

Name *Willy Emond*
Place of Death *Allenstown N.H.*
Date of Death *October 13* 18 *92*
Age: Years, *1* Months, *6* Days,
Place of Birth *Allenstown N.H.*
Sex *M* Color *W* Married, Single,
Widowed, or }
Divorced,

Occupation
Cause of Death *Diphtheria*

Place of Burial *Allenstown N.H.*
Name of Father *Joseph Emond*
Maiden Name of Mother *Parniel's Demers*
Birthplace of Father *Province Quebec*
Birthplace of Mother *Province Quebec*
Occupation of Father *Mill Operator*

Name and Address of Physician (or other person) reporting said Death
A. A. Pepin M.D.

THE STATE OF NEW HAMPSHIRE.

I hereby certify that the above death record is correct to the best of my knowledge and belief.

Benj. F. Worcester
Clerk of *Allenstown N.H.*