

Commonwealth of Massachusetts.

City of Springfield, September 27 1985

I, Mary C Powers, hereby certify that I have examined the Records of deaths in said city and find recorded therein the death of Elizabeth (Lynch) Kennedy

The record is in the following words and figures, to wit:

Date of Death, May 14 1907
Name and Surname of Deceased, Elizabeth (Lynch) Kennedy
Name and Surname of Husband, Thomas Kennedy
Sex, F Color, W Condition, W
Age, 71 Years, - - Months, - - Days.
Disease or Cause of Death, Urterio Sclerosis

Residence, Berkshire St IO
Place of Death, Springfield
Place of Burial, St Patricks Cem Chicopee Falls
Occupation, Housewife
Place of Birth, Ireland
Name and Birthplace of Father, Timothy Lynch Ireland
Name and Birthplace of Mother, Ellen Shea Ireland
If U. S. War Veteran, specify War, - - - -

I, Mary C Powers above named, depose and say, that I hold the office of Asst/ City Clerk of the City of Springfield, in the County of Hampden and Commonwealth of Massachusetts; that the Records of Births, Marriages and Deaths in said City are in my custody, and that the above is a true extract from the Records of Deaths in said City, as certified by me.

Witness my hand and the seal of the said City of Springfield, on the day and year first above written.

Mary C Powers
Asst/ City Clerk