

07228643A

[FORM to be used for making out Occasional Copies of Entries of DEATHS for transmission to the Registrar-General, and for no other purpose.]

No.	Date and Place of Death.	Name and Surname.	Sex.	Condition.	Age last Birth-day.	Rank, Profession, or Occupation.	Certified Cause of Death, and Duration of Illness.	Signature, Qualification, and Residence of Informant.	When Registered.	Signature of Registrar.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
369	Tenth August 1875 Hector St Kilrush	John Joseph Hennessy	Male	Bachelor	6	Son of a Hotel Waiter	Convulsions one Week	Mich ^l Hennessy mark Present at death Hector St.	Twenty Seventh December 1875	Thos. Gibson Deputy Registrar

I, Thos. Gibson Dep^y Registrar of Births and Deaths in the District of Kilrush in the Union of Kilrush in the County of Clare do hereby certify that this is a true copy of the Entry No. 369 in the Registrar's Book of Deaths, within the District. Witness my hand this 27th day of April 1877.

Thos. Gibson Dep^y Registrar.

I have examined the above, and have compared it with the said original Registrar's Book, and hereby certify that it is a true Copy. Witness my hand this 2 day of April 1877.

M. J. Warren Superint^{nt} Reg

[Deaths S.]