	75 00	Carriages for	
Burial robe,		" "	
Preserving Body with	15 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving, <u>Removal to town</u>	10 00	Death Notices in	
Music,			
Services,		<u>Cemetery Lot</u>	10 00
Use of Chairs, <u>2 1/2 Doz</u>	2 50	Officiating Clergyman	
Church Charges		Goods ordered by	232 50
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to	247 50
<b>Dr.</b>	<b>232 50</b>		<b>247 50</b>

		May 9	1925 Cash	50 00
		" 11	1925	100 00
		" 23	" "	97 00
				247 50

  
 May 23 1925  
 Lulu Cash adon

# RECORD AND BILL OF ITEMS

Yearly No. 27 FOR THE FUNERAL OF *Harriett A. Field* Total to date 260

Date of Birth	<i>Sept 24</i>	18 <u>43</u>					
Date of Death	<i>Apr 16</i>	19 <u>26</u>	Color †	Age {	<i>81</i> Years.		
Name of Deceased	<i>Harriett A. Field</i>					<i>6</i> Months.	
Maiden Name of Deceased							
Place of Death	<i>Nantucket</i>	Street	<i>5 Vista</i>	Ward No.			
Residence	"	Sex	Single	Married			
Occupation	<i>at Home</i>	Wife of					
Birth-place	<i>Nantucket</i>	Widow of	<i>William Field</i>				
Name of Father	<i>Andrew B. Brooks</i>	His Birth-place *	<i>Nantucket</i>				
Maiden Name of Mother	<i>Lucretia Coffin</i>	Her Birth-place *	<i>Nantucket</i>				
Cause of death	} Primary, <i>myocarditis Chronic</i>		Duration				
Cause of death	} Secondary		Duration				
Certifying Physician	<i>Grover</i>	His Residence					
Place of burial	<i>mt. Vernon</i>	Cemetery, Lot or Grave No.		Section No.			
Funeral Services at							
Time of Services							
Date of Interment	<i>Apr. 19</i>	19 <u>25</u>	Diagram of Burial Lot.	Part in the Diagram one mark like this [ ] for every Grave in it. And mark this [ ] Burial with death's dagger thus: [ ] Designate site of Monument thus: [ ]			
	<i>Harry B. Smith</i>			† State whether White or Black. * Insert Town and State.			

Casket or Coffin No.	<i>28512</i>	<i>150 00</i>
Size	Made by	
Lining		
Handles		
Plate		
Outside Box	<i>Pine</i>	<i>15 00</i>
Burial robe		
Preserving Body with		<i>15 00</i>
Washing and Dressing		<i>5 00</i>
Shaving		
Music		
Services		
Use of Chairs	<i>2 1/2 Dg</i>	<i>2 50</i>
Church Charges		
Cemetery Fee	<i>Interment</i>	<i>25 00</i>
Dr.	<i>5212 50</i>	

Flowers	
Candles	
Gloves	
Pall Bearers or Porter	
Hearse to Cemetery	
Carriages for	
" "	
" "	
Carriages at Funeral	
Death Notices in	
Officiating Clergyman	
Goods ordered by	
Bill charged to	<i>212 00</i>

		<i>June 2 1925 Check</i>	<i>212 00</i>

*June 2 1925*  
*Harry B. Smith Adm.*

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF


Total to date 261

Name of Deceased, Alice Mary Wilder  
 Date of Birth, Sept 19 1884  
 Date of Death, April 19 1935 Color † Age 51 Years  
7 Months  
Days

Maiden Name of Deceased  
 Place of Death, Nantucket Street, N. C. Hospital Ward No.  
 Residence, 43 Orange St. Nantucket Sex, Single Single Married  
 Occupation, Artist Wife of  
 Birth-place, Cutler Maine Widow of

Name of Father, Mariner Lynn Wilder His Birth-place, Dennisville - Maine  
 Maiden Name of Mother, Mary Filibuck Stevens Her Birth-place, " " "

Cause of death, } Primary, Cerebral Hem. Duration,  
 Cause of death, } Secondary, Duration,  
 Certifying Physician, F. J. J. J. His Residence,  
 Place of burial, Warwick, N. Y. Cemetery, Lot or Grave No. Section No.

Funeral Services at  
 Time of Services,  
 Date of Interment, Interment April 24 1935  
Agnes S. Stevens Wilder  
 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 No. <u>5157 12</u>	<u>250 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, <u>Chestnut</u>	<u>50 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Prof Service</u>	<u>30 00</u>	" "	
Washing and Dressing		Carriages at Funeral	
Shaving, <u>Removal from Hosp.</u>	<u>5 00</u>	Death Notices in	
Music, <u>" to Boat.</u>	<u>5 00</u>		
Services, <u>Preparation for shipment</u>	<u>10 00</u>	<u>Expenses to Warwick.</u>	
Use of Chairs,		Officiating Clergyman	<u>25 62</u>
Church Charges,		Goods ordered by	<u>350 00</u>
Cemetery Fee,		Bill charged to	<u>375 62</u>
	<u>350 00</u>		<u>400 00</u>

Aug 6 1929 Paid	May 25 1925 G. By Check	\$150 00
of Carlton West Cash	" 22 1926 " " "	10 00
\$4. 00 on Main St.	Aug 6 1926 " Cash	10 00
	Apr 9 " " "	20 00
	Jan 19 1927. Cash	10 00
	Feb 21 1927. Check	30 00
	June 13 1927 check for cash	20 00
	" 20 " Cash	10 00
	Aug 31 1927. Check	50 00
	Jan 14 1928. "	15 00
	Oct. 10 " "	15 00
	Feb 9 1929 " "	10 00
	Aug 5 " Cash	24 62
		<u>579 62</u>

Agnes S. Wilder





## RECORD AND BILL OF ITEMS

Yearly No. 31

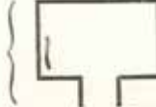
FOR THE FUNERAL OF

Total to date 264

Horace Rud Coleman

Date of Birth, Jan 6 1982 (Year)  
 Date of Death, May 3 1925 (Year) Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} 43 \text{ Years} \\ 3 \text{ Months} \\ 27 \text{ Days} \end{array} \right.$   
 Name of Deceased, Horace R. Coleman

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Mass Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, 103 Main St. Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Merchant Retail & pro Wife of \_\_\_\_\_  
 Birth-place, Ravenna, Ohio Widow of Ella F. Coleman  
 Name of Father, Henry Coleman His Birth-place, \* Nantucket  
 Maiden Name of Mother } Elizabeth E. Coffin Her Birth-place, \* Nantucket  
 Cause of death, } Primary, Chronic Infection Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Nephritis Duration, \_\_\_\_\_  
 Certifying Physician, F. Tolger His Residence, \_\_\_\_\_  
 Place of burial, Mt. Vernon Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Diagram of Burial Lot.  Put in the Diagram one mark like this 1 for every Grave in it. And mark this Burial with death's dagger thus: † Designate site of Monument thus: □  
 Date of Interment, May 7 1925  
Helen C. Banglands † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No. <u>390</u>	135 <sup>00</sup>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15 <sup>00</sup>	Carriages for _____	
Burial robe,		" " _____	
Preserving Body with _____	20 <sup>00</sup>	" " _____	
Washing and Dressing _____	5 <sup>00</sup>	Carriages at Funeral _____	
Shaving, <u>Removal from Hosp</u>	5 <sup>00</sup>	Death Notices in _____	
Music, <u>to House</u>	5 <sup>00</sup>		
Services,			
Use of Chairs,		Officiating Clergyman _____	
Church Charges <u>2 Day</u>	2 <sup>00</sup>	Goods ordered by _____	
Cemetery Fee, <u>Interment</u>	25 <sup>00</sup>	Bill charged to _____	\$212 <sup>00</sup>
Da. <u>212.00</u>		Cr.	

	June 18 -25 Check 212 00
June 17, 1925 H. C. Banglands	

# RECORD AND BILL OF ITEMS

Yearly No. 32.

FOR THE FUNERAL OF

Total to date 269

*Mary Elizabeth King*

Date of Birth, April 15 1885  
 Date of Death, May 4 1925 Color † \_\_\_\_\_ Age { 80 Years  
 { 19 Months  
 { \_\_\_\_\_ Days

Name of Deceased, Mary E. King

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket, Mass Street, N. C. Hospital Ward No. \_\_\_\_\_

Residence, 61 Pleasant St. Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_

Occupation, at home Wife of \_\_\_\_\_

Birth-place, Nantucket, Mass Widow of \_\_\_\_\_

Name of Father, Samuel King His Birth-place, \* Ireland.

Maiden Name of Mother } Mary Wade Her Birth-place, \* England.

Cause of death, } Primary, Broncho Pneumonia, Duration, \_\_\_\_\_  
 } Secondary, \_\_\_\_\_

Certifying Physician, Grouard. His Residence, \_\_\_\_\_

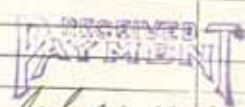
Place of burial, Prospect Hill Cemetery, Lot or Grave No. 327 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



Date of Interment, May 6 1925  
Joseph W. Pheland 60 Brook St. West Medford, Mass.  
 † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>285</u> <u>12</u>	\$150 00	Flowers,
Size, _____ Made by _____		Candles,
Lining,		Gloves,
Handles,		Pall Bearers or Porter,
Plate,		Hearse to _____ Cemetery
Outside Box, <u>Pine</u>	15 00	Carriages for,
Burial robe,		" "
Preserving Body with <u>Fluid</u>	20 00	" "
Washing and Dressing	5 00	Carriages at Funeral
Shaving,		Death Notices in _____
Music,		Officiating Clergyman _____
Services, <u>Removal from Hosp</u>	5 00	Goods ordered by _____
Use of Chairs,		Bill charged to <u>Joseph W. Pheland</u> 225 00
Church Charges,		
Cemetery Fee, <u>Interment</u>	30 00	
<b>Dr.</b>	<b>225.00</b>	<b>Cr.</b>

	July 24, 1925	Check \$225 00
 July 24, 1925 Joseph W. Pheland Cashier		





# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 267.

William H. Norcross.

Date of Birth, Dec. 18 1852  
(Month) (Day) (Year)  
 Date of Death, May 11 1923 Color † \_\_\_\_\_ Age { 72 Years,  
(Month) (Day) (Year) { 4 Months,  
 { 23 Days.

Name of Deceased, Wm. H. Norcross  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. E. Hospital Ward No. \_\_\_\_\_

Residence, Dudnet Sex, Single, Married, 1

Occupation, Farmer Wife of Isabel Norcross

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, James S. Norcross His Birth-place, \* Maine

Maiden Name of Mother } Rebecca Watson Her Birth-place, \* Nantucket, Mass.

Cause of death, } Primary, Malenia Chroni Duration, \_\_\_\_\_

Cause of death, } Secondary, Panichuatois Nephritis Duration, \_\_\_\_\_

Certifying Physician, Stoward His Residence, \_\_\_\_\_

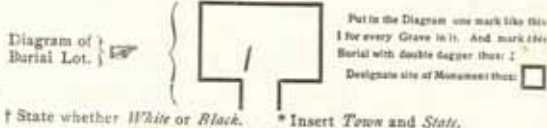
Place of burial, Mt Vernon Cemetery, Lot or Grave No. 25 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, May 13, 1923

John Norcross † State whether *White* or *Black*. \* Insert *Town* and *State*.



Casket or Coffin No. <u>5107.</u>	250 00	Flowers, _____
Size, _____ Made by _____		Candles, _____
Lining, _____		Gloves, _____
Handles, _____		Pall Bearers or Porter _____
Plate, _____		Hearse to _____ Cemetery
Outside Box, <u>Grave Vault.</u>	75 00	Carriages for _____
Burial robe, _____		" " _____
Preserving Body with <u>Fluid</u>	25 00	" " _____
Washing and Dressing _____		Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, <u>Removal from Hosp.</u>	5 00	Officiating Clergyman _____
Services, <u>to House</u>	5 00	Goods ordered by _____
Use of Chairs, * <u>Church</u>	5 00	Bill charged to <u>Isabel Norcross</u>
Church Charges _____		390 00
Cemetery Fee, <u>Interment</u>	25 00	
<b>Da.</b>	<b>\$390.00</b>	<b>Ca.</b>

	July 13 1923 Check	390 00
		390 00

## RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 268Annie Sylvia WilliamsDate of Birth, July 1, 1855  
Date of Death, May 14, 1925 Color † Age  $\left\{ \begin{array}{l} 69 \text{ Years.} \\ 10 \text{ Months.} \\ 13 \text{ Days.} \end{array} \right.$ Name of Deceased, Annie S. Williams

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Taunton Street State Hospital Ward No. \_\_\_\_\_Residence, 120 Orange St Nantucket, Single \_\_\_\_\_ Married, XOccupation, At Home Wife of Alfred D. WilliamsBirth-place, Nantucket Widow of \_\_\_\_\_Name of Father, Francis Sylvia His Birth-place, \* Can not be named.Maiden Name of Mother, Mrs. Holmd. Her Birth-place, \* Nantucket.Cause of death, } Primary, Carcinoma of Duration, \_\_\_\_\_Cause of death, } Secondary, Liver Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot, Date of Interment, May 16, 1925Alfred D. Williams

† State whether White or Black.

\* Insert Town and State.

Casket or Coffin No. <u>160.</u>	<u>75.00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box,		Carriages for	
Burial robe, <u>15.00</u>		" "	
Preserving Body with		" "	
Washing and Dressing	<u>5.00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>Removal from boat</u>	<u>5.00</u>	<u>Express</u>	<u>5.92</u>
Use of Chairs,		Officiating Clergyman	
Church Charges		Goods ordered by,	<u>125.00</u>
Cemetery Fee, <u>Interment</u>	<u>25.00</u>	Bill charged to,	<u>133.92</u>

Dr.

\$125.00

Cr.

	<u>June 3,</u>	<u>Cash.</u>	<u>183.92</u>
		<u>by press</u>	<u>5.92</u>
			<u>125.00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 269.

Name of Deceased, Leona Fish.  
 Date of Birth, May 29 1918 (Day) (Year)  
 Date of Death, May 21 1923 (Day) (Year) Color † \_\_\_\_\_  
 Age { 15 Years, 11 Months, 22 Days.

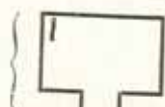
Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, Single Married,

Occupation, at school Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Fred S. Fish His Birth-place, \* Nantucket

Maiden Name of Mother } Maria Wilenad. Her Birth-place, \* Germany.  
 Cause of death, } Primary, Perforating ulcer of stomach.  
 Cause of death, } Secondary, Internal Hemorrhage.

Certifying Physician, F. L. G. His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 559 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, May 24 1923  
Fred Fish.  
 Diagram of Burial Lot {  Put in the Diagram one mark like this for every Grave in it. And mark with Burial with double dagger that I designate site of Monument there.

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

Casket or Coffin No. <u>S 153</u>	<u>100 00</u>	Flowers,	
Size, _____	Made by _____	Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>None</u>	<u>15 00</u>	Carriages for _____	
Burial robe,		“ “ _____	
Preserving Body with _____	<u>15 00</u>	“ “ _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music, <u>Removal from Hosp.</u>	<u>5 00</u>	Officiating Clergyman _____	
Services, <u>3 trips to farm</u>	<u>10 00</u>	Goods ordered by _____	
Use of Chairs,		Bill charged to <u>Fred S. Fish</u>	<u>175 00</u>
Church Charges			
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>1175.00</b>		

		Cr.	
		<u>June 5, 1923</u>	<u>Cash</u>
			<u>175 00</u>

June 5, 1923  
by Fred Fish.

# RECORD AND BILL OF ITEMS

Yearly No. 37 FOR THE FUNERAL OF Ella Maria Crocker Total to date 270.

Date of Birth, Nov 19 1854 Age { 70 Years.  
 Date of Death, June 2 1925 Color † 6 Months.  
 Name of Deceased, Ella M. Crocker -14 Days.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, 23 Milk Ward No. \_\_\_\_\_

Residence, Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Calvin F. Crocker

Name of Father, Stephen S. Gibbs His Birth-place, \* Nantucket

Maiden Name } Ann Gould Fish Her Birth-place, \* Sandwich, Mass.  
 of Mother }

Cause of death, } Primary, Artorial Sclerosis Duration, \_\_\_\_\_

Cause of death, } Secondary, Myocarditis Duration, \_\_\_\_\_

Certifying Physician, Howard His Residence, \_\_\_\_\_

Place of burial, Woods Hole Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of }  
 Date of Interment, June 4 1925 James H. Gibbs Burial Lot. }



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

Casket or Coffin No.	<u>390</u>	\$ <u>125 00</u>	Flowers,	
Size,	<u>Made by</u>		Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to	Cemetery
Outside Box,	<u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		<u>20 00</u>	" "	
Preserving Body with		<u>20 00</u>	" "	
Washing and Dressing		<u>5 00</u>	Carriages at Funeral	<u>Jan 27. 1927</u>
Shaving, <u>Removal to Boat</u>		<u>5 00</u>	Death Notices in	
Music,			<u>Paid Wm C Davis</u>	<u>45 00</u>
Services,			Officiating Clergyman	
Use of Chairs, <u>2 Doz</u>		<u>2 00</u>	Goods ordered by	
Church Charges, <u>Toll Call to Falmouth</u>		<u>.75</u>	Bill charged to	<u>192 75</u>
Cemetery Fee,				

Da. \$192.75 \$237.75

	<u>Sent bill Sept 11 to</u>	<u>May 23 1927</u>	<u>Check</u>	<u>200 00</u>
	<u>Mrs Hollis Gibbs</u>	<u>June 7</u>	<u>" "</u>	<u>37.75</u>
	<u>157 Wesleyan Ave.</u>			
	<u>Providence</u>			
	<u>R.I.</u>			
	<u>Rec. Check from</u>			
	<u>Ella Crocker</u>	<u>May 23 1927</u>		
	<u>" "</u>	<u>June 7 1927</u>		

## RECORD AND BILL OF ITEMS

Yearly No 381

FOR THE FUNERAL OF

Total to date 271.

*Virginia E. Rezendes.*

Date of Birth, Aug 14 1923 (Month) (Day) (Year) Age  $\left\{ \begin{array}{l} 19 \text{ Years} \\ 9 \text{ Months} \\ 23 \text{ Days} \end{array} \right.$

Date of Death, June 8 1925 (Month) (Day) (Year) Color  $\uparrow$

Name of Deceased, Virginia Rezendes.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_

Residence, 63 Pleasant St. Nant. Sex, \_\_\_\_\_ Single, X Married, \_\_\_\_\_

Occupation, At School. Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Joseph E. Rezendes His Birth-place, St. Marys Azores Isl

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

Cause of death, } Primary, Chronic rheumatoid Duration, \_\_\_\_\_

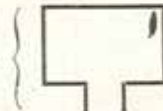
Cause of death, } Secondary, Endocarditis Duration, \_\_\_\_\_

Certifying Physician, G. Rouard. His Residence, \_\_\_\_\_

Place of burial, St. Marys Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot. 

Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger then 1. Designate site of Monument thus

Date of Interment, June 8 1925  
Joseph E. Rezendes.

$\uparrow$  State whether *White or Black.* \* Insert Town and State.

Casket or Coffin No. <u>S. 153</u>	<u>100 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to <u>Cemetery</u>	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>15 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving, <u>Candelabra</u>	<u>2 00</u>	Death Notices in	
Music, <u>Candley 2 1/2 doz</u>	<u>3 00</u>		
Services, <u>6 Pr G Loues</u>	<u>1 50</u>	<u>L. Ayres Carriage for 7/2 day</u>	<u>3 00</u>
Use of Chairs,		Officiating Clergyman	
Church Charges <u>Truck</u>	<u>2 00</u>	Goods ordered by	<u>168 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to	<u>771 00</u>
<b>Dr.</b>	<u>168 00</u>		<b>Cr.</b>

		<u>June 23 1925</u>	<u>Check</u>	<u>171 00</u>
<u>Paid Lawrence Ayres</u>	<u>July 6</u>		<u>L. Ayres</u>	<u>3 00</u>
				<u>168 00</u>

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 272.

Yearly No. 32

*Harold Adelbert Murphy Jr.*

Date of Birth, Nov 15 1922 (Year) Age 2 Years  
 Date of Death, June 11 1925 (Year) Color † \_\_\_\_\_ Months 6  
 (Month) (Day) (Year) Days 27

Name of Deceased, Harold A. Murphy Jr.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 32 Pearl Ward No. \_\_\_\_\_

Residence, Nantucket Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, None Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Harold A. Murphy His Birth-place, \* Worank Conn.

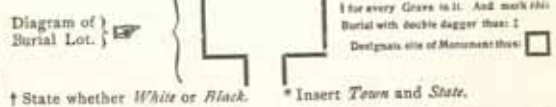
Maiden Name of Mother, Laura H. Hill Her Birth-place, \* Westford, Mass.

Cause of death, } Primary, Double Bronchitis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Pneumonia Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, New London Conn. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



Date of Interment, June 13 1925  
Harold A. Murphy

Casket or Coffin No. <u>White</u>	<u>40 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>5 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with	<u>15 00</u>	" "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>Removal to Boat</u>	<u>5 00</u>	Officiating Clergyman	
Use of Chairs,		Goods ordered by	
Church Charges		Bill charged to <u>Harold A. Murphy</u>	<u>65 00</u>
Cemetery Fee,			

Dr.	<u>765 00</u>	Cr.	
		<u>July 3</u>	<u>1925 Check</u>
		<u>" 20</u>	<u>" "</u>
			<u>34 50</u>
			<u>30 50</u>
			<u>65 00</u>

*Harold A. Murphy*

RECORD AND BILL OF ITEMS

Yearly No. 40.

FOR THE FUNERAL OF

Total to date 273

Name of Deceased, Anna Louise Jones.  
 Maiden Name of Deceased, \_\_\_\_\_  
 Date of Birth, Dec. 7 1848 (Month) (Day) (Year)  
 Date of Death, June 15 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 76 Years, 6 Months, 8 Days.

Name of Deceased, Anna L. Jones.

Place of Death, North Hampton, Mass Street, 218 Elm. Ward No. \_\_\_\_\_  
 Residence, " " " Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Benjamin F. Jones  
 Name of Father, Thomas Brown. His Birth-place, \* Nantucket.  
 Maiden Name } Mary Crosby Her Birth-place, \* Nantucket.  
 of Mother }

Cause of death, } Primary, Cancer of Liver Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 242. Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of Burial Lot. {  
 Date of Interment, June 19 1925. B. F. Jones Jr.  
 † State whether White or Black. \* Insert Town and State.



Casket or Coffin No. _____	Flowers, <u>Remora from boat</u>	<u>5.00</u>
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse to <u>Interment Cemetery</u>	<u>25.00</u>
Outside Box, _____	Carriages for <u>H. Wood</u>	<u>10.00</u>
Burial robe, _____	" <u>Carlton West</u>	<u>5.00</u>
Preserving Body with _____	" <u>Tom Jerry</u>	<u>5.00</u>
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	<u>Mrs. Linnet Terry Singing</u>	<u>5.00</u>
Services, _____	<u>Exp. paid</u>	<u>16.86</u>
Use of Chairs, _____	Officiating Clergyman _____	
Church Charges _____	Goods ordered by _____	
Cemetery Fee, _____	Bill charged to _____	<u>71.86</u>

Dr.					Cr.
	<u>Paid Wood Cash</u>	<u>15.00</u>	<u>June 22</u>	<u>1925 Check</u>	<u>71.86</u>
	<u>Paid Mrs. Terry</u>	<u>5.00</u>			

June 22, 1925  
Robert F. Jones, Jr.



# RECORD AND BILL OF ITEMS

Yearly No. 41 FOR THE FUNERAL OF Paul Bucher Total to date 274

Date of Birth, Nov. 16 1876 Age 48 Years  
 Date of Death, July 14 1925 Color † 7 Months  
 Name of Deceased, Paul Bucher 28 Days

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Sia Street, Street, Ward No. \_\_\_\_\_

Residence, 540 Seneca St. Brooklyn N.Y., Single \_\_\_\_\_ Married \_\_\_\_\_

Occupation, Vice President of Kings Co. Light Co. of Ethel Sherwood Bucher

Birth-place, Penn. Pa. Light Co. Widow of \_\_\_\_\_

Name of Father, A. R. Bucher His Birth-place, Penn. Pa.

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

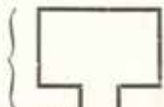
Cause of death, } Primary, Acute dilatation of heart, falling from house causing  
 } Secondary, fracture of 6th cervical vertebra

Certifying Physician, Levin Med. Ex. His Residence, \_\_\_\_\_

Place of burial, Brooklyn N.Y. Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, July 14 1925  Diagram of Burial Lot.  Put in the Diagram one mark like this for every Grave to it. And mark this Burial with double dagger thus: † Designate site of Monument thus: □

Ethel S. Bucher † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>269</u>	<u>3 00 00</u>	Flowers,	
Size, Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Chestnut</u>	<u>55 00</u>	Carriages for _____	
Burial robe,		" "	
Preserving Body with <u>Fluid</u>	<u>25 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral _____	
Shaving,		Death Notices in _____	
Music, <u>Removal from Seneca</u>	<u>10 00</u>	Officiating Clergyman _____	
Services, <u>to Boat</u>	<u>5 00</u>	Goods ordered by _____	
Use of Chairs,		Bill charged <u>Mrs Ethel S Bucher</u>	<u>4 00 00</u>
Church Charges,			
Cemetery Fee,			

Ds. 840 0 00 Cr.

		<u>Aug 6 1925. Check</u>	<u>4 00 00</u>

RECEIVED PAYMENT  
Aug 6 1925  
Ethel S Bucher Adm.

# RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 275

Charles S. Norcross.

Date of Birth, Feb 16 1951 (Month) (Day) (Year)  
 Date of Death, July 22 1952 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 74 Years, 5 Months, 4 Days.

Name of Deceased, Charles S. Norcross.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 1 Beaver Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Carpenter Wife of Emma F. Norcross.

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, James Norcross His Birth-place, Kennedybeck Me.

Maiden Name of Mother, Rebecca Watson Her Birth-place, Nantucket

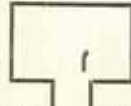
Cause of death, } Primary, Cerebral Apoplexy }  
 Cause of death, } Secondary, \_\_\_\_\_ } Duration, \_\_\_\_\_

Certifying Physician, Roberts His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 744 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, July 23 1952  
Emma F. Norcross.

Diagram of }  Put in the Diagram one mark like this }  
 Burial Lot. } † 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 No. <u>120</u>	\$ <u>50</u>	00	Flowers,		
Size, _____			Candles,		
Lining, _____			Gloves,		
Handles, _____			Pall Bearers or Porter,		
Plate, _____			Hearse to _____	Cemetery,	
Outside Box, <u>Pine</u>	15	00	Carriages for,		
Burial robe,	10	00	" "		
Preserving Body with <u>fluid</u>	15	00	" "		
Washing and Dressing	5	00	Carriages at Funeral,		
Shaving,			Death Notices in,		
Music,					
Services,					
Use of Chairs, <u>2 Doz</u>	2	00	Officiating Clergyman,		
Church Charges,			Goods ordered by,		
Cemetery Fee, <u>Interment</u>	25	00	Bill charged to <u>Edw. Norcross</u>	122	00
<b>Dr.</b>	<b>8122 00</b>				

			Aug 26 1925 Check	122	00

**PAID**  
 AUG 26 1925  
 Edw. Norcross

# RECORD AND BILL OF ITEMS

Yearly No. 43 FOR THE FUNERAL OF Etta Jewett. Total to date 276.

Date of Birth, July 31 1960 (Month) (Day) (Year) Color † \_\_\_\_\_

Date of Death, July 25 1926 (Month) (Day) (Year) AGE { 66 Years, 11 Months, 25 Days.

Name of Deceased, Etta Jewett.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C. Hospital. Ward No. \_\_\_\_\_

Residence, New Lane Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home. Wife of \_\_\_\_\_

Birth-place, Matthew's Inland. Widow of \_\_\_\_\_

Name of Father, James Mayhew. His Birth-place, \* Can not be learned.

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

Cause of death, } Primary, Calcium of Duration, \_\_\_\_\_

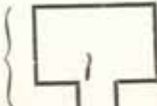
Cause of death, } Secondary, Stomach. Duration, \_\_\_\_\_

Certifying Physician, Folger. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill. Cemetery, Lot or Grave No. 721. Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

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

Date of Interment, July 27 1926 Walter Jewett. † State whether *White or Black.* \* Insert *Town and State.*

Casket or Coffin No. <u>160.</u>	60	00	Flowers,	
Size, Made by _____			Candles,	
Lining,			Gloves,	
Handles,			Pall Bearers or Porter	
Plate,			Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	16	00	Carriages for _____	
Burial robe,			" " _____	
Preserving Body with <u>fluid</u>	15	00	" " _____	
Washing and Dressing	5	00	Carriages at Funeral	
Shaving,			Death Notices in _____	
Music,			Officiating Clergyman	
Services, <u>Removal from hospital.</u>	5	00	Goods ordered by _____	
Use of Chairs,			Bill charged to <u>Walter Jewett</u>	125 00
Church Charges				
Cemetery Fee, <u>Interment</u>	25	00		
<b>Dr.</b>	<b>\$ 125.00</b>		<b>Cr.</b>	

			<u>Mich 15</u>	<u>1926</u>	<u>C. By Check</u>	<u>100</u>	<u>00</u>		
			<u>June 21</u>	<u>1926</u>	<u>" " "</u>	<u>25</u>	<u>00</u>		
						<u>125</u>	<u>00</u>		

**RECEIVED PAYMENT**  
June 5, 1926  
June 21, 1926  
Walter Jewett, Adm.

## RECORD AND BILL OF ITEMS

Yearly No. 44.

FOR THE FUNERAL OF

Total to date 277

*Infant Baby Craig*

Date of Birth, July 25 1925  
(Month) (Day) (Year)

Date of Death, July 25 1925 Color † \_\_\_\_\_ Age { 5 minutes Months \_\_\_\_\_ Days \_\_\_\_\_

Name of Deceased, \_\_\_\_\_

Maiden Name of Deceased, \_\_\_\_\_

Place of Death, Orange N. J. Street, Orange Memorial Hospital Ward \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_

Birth-place, Orange N. J. Widow of \_\_\_\_\_

Name of Father, Cleveland M. Craig His Birth-place, Washington D. C.

Maiden Name of Mother, Margaret Minshall Her Birth-place, Ture Hute, Indiana

Cause of death, } Primary, Occipital abscess Duration, \_\_\_\_\_  
 Cause of death, } Secondary, from truck extraction

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, North. Cemetery, Lot or Grave No. 110. Section No. \_\_\_\_\_

Funeral Services at, \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot.

Date of Interment, Aug 1. 1925 † State whether White or Black. \* Insert Town and State.

*Charles Minshall*

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by, _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	<u>Removal from Boat</u> <u>25 00</u>
Services, _____	<u>Interment</u> <u>15 00</u>
Use of Chairs, _____	Officiating Clergyman _____
Church Charges _____	Goods ordered by _____
Cemetery Fee, _____	Bill charged to <u>Chas Minshall</u> <u>20 00</u>

Dr.		Cr.	
		<u>Sept 8, 1925</u>	<u>Check</u> <u>20 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 278

Robert M. Powers

Date of Birth, Aug 29 1865 Color      Age { 69 Years.  
 Date of Death, Aug 3 1925 { 11 Months  
 Name of Deceased, Robert M. Powers { 8 Days

Maiden Name of Deceased     

Place of Death, Nantucket Street, N. C. Hospital Ward No.     

Residence, 3 Howard Ave. Foxboro, Mass. Single,      Married,     

Occupation, Hotel Proprietor Wife of Jennie W. Powers

Birth-place, Foxboro, Mass. Widow of     

Name of Father, Van B. Powers His Birth-place, Maine

Maiden Name of Mother, Betsy Sumner Her Birth-place, Foxboro

Cause of death, Primary, Chronic Intestinal Nephritis

Cause of death, Secondary, Myocarditis Duration,     

Certifying Physician, J. J. Guin His Residence,     

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

Funeral Services at Foxboro

Time of Services,      Diagram of Burial Lot.



Date of Interment, Aug 4 1925 † State whether White or Black \* Insert Town and State.  
Jennie W. Powers

Casket or Coffin No. <u>285-12</u>	150 00	Flowers, <u>    </u>	
Size, <u>Made by</u>		Candles, <u>    </u>	
Lining, <u>    </u>		Gloves, <u>    </u>	
Handles, <u>    </u>		Full Bearers or Porter <u>    </u>	
Plate, <u>    </u>		Hearse to <u>    </u> Cemetery	
Outside Box, <u>Chestnut</u>	50 00	Carriages for <u>    </u>	
Burial robe, <u>    </u>		" " <u>    </u>	
Preserving Body with <u>fluid</u>	20 00	" " <u>    </u>	
Washing and Dressing <u>    </u>	5 00	Carriages at Funeral <u>    </u>	
Shaving, <u>    </u>		Death Notices in <u>    </u>	
Music, <u>Removal from Hosp.</u>	5 00	<u>Shirt Collar &amp; tie</u>	3 25
Services, <u>To Boat</u>	5 00	<u>State Room</u>	2 00
Use of Chairs, <u>    </u>		Officiating Clergyman <u>    </u>	
Church Charges, <u>    </u>		Goods ordered by <u>    </u>	235 00
Cemetery Fee, <u>    </u>		Bill charged to <u>Wm. D. Carpenter</u>	240 25
<b>Dr.</b>	<b>235 00</b>		<b>Cr.</b>

	Aug 5 1925	
	Check	240 25
	to person	5 25
		235 00
Aug 5 1925 Wm. D. Carpenter		

## RECORD AND BILL OF ITEMS

Yearly No. 46 FOR THE FUNERAL OF Caroline F. Austin Total to date 278.

Date of Birth, October 14, 1883<sup>(Year)</sup>  
 Date of Death, Aug 3, 1972<sup>(Year)</sup> Color † \_\_\_\_\_ Age { 88 Years,  
9 Months,  
17 Days.

Name of Deceased, Caroline F. Austin  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, New Bedford, Street, 66 Hillman Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, Single, Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Joseph S. Austin

Name of Father, Thomas S. Sawyer, His Birth-place, \* Nantucket

Maiden Name of Mother, Sarah C. Pitts, Her Birth-place, \* Falmouth

Cause of death, } Primary, myocarditis Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Aug 6, 1972

Thomas S. Sawyer  
New Bedford

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

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

Casket or Coffin No. _____		Flowers, _____
Size, <u>Made by</u>		Candles, _____
Lining, _____		Gloves, <u>Removal from Boat</u> <u>\$5 00</u>
Handles, _____		Pal Bearers or Porter <u>Interment</u> <u>25 00</u>
Plate, _____		Hearse to _____ Cemetery
Outside Box, _____		Carriages for _____
Burial robe, _____		" " <u>J. H. Wood 1 car</u> <u>5 00</u>
Preserving Body with _____		" " <u>1 car flowers</u> <u>5 00</u>
Washing and Dressing _____		Carriages at Funeral _____
Shaving, _____		Death Notices in _____
Music, _____		<u>Catering flowers for boat</u> <u>1 00</u>
Services, _____		<u>Arthur Williams sealing vault</u> <u>5 00</u>
Use of Chairs, _____		Officiating Clergyman _____
Church Charges _____		Goods ordered by _____
Cemetery Fee, _____		Bill charged to <u>Ethel K. Chase</u> <u>adm</u> <u>46 00</u>

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

Sept 21. Paid Williams Cash \$5. on Unrem'd. Sept. 21. Check 46 00

Sent check to Wood Sept 21.

Sept 24 1972  
BY Ethel K. Chase Adm

# RECORD AND BILL OF ITEMS

Yearly No. 47.

FOR THE FUNERAL OF

Total to date 280

## Frederick W. Marvin

Date of Birth, Jan 13 1887 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 78 Years  
Aug 10 1925 (Month) (Day) (Year) { 6 Months  
 \_\_\_\_\_ { \_\_\_\_\_ Days

Name of Deceased, Frederick W. Marvin  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, M. S. Hospital Ward No. \_\_\_\_\_

Residence, 4 Lyon St Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Carpenter Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Elijah S. Marvin

Name of Father, George S. Marvin His Birth-place, St. John's Nova Scotia

Maiden Name of Mother, Elizabeth A. Orpin Her Birth-place, Dartmouth Nova Scotia

Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grouard His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemet., Lot or Grave No. 573 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Aug 12 1925 Elsie M. Walsh



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

Casket or Coffin No. <u>390</u>	<u>125 00</u>	Flowers, _____	
Size, _____ Made by _____		Candles, _____	
Lining, _____		Gloves, <u>4 pair</u>	<u>1 00</u>
Handles, _____		Pall Bearers or Porter _____	
Plate, _____		Hearse to _____ Cemetery _____	
Outside Box, <u>Grave Vault</u>	<u>75 00</u>	Carriages for _____	
Burial robe, _____		" " <u>Undueloths</u>	<u>4 50</u>
Preserving Body with <u>fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral _____	
Shaving, <u>Removal from Hosp.</u>	<u>5 00</u>	Death Notices in _____	
Music, _____		_____	
Services, _____		_____	
Use of Chairs, _____		Officiating Clergyman _____	
Church Charges _____		Goods ordered by _____	<u>250 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to _____	<u>255 50</u>

Dr. 250.00 Cr. \_\_\_\_\_

<u>Elsie M. Walsh</u>	<u>July 13 1925</u>	<u>Check</u>	<u>255 50</u>
<u>58 Fairview St.</u>		<u>Undueloths</u>	<u>4 50</u>
<u>New Britain Conn.</u>			<u>251 50</u>

PAID  
 July 13 1925  
 Elsie M. Walsh





## RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 282

*Eugenia Montiero Chor*

Date of Birth, July 17 1866  
(Month) (Day) (Year)

Date of Death, Aug 31 1925  
(Month) (Day) (Year) Color Colored Age  $\left\{ \begin{array}{l} 59 \text{ Years} \\ 0 \text{ Months} \\ 14 \text{ Days} \end{array} \right.$

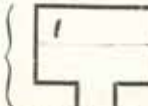
Name of Deceased, Eugenia Montiero Chor  
 Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C. Hospital Ward No. \_\_\_\_\_  
 Residence, 34 Washington St. Nant. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Cape Verde Isls Widow of Antone S. Chor  
 Name of Father, Jos. Chor His Birth-place, Cape Verde Isls  
 Maiden Name of Mother, Martirio Montiero Her Birth-place, " " " "  
 Cause of death, } Primary, Cerebral Hem. Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

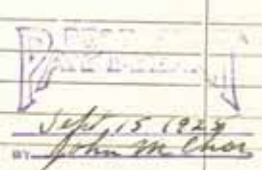
Certifying Physician, Folgu His Residence, \_\_\_\_\_  
 Place of burial, St Marys Cemetery, back of cross Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

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

Date of Interment, Sept 2 1925  
John Montiero Chor † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No. <u>15</u>	\$ 100 00	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate, <u>4 P. &amp; S. Glass</u>	1 00	Hearse to <u>Cemetery</u>	
Outside Box, <u>Pins</u>	15 00	Carriages for <u>J. C. Griffin</u>	3 00
Burial robe,		" "	
Preserving Body with <u>fluid</u>	20 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving, <u>Removal from Hosp.</u>	5 00	Death Notices in	
Music, <u>to house</u>	5 00	Officiating Clergyman	
Services, <u>Candelabra</u>	2 00	Goods ordered by	182 50
Use of Chairs, <u>209 Candles</u>	2 50	Bill charged to	185 50
Church Charges, <u>truck</u>	2 00		
Cemetery Fee, <u>Interment</u>	25 00		
De. <u>182 50</u>			Cr.

Paid <u>L. Ayres Cash</u>	Sept 15	1925 Cash	185 00
<u>Sept 18</u>			
			

### RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 282.

*Frederick G. Hallett.*

Date of Birth, \_\_\_\_\_ 19 \_\_\_\_  
 Date of Death, Aug 30 1925 Color f Age { 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Name of Deceased, Frederick G. Hallett.

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, New York Street, 225 W. 71 St. Ward No. \_\_\_\_\_


Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, Importing Silk Pettis Wife of, Henrietta G. Hallett.

Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, Ruben Hallett His Birth-place, \* Cape Cod, Mass.

Maiden Name of Mother } Sarah M. Barrett Her Birth-place, \* Nantucket  
 Cause of death, } Primary, Cerebral thrombosis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, July 21, 1926. Removed to

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 779 Section No. 196  
 Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ 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:

Date of Interment, Sept 1 1925 State whether White or Black \* Insert Town and State.  
John W. Barrett, Nantucket.

Casket or Coffin No. _____	Flowers, _____	
Size, _____ Made by _____	Candles, _____	
Lining, _____	Gloves, _____	
Handles, _____	Pall Bearers or Porter _____	
Plate, _____	Hearse <u>from Boat to</u> Cemetery <u>30</u> <u>00</u>	
Outside Box, _____	Carriages for, _____	
Burial robe, _____	" <u>Lining Mass</u> <u>5</u> <u>00</u>	
Preserving Body with _____	"    " _____	
Washing and Dressing _____	Carriages at Funeral _____	
Shaving, _____	Death Notices in _____	
Music, _____	Officiating Clergyman _____	
Services, _____	Goods ordered by _____	
Use of Chairs, _____	Bill charged to <u>John W. Barrett</u> <u>35</u> <u>00</u>	
Church Charges _____		
Cemetery Fee, _____		

Ds.											

Sept 15 1925 Check 35 00

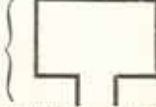
Sept 15, 1925  
John W. Barrett

### RECORD AND BILL OF ITEMS

Yearly No. 51 FOR THE FUNERAL OF Lucy Derby Fuller Total to date 283.

Date of Birth, July 13 1851  
 Date of Death, Sept 3 1925 Color † \_\_\_\_\_ Age { 74 Years, 8 Months, 19 Days.  
 Name of Deceased, Lucy D. Fuller

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket. Street, 11 Fair Ward No. \_\_\_\_\_  
 Residence, Washington D.C. Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Occupation, House Wife Wife of Samuel Richard Fuller  
 Birth-place, Boston Mass. Widow of \_\_\_\_\_  
 Name of Father, Elias Haskell Derby His Birth-place, \* Salem Mass.  
 Maiden Name of Mother } Elouise Strong Her Birth-place, \* Cannot be learned.  
 Cause of death, } Primary, Bronchitis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Monard. His Residence, \_\_\_\_\_  
 Place of burial, Christ Church Cemeter, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Funeral Services at Andover Mass.

Time of Services, \_\_\_\_\_ Diagram of Burial Lot. }  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with death's dagger thus: † Designate size of Monument thus:   
 Date of Interment, Sept 4 1925 † State whether *White* or *Black*. \* Insert Town and State.  
S. Richard Fuller

Casket or Coffin No. <u>390 20"</u>	<u>175 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Chestnut</u>	<u>50 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with <u>fluid</u>	<u>25 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funerals	
Shaving,		Death Notices in	
Music, <u>Removal to Morgue</u>	<u>5 00</u>	Officiating Clergyman	
Services, <u>to Boat</u>	<u>5 00</u>	Goods ordered by	
Use of Chairs,		Bill charged to <u>S. Richard Fuller</u>	<u>365 00</u>
Church Charges			
Cemetery Fee,			
<b>Dr.</b>	<b>265 00</b>		<b>Cr.</b>

		<u>Sept 12 1925 Check</u>	<u>\$265 00</u>

Sept 12 1925  
S. Richard Fuller  
 67 Central St  
 Andover  
 Mass

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 288

Rufus Coffin

Date of Birth, Nov-12-1852; Date of Death, Sept-23-1924; Name of Deceased, Rufus Coffin; Age, 69 Years, 11 Months, 11 Days

Maiden Name of Deceased; Place of Death, Boston; Street, Elcott Hospital; Residence, 147 Longwood Ave. Brookline, Mass.

Occupation, Broker; Wife of, Amy W. Coffin; Birth-place, Weymouth; Name of Father, Rufus Coffin; Her Birth-place, Weymouth; Maiden Name of Mother, Winifred B. Chase; Her Birth-place, Weymouth

Cause of death, Primary, Cancer of Stomach; Certifying Physician; Place of burial, Prospect Hill; Cemetery, Lot or Grave No. 68, Section No.

Diagram of Burial Lot; Date of Interment, Sept 6, 1925; State whether White or Black; Insert Town and State.

Table with columns for items (Casket or Coffin No., Size, Lining, etc.) and costs. Total cost shown as 5.00.

Dr. Cr. table with entry: Sept 6 1925 Cash 5.00. Includes a RECEIVED PAYMENT stamp dated Sept 6, 1925.

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 286

Joseph C. Brock

Date of Birth, Apr. 4 1948  
 Date of Death, Sept 6 1925 Color † Age  $\left\{ \begin{array}{l} 77 \text{ Years} \\ 5 \text{ Months} \\ 2 \text{ Days} \end{array} \right.$   
 Name of Deceased, Joseph C. Brock

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N.C. Hospital Ward No. \_\_\_\_\_

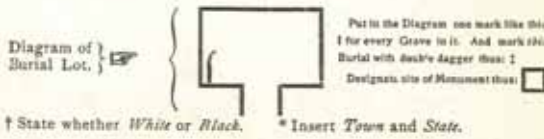
Residence, 3 S. Cape Lane Nant. Sex, Single Single Married  
 Occupation, Painter, Retired 15 yrs Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Peter C. Brock His Birth-place, \* Nantucket  
 Maiden Name of Mother } Eliza Ann Spencer Her Birth-place, \* Nantucket

Cause of death, } Primary, myocarditis & Duration, \_\_\_\_\_  
 } Secondary, Broncho Pneumonia Duration, \_\_\_\_\_

Certifying Physician, Howard His Residence, \_\_\_\_\_  
 Place of burial, North Cemetery, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 Date of Interment, Sept 8 1925  
E. H. Bowen  State whether White or Black. \* Insert Town and State.



Casket or Coffin No. <u>390</u>	125 00	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate, <u>White 304.</u>	15 00	Hearse to Cemetery	
Outside Box,	2 00	Carriages for <u>1 Jung 1</u>	5 00
Burial robe, <u>Undu cloths</u>		" <u>Wood 1</u>	5 00
Preserving Body with	20 00	"    "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving,		Death Notices in	
Music, <u>Removed from Hosp.</u>	5 00		
Services, <u>to Church</u>	5 00		
Use of Chairs,		Officiating Clergyman	
Church Charges <u>Truck</u>	2 00	Goods ordered by	2 04 00
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to <u>E. H. Bowen</u>	214 00
<b>Dr.</b>	<b>204.00</b>		<b>Cr.</b>

	Dec 30, 1925	Check.	214 00
		2 Cars	10 00
		Bal.	204 00
Dec 30, 1925 Pacific National Bank adv			

**RECORD AND BILL OF ITEMS**

Yearly No. 54

FOR THE FUNERAL OF

Total to date 287

Harriett L. Riddell

Date of Birth, July 30 1833  
(Month) (Day) (Year)  
 Date of Death, Sept. 7 1925 Color † \_\_\_\_\_ Age { 92 Years, 1 Month, 8 Days.  
(Month) (Day) (Year)

Name of Deceased, Harriett L. Riddell

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N.C. Hospital, Ward No. \_\_\_\_\_

Residence, 82 Centre Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, at Home, Wife of \_\_\_\_\_

Birth-place, Charleston S.C. Widow of Isaac S. Riddell

Name of Father, William Berry, His Birth-place, Copenhagen, Denmark

Maiden Name of Mother, Ann Hughes, Her Birth-place, Charleston S.C.

Cause of death, } Primary, Chronic Myo., Duration, \_\_\_\_\_

Cause of death, } Secondary, Jaundice, Duration, \_\_\_\_\_

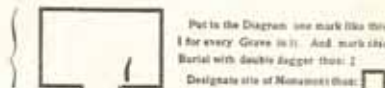
Certifying Physician, J. H. Allen, His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 305 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot:



Date of Interment, Sept. 10 1925

Ralph H. Riddell

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

Casket or Coffin No. <u>255</u>	\$150 00	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	15 00	Carriages for _____	
Burial robe,		" " <u>Jerry</u>	5 00
Preserving Body with <u>Fluid</u>	20 00	" " <u>Wood</u>	5 00
Washing and Dressing	5 00	Carriages at Funeral <u>Lewis</u>	5 00
Shaving,		Death Notices in _____	
Music, <u>Removal from Hosp</u>	5 00		
Services,			
Use of Chairs, <u>2 Doz</u>	2 00	Officiating Clergyman _____	
Church Charges		Goods ordered by _____	222 00
Cemetery Fee, <u>Interment</u>	25 00	Bill charged to _____	\$237 00

Dr. \$222 00

Cr.

<u>Ralph H. Riddell</u>	<u>Nov. 17, 1925</u>	<u>Cohasset</u>	<u>237 00</u>
<u>3 Burrell St.</u>	<u>Cov Wood</u>	<u>Long Cove</u>	<u>10 00</u>
<u>W. Mass.</u>			<u>227 00</u>

Nov 17 - 1925  
R. H. Riddell Adm.

# RECORD AND BILL OF ITEMS

Yearly No 55

FOR THE FUNERAL OF

Total to date 288

Niles Edward Hamblin

Date of Birth, Sept 18 1923 (Month) (Day) (Year) Color † Age } Years  
 Date of Death, Sept 18 1925 (Month) (Day) (Year) } Months  
} 12 hrs. Days

Name of Deceased, Niles Edward Hamblin

Maiden Name of Deceased

Place of Death, Nantucket Street, N.C. Hospital Ward No.

Residence, Sex, Single  Married

Occupation, Wife of

Birth-place, Nantucket Widow of

Name of Father, Edward B. Hamblin His Birth-place, Nantucket Mass.

Maiden Name of Mother, Machin Anna Clam Birth-place, Norway, Sweden

Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

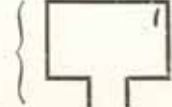
Certifying Physician, Dobson His Residence, Nant.

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

Funeral Services at

Time of Services

Diagram of } Burial Lot. }



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

Date of Interment, Sept 11 1925  
Edward B. Hamblin † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>10 00</u>		Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box,		Carriages for	
Burial robe,		"    "	
Preserving Body with		"    "	
Washing and Dressing		Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services, <u>Removal from Hosp.</u> <u>2 00</u>		Officiating Clergyman	
Use of Chairs,		Goods ordered by	
Church Charges		Bill charged to	<u>17 00</u>
Cemetery Fee, <u>Int</u> <u>5 00</u>			
<b>Ds.</b> <u>17 00</u>			<b>C'n.</b>

				<u>Nov 20, 1925</u>	<u>check</u>					<u>17 00</u>

Nov 20, 1925  
Edw. B. Hamblin

## RECORD AND BILL OF ITEMS

Yearly No 56

FOR THE FUNERAL OF

Total to date 289

*Sidney V. Fisher*

Date of Birth, Aug 15 1855  
(Month) (Day) (Year)

Date of Death, Sept 16 1935  
(Month) (Day) (Year) Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} 70 \text{ Years} \\ 1 \text{ Month} \\ 1 \text{ Day} \end{array} \right.$

Name of Deceased, Sidney V. Fisher

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, Beachside Ward No. \_\_\_\_\_

Residence, 60 Union St Nant. Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Boatman Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of Augusta M. Fisher

Name of Father, John Fisher His Birth-place, \* Falmouth, Mass.

Maiden Name of Mother, Ann Chadwick Her Birth-place, \* Woods Hole.

Cause of death, } Primary, Angina Pectoris. Duration, \_\_\_\_\_  
 } Secondary, Coronary Sclerosis Duration, \_\_\_\_\_

Certifying Physician, Lewis Med. Co. His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 549 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Date of Interment, Sept 18 1935.  
Julia A. Ellis.

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 No. <u>160</u>	<u>75 00</u>	Flowers,	
Size, _____	Made by _____	Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with <u>fluid</u>	<u>15 00</u>	" " _____	
Washing and Dressing _____	<u>5 00</u>	Carriages at Funeral	
Shaving, _____		Death Notices in _____	
Music, _____			
Services, <u>Removal</u>	<u>5 00</u>	Officiating Clergyman _____	
Use of Chairs, <u>2 Doz</u>	<u>2 00</u>	Goods ordered by _____	
Church Charges _____		Bill charged to _____	<u>142 00</u>
Cemetery Fee, <u>Interment</u>	<u>25 00</u>		
<b>Dr.</b>	<b>142 00</b>	<b>Cr.</b>	

M. M. Co. Removal to <u>Worcester</u>	<u>5 00</u>	Oct. 10. 1925. Check	<u>75 00</u>
		July 9. 1926 "	<u>67 00</u>
		Oct 9 1925 Check from <u>Town Treasurer</u>	<u>8142 00</u>
<p>July 9, 1926 Julia A. Ellis</p>			



# RECORD AND BILL OF ITEMS

Yearly No 57

FOR THE FUNERAL OF

Total to date 290.

Benjamin Sharp

Date of Birth, Nov (Month) 23 (Day) 1923 (Year) Age { 56 Years, 2 Months, 22 Days.  
 Date of Death, Nov (Month) 23 (Day) 1923 (Year) Color of \_\_\_\_\_

Name of Deceased, Benjamin Sharp

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Philadelphia Street, \_\_\_\_\_ Ward No. \_\_\_\_\_

Residence, Nantucket Adams Court Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, Retired Wife of Virginia May

Birth-place, Germany P.P. Widow of \_\_\_\_\_

Name of Father, Benz. Sharp His Birth-place, \* Philadelphia, Penn

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

Cause of death, } Primary, Acute dilatation of heart

Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, \_\_\_\_\_ His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 748 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_ Diagram of Burial Lot,



Date of Interment, Sept. 18 1925  
Virginia M. Sharp † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. _____	Flowers, _____
Size, _____ Made by, _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	<u>Interment of Ashes</u> <u>5 00</u>
Services, _____	<u>permit</u> <u>1 00</u>
Use of Chairs, _____	Officiating Clergyman _____
Church Charges _____	Goods ordered by _____
Cemetery Fee, _____	Bill charged to <u>86 00</u>

Dr. \_\_\_\_\_ Cr. \_\_\_\_\_

	<u>Nov 5 1925</u>	<u>truck</u>	<u>6 00</u>
		<u>reading permit</u>	<u>1 00</u>
			<u>5 00</u>

Nov 5 1925  
truck

RECORD AND BILL OF ITEMS

Yearly No. 58.

FOR THE FUNERAL OF

Total to date 291.

*Phibe Coffin Edwards.*

Date of Birth, May 4 1883 (Year)  
 Date of Death, Sept 29 1925 (Year) Color † \_\_\_\_\_ Age { 88 Years,  
 { 7 Months,  
 { 25 Days.

Name of Deceased, Phibe Coffin Edwards.

Maiden Name of Deceased \_\_\_\_\_

Place of Death, Nantucket, Mass. Street, 17 Pleasant. Ward No. \_\_\_\_\_

Residence, Nantucket. Sex, \_\_\_\_\_ Single, Single Married,

Occupation, At Home. Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, David W. Edwards. His Birth-place, \* Can not be learned.

Maiden Name of Mother } H. Sibeth A. Gardner. Her Birth-place, \* Nantucket.

Cause of death } Primary, Broncho Pneumonia. Duration, \_\_\_\_\_

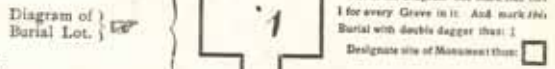
Cause of death } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_

Certifying Physician, Grouard. His Residence, \_\_\_\_\_

Place of burial, North. Cemetry, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_



Date of Interment, Oct. 1. 1925.  
Eleanor Brown. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>285 L.</u>	<u>150 00</u>	Flowers,	
Size, <u>Made by</u>		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to _____ Cemetry	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		" <u>7 mi - 2</u>	<u>10 00</u>
Preserving Body with <u>fluid</u>	<u>20 00</u>	" <u>Please 1</u>	<u>5 00</u>
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services,			
Use of Chairs, <u>2 Doz</u>	<u>2 00</u>	Officiating Clergyman	
Church Charges		Goods ordered by	<u>217 00</u>
Cemetry Fee, <u>Interment</u>	<u>25 00</u>	Bill charged <u>Mrs J. M. Schuch</u>	<u>232 00</u>
Dr.	<u>217 00</u>		

		<u>Nov 14</u> 19 <u>25</u> Check	<u>232 00</u>
<u>Mrs Joseph M. Schuch</u>		<u>Car. wt</u>	<u>15 00</u>
<u>175. Second St.</u>			<u>217 00</u>
<u>Last Detroit.</u>			
<u>H. W. Edwards Co. Mich.</u>			
		<u>Nov 19 1925</u>	
		<u>Mrs J. M. Schuch</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 59 FOR THE FUNERAL OF Sydia Cate Total to date 2921

Date of Birth, May 10 1983  
 Date of Death, Oct 3 1925 Color f Age 42 Years  
3 Months  
23 Days

Name of Deceased, Sydia Cate  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, Syon St Nantucket Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of Hamilton J. Cate  
 Name of Father, William C. Starbuck His Birth-place, \* Nantucket  
 Maiden Name of Mother } Sydia B. Mitchell Her Birth-place, \* Nantucket  
 Cause of death, } Primary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Cause of death, } Secondary, \_\_\_\_\_ Duration, \_\_\_\_\_  
 Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, Prospect St. Cemetery, Lot or Grave No. 150 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_

Date of Interment, Oct 3 1925  
Emma M. O'Hara \* State whether White or Black. \* Insert Town and State.  
393 Bedford St Whitman Mass.

Casket or Coffin No. <u>160 D. made</u>	50	00	Flowers,		
Size, _____ Made by _____			Candles,		
Lining, _____			Gloves,		
Handles, _____			Pall Bearers or Porter		
Plate, _____			Hearse to _____ Cemetery		
Outside Box, <u>Pine</u>	15	00	Carriages for <u>J. Terry &amp; Co.</u>	5	00
Burial robe, _____	10	00	" "		
Preserving Body with <u>fluid</u>	15	00	" "		
Washing and Dressing	5	00	Carriages at Funeral		
Shaving, _____			Death Notices in _____		
Music, <u>Remond from Hoop</u>	5	00	Officiating Clergyman _____		
Services, _____			Goods ordered by _____	125	00
Use of Chairs, _____			Bill charged to _____	130	00
Church Charges _____					
Cemetery Fee, <u>Interment</u>	25	00			
<b>Da.</b>	<b>125 00</b>				

			<u>Oct 3</u> 19 <u>25</u> Cash	55	00
			" <u>13</u> " "	12	00
			<u>Nov 3</u> " Check	63	00
				130	00

*Emma M. O'Hara*



# RECORD AND BILL OF ITEMS

Yearly No. 61.

FOR THE FUNERAL OF

Total to date 294.

Infant of Harry B. Turner.

Date of Birth, Oct 11 1925 (Month) (Day) (Year) Color † \_\_\_\_\_ Age { 6 Years, 5 Months, 2 Days.

Date of Death, \_\_\_\_\_ (Month) (Day) (Year)

Name of Deceased, \_\_\_\_\_

Main Name of Deceased \_\_\_\_\_

Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_

Residence, \_\_\_\_\_ Sex, \_\_\_\_\_ Single, \_\_\_\_\_ Married, \_\_\_\_\_

Occupation, \_\_\_\_\_ Wife of \_\_\_\_\_

Birth-place, Nantucket Widow of \_\_\_\_\_

Name of Father, Harry B. Turner His Birth-place, \* Nantucket

Maiden Name of Mother, Grace Gordon Her Birth-place, \* Boston, Mass.

Cause of death, } Primary, Stillborn Duration, \_\_\_\_\_

Cause of death, } Secondary, asphyxia in birth canal Duration, \_\_\_\_\_

Certifying Physician, Brookland His Residence, \_\_\_\_\_

Place of burial, Prospect Hill Cemetery, Lot or Grave No. 21 Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_

Time of Services, \_\_\_\_\_

Diagram of Burial Lot. }

Date of Internment, Oct 13 1925 † State whether *White* or *Black*. \* Insert *Town* and *State*.

Casket or Coffin No.	<u>10 00</u>	Flowers,	
Size, _____ Made by _____		Candles,	
Lining, _____		Gloves,	
Handles, _____		Pall Bearers or Porter	
Plate, _____		Hearse to _____ Cemetery	
Outside Box, _____		Carriages for _____	
Burial robe, _____		" " _____	
Preserving Body with _____		" " _____	
Washing and Dressing _____		Carriages at Funeral	
Shaving, _____		Death Notices in _____	
Music, _____		Officiating Clergyman	
Services, <u>Removal from Hosp.</u>	<u>2 00</u>	Goods ordered by _____	
Use of Chairs, _____		Bill charged to _____	<u>17 00</u>
Church Charges _____			
Cemetery Fee, <u>Int.</u>	<u>5</u>		

Dr. 47. 00 Cr.

			<u>Dec 23</u>	<u>1925</u>	<u>Check</u>	<u>17 00</u>

Dec 23 1925  
Harry B. Turner





# RECORD AND BILL OF ITEMS

Yearly No. 64

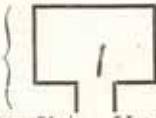
FOR THE FUNERAL OF

Total to date 297

Annie Isabel Sylvia

Date of Birth, Apr 25 8 1940 (Year)  
 Date of Death, Oct 18 8 1925 (Year) Color † \_\_\_\_\_ Age  $\left\{ \begin{array}{l} 75 \text{ Years} \\ 7 \text{ Months} \\ 10 \text{ Days} \end{array} \right.$   
 Name of Deceased, Annie I Sylvia

Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, 91 Orange Ward No. \_\_\_\_\_  
 Residence, Nantucket Sex, \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Occupation, At Home Wife of \_\_\_\_\_  
 Birth-place, Piko Westmeads Widow of Frank Sylvia  
 Name of Father, Antone Rose His Birth-place, \* Piko Westmeads  
 Maiden Name of Mother } Mary Her Birth-place, \* \_\_\_\_\_  
 Cause of death, } Primary, Strangulated Hernia Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Intestinal Obstruction Duration, \_\_\_\_\_  
 Certifying Physician, Grouard His Residence, \_\_\_\_\_  
 Place of burial, St. Marys Cemetry, Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_  
 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:   
 Date of Interment, Oct 21 1925  
Mary S Reis. † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>S. 15</u>	100 00	Flowers,	
Size, _____ Made by _____		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter,	
Plate,		Hearse to _____ Cemetry	
Outside Box, <u>Pine</u>	15 00	Carriages for,	
Burial robe,		" "	
Preserving Body with <u>fluid</u>	15 00	" "	
Washing and Dressing	5 00	Carriages at Funeral	
Shaving, <u>Candelabra</u>	2 00	Death Notices in	
Music, <u>3 Doz Candles</u>	3 75		
Services, <u>3 hrs &amp; Love</u>	75	<u>1 Dayw Carriage / on Frieffin</u>	3 00
Use of Chairs, <u>2 1/2 doz</u>	2 00	Officiating Clergyman	
Church Charges, <u>truck</u>	2 00	Goods ordered by	170 50
Cemetary Fee, <u>Interment</u>	25 00	Bill charged to	173 50
Dn. <u>170 50</u>			

	1925	
Nov 9	1925	Cash
173 50		

  
 Nov 9, 1925  
 Mary S Reis



# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 298

John B. Folger

Date of Birth, Aug 18 1934 (Month) (Day) (Year)  
 Date of Death, Nov 6 1923 (Month) (Day) (Year) Color † Age { 89 Years, 2 Months, 19 Days.

Name of Deceased, John B. Folger

Maiden Name of Deceased

Place of Death, Nantucket Street, 16 Gardner Ward No.

Residence, Nantucket Sex, Single Married.

Occupation, Trustee Wife of Elizabeth S. Folger

Birth-place, Nantucket Widow of

Name of Father, Edward R. Folger His Birth-place, Nantucket

Maiden Name of Mother } Mary A. Folger Her Birth-place, Nantucket

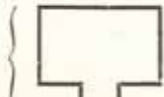
Cause of death, } Primary, Duration,

Cause of death, } Secondary, Duration,

Certifying Physician, Grouard His Residence,

Place of burial, North Cemetery, Lot or Grave No. 116 Section No.

Funeral Services at

Time of Services, 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 size of Monument thus: □

Date of Interment, Nov 8 1923 Annie Alden Folger † State whether White or Black. \* Insert Town and State.

Casket or Coffin No. <u>390</u>	\$ <u>125 00</u>	Flowers,	
Size, Made by		Candles,	
Lining,		Gloves,	
Handles,		Pall Bearers or Porter	
Plate,		Hearse to Cemetery	
Outside Box, <u>Pine</u>	<u>15 00</u>	Carriages for	
Burial robe,		" "	
Preserving Body with	<u>20 00</u>	" "	
Washing and Dressing	<u>5 00</u>	Carriages at Funeral	
Shaving,		Death Notices in	
Music,			
Services,			
Use of Chairs,		Officiating Clergyman	
Church Charges, <u>Removal to</u>	<u>5 00</u>	Goods ordered by <u>Annie A. Folger</u>	
Cemetery Fee, <u>Interment</u>	<u>25 00</u>	Bill charged to <u>Pacific National Bk</u>	<u>195 00</u>
<b>Dr. \$ 195 00</b>		<b>Ck.</b>	

		<u>Jan 26 1926</u>	<u>Check</u>	<u>195 00</u>

Jan 26 1926  
Pacific National Bank  
Adm.



RECORD AND BILL OF ITEMS

Yearly No. 67 FOR THE FUNERAL OF William S. Luvs. Total to date 300

Date of Birth, Oct 4 1906  
 Date of Death, Nov 18 1925 Color † \_\_\_\_\_ Age { 19 Years, 1 Months, 11 Days.  
 Name of Deceased, William S. Luvs.  
 Maiden Name of Deceased \_\_\_\_\_  
 Place of Death, Nantucket Street, N. C. Hospital Ward No. \_\_\_\_\_  
 Residence, Orange St. Nantucket Sex, \_\_\_\_\_ Single, Single Married, \_\_\_\_\_  
 Occupation, Malony Under Wife of \_\_\_\_\_  
 Birth-place, Nantucket Widow of \_\_\_\_\_  
 Name of Father, William W. Luvs. His Birth-place, Nantucket Mass.  
 Maiden Name of Mother, Carron Olson. Her Birth-place, Sweden.  
 Cause of death, } Primary, Appendicitis Duration, \_\_\_\_\_  
 Cause of death, } Secondary, Seplicemia Duration, \_\_\_\_\_  
 Certifying Physician, Y. Guard His Residence, \_\_\_\_\_  
 Place of burial, Prospect Hill Cemetery, Lot or Grave No. 652 1/2 Section No. \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Services, \_\_\_\_\_



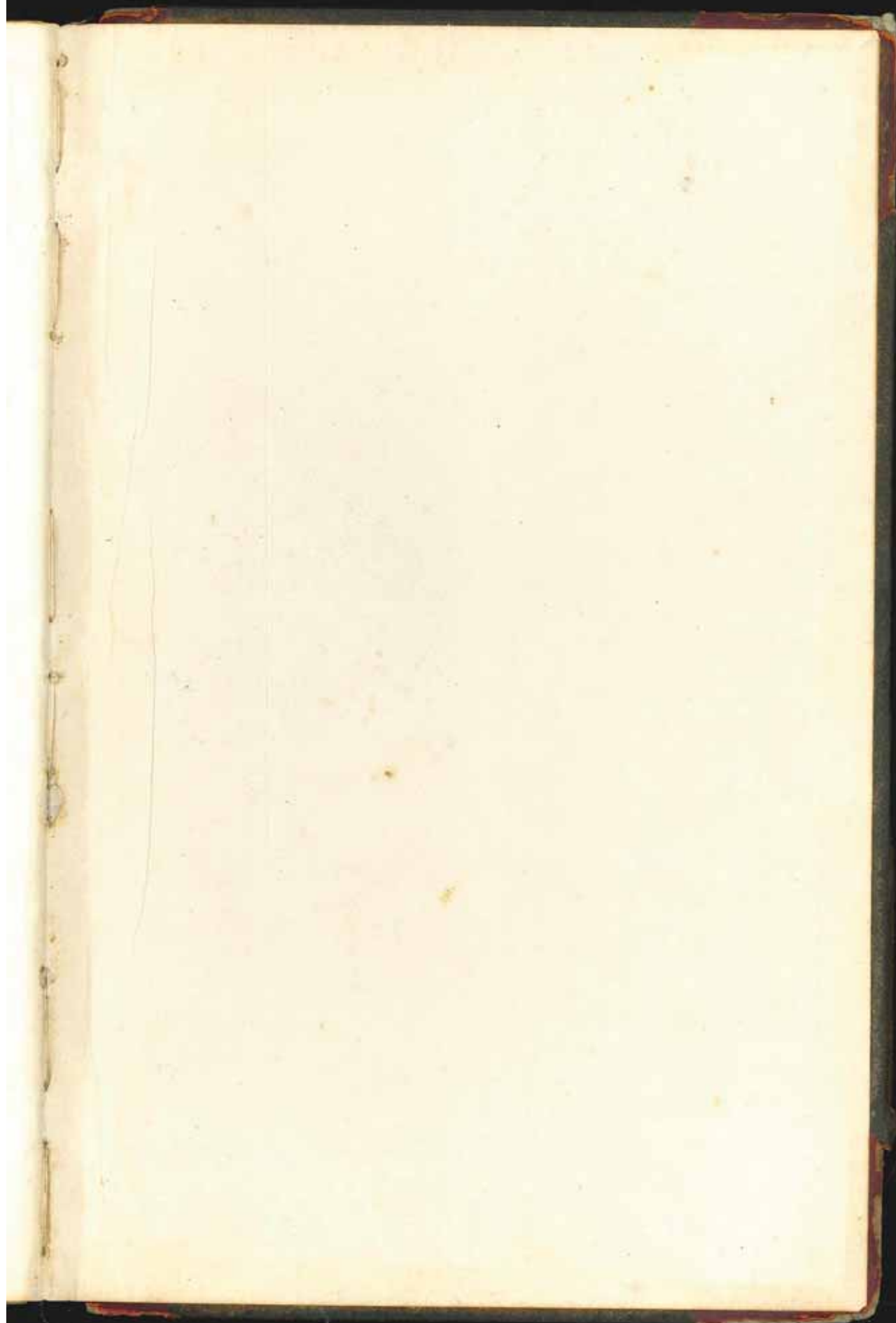
Date of Internment, Nov 17 1925  
William W. Luvs. † State whether *White* or *Black*. \* Insert *Town* and *State*.

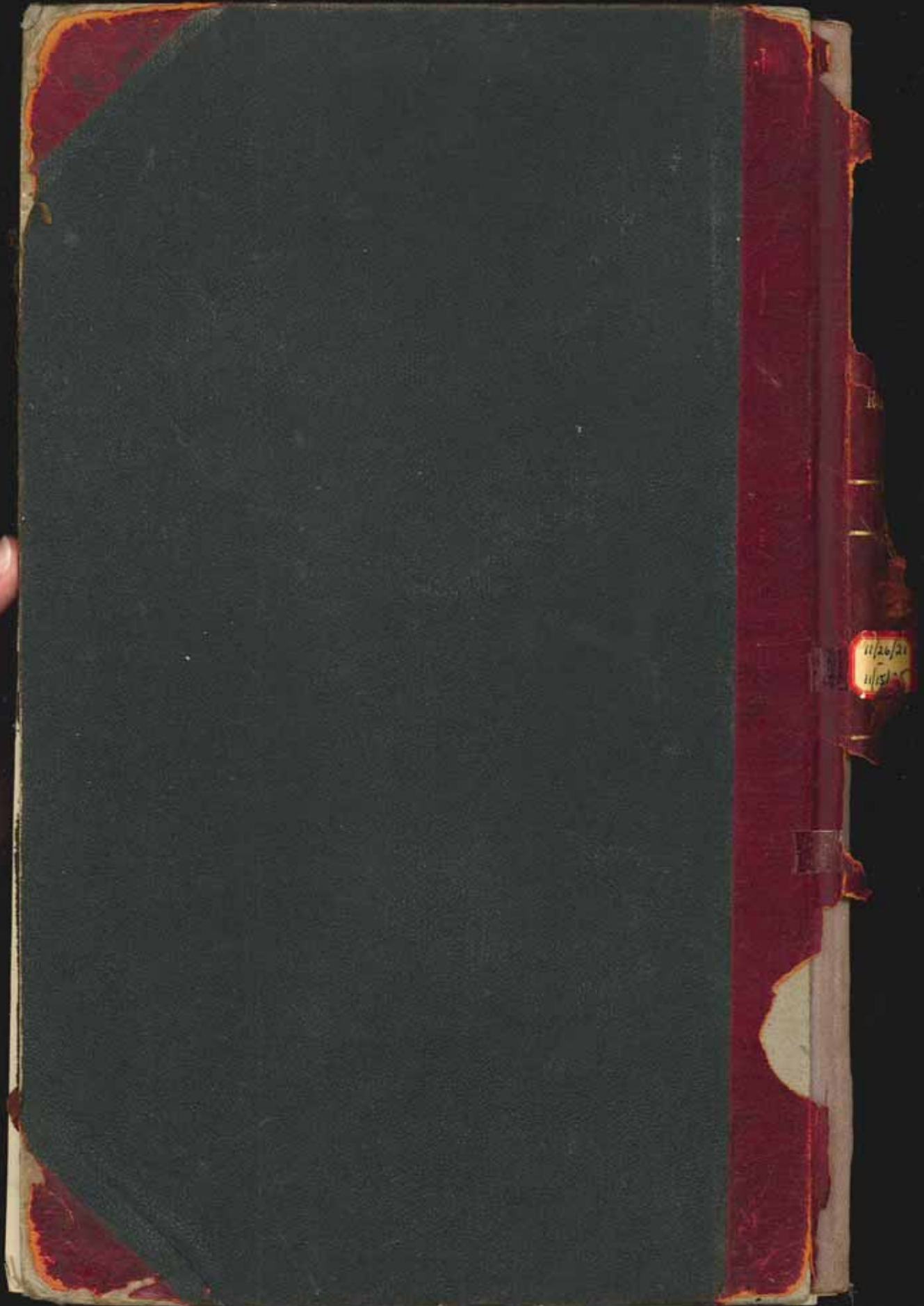
Casket or Coffin No. <u>2402</u> <u>124 Box</u> <u>\$125.00</u>	Flowers, _____
Size, _____ Made by _____	Candles, _____
Lining, _____	Gloves, _____
Handles, _____	Pall Bearers or Porter _____
Plate, _____	Hearse to _____ Cemetery _____
Outside Box, _____	Carriages for _____
Burial robe, _____	" " _____
Preserving Body with _____	" " _____
Washing and Dressing _____	Carriages at Funeral _____
Shaving, _____	Death Notices in _____
Music, _____	Officiating Clergyman _____
Services, _____	Goods ordered by _____
Use of Chairs, _____	Bill charged to <u>\$125.00</u>
Church Charges _____	
Cemetery Fee, _____	

Dr. 125.00 Cr.

			<u>Jan 13 1926. Check</u>	<u>125 00</u>

Jan 13 1926  
Wm W. Luvs.





11/20/21  
11/15/21

My dear Mr. Brown

July 21st

Dear Mr. Brown - Do you have had dealings  
with Mr. Brown of previous years? He  
is now the proprietor of the  
to become a partner - I have  
been sorry to hear of it - but I  
mean to long to see you - I  
you are familiar with the circumstances  
I hope as yet & I am sure you will

and will be the same, and I  
trust this will be in my power.  
Do this month's hire please, I wish  
you the same, and if you had not  
to do the same, you will find  
out the money for it the next day  
will. I will add for payment for it  
what is the Court for the same  
you will want another charge  
for to add an interest for my  
the same as appears from the  
the same as appears from the

Name *Francis Xavier Poirer*  
Date of Death Year *27* Month *July* Day *18* Year *1800*  
Age at Death Year *29* Month *5* Day *2*  
Place of Birth *St. John N. Jersey*  
Occupation *Doctor*  
Residence *Spokane, Tenn.*  
Place of Burial *St. John N. Jersey*  
Cause of Death *Small Pox*  
Name of Father *Richard P. Poirer*  
Residence of Father  
Mother Name of Mother *Mary Poirer*  
Residence of Mother *St. John N. Jersey*  
Name of Spouse *Ann Poirer*  
*1851 1800 1800*  
*Spokane, England*



Name: *Richard G. Downing*

Year Bore	Year 218
Month	Month
Day	Day

Year	Year
Month	Month
Day	Day

No. *5* Year *18* Month *18* Day *13*  
 No. of a *Series of 10* *Series of 10*  
 Volume *2*

Country: *Massachusetts*  
 Occupation: *Sea Captain, U.S. Army*  
 Residence: *St. Michael's Bay, N.Y.*  
 Place of Birth: *Providence, R.I.*  
 Confined by Dr. *John C. Smith*  
 Name of Father: *Richard G. Downing*  
 Birthplace of Father: *Providence, R.I.*  
 Mother's Name of Maiden: *Mrs. Mary Downing*  
 Birthplace of Mother: *Providence, R.I.*  
 Residence: *Providence, R.I.*

*Richard G. Downing*

Mr. Edward J. Gardner,  
Box 69,  
Mantucket,  
Massachusetts





Primo - Roma  
12. 1800 Roma  
Mariano di  
Mariano

START EXPRESS SHIPMENTS RIGHT. PACK RIGHT. MARK RIGHT.

UNIFORM EXPRESS RECEIPT

The Shipper will not use form No. 1, in case of loss, or of damage, unless weight, for and amount to receive at destination, is shown on the receipt.

**AMERICAN RAILWAY EXPRESS CO.** (Incorporated in the U.S.A.)

Issued at London on July 7 1924

Received from London subject to the Classification and Tariffs in effect on the date hereof. Value herein declared by shipper £100

To be sent by air unless otherwise indicated

Designated to London Charge Per Parcel

By Express unless otherwise indicated

PLACE YOUR NAME AND ADDRESS ON BOTH INSIDE AND OUTSIDE OF EACH SHIPMENT.

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