

Deaths Registered in the City of Boston
Massachusetts Archives

Legend	Date of Death	Name & Surname of the Deceased	Sex	Condition	Years	Age Month	Day	Disease, or cause of Death	Residence, & place of Death, and Burial (if elsewhere)	Occupation	Place of Birth	Names	Birthplace of Parents
1	Jan 25, 1888	Catharine Houghton (McColgan)	F	Married	63	-	-	Organic of Heart	41 Lancaster St	-	Ireland	Michael Catharine	Ireland
2	July 12, 1890	Edward Houghton	M	Married	65	-	-	Pyarria (2 wks)	41 Lancaster St Cambridge "Old"	Laborer	Ireland	Edward Ellen	Ireland
3	July 24, 1907	Edward Houghton	M	Single	48	-	-	Oedema & congestion of lungs & Brain; Dilation of heart	22 Chestnut St Cambridge "Old"	Laborer	Boston	Edward Houghton Catherine McColgan	Ireland
4	March 14, 1935	Catherine T. Doherty (Houghton)	F	Widowed	76	-	-	Coronary thrombosis	129 Brayton Rd St Joseph's W Roxbury Ma	-	Boston	Edward Houghton Catherine McColgan	Ireland
5	Sept 7, 1891	Charles J. Houghton	M	Single	23	-	-	Gen. Tuberculosis (5Yrs)	Boston Lunatic Hospital 41 Lancaster St	-	Boston	Edward Houghton Catherine McColgan	Ireland
6	Jan 18, 1899	Patrick Doherty	M	Married	48	-	-	Cirrhosis of Liver (1 YR)	Boston	Liquor Dealer	Ireland	Edward Doherty Catherine Farren	Ireland
7	Oct 25, 1905	Thomas M Houghton	M	Married	58	-	-	Mitral regurgitation (2 Yrs)	739 Huntingotn Ave Brookline "Holyhood"	Custodian of Martin School	Boston	Richard Houghton Catherine Kelley	Ireland
8	April 19, 1914	Richard Houghton	M	Married	69	-	-	Chronic interstitial Nephritis (6Yrs)	103 W. Springfield St Brookline "Holyhood"	Custom House Officer	Boston	Richard Houghton Catherine Kelley	Ireland

Relatives: Cousins these are sons of Richard and Catherine (Richard born 1809 was Edward's older Brother). The link here is Andy Houghton who is referenced in Kate's letter of 1958.

Source of Record from City of Boston, register books

Years	Volume	Page
1 1888	393	38 mother
2 1890	411	226 father → need record for Sean
3 1907	15	161 son
4 indexes are good for years 1841 to 1910, not available		daughter
5 1891	420	309 son
6 1899	495	36 daughter's husband
7 1905	21	239 cousin
8 1914	43	412 cousin

See "www.sec.state.ma.us/vitalrecordssearch

I made a photo copy of these pages, need to scan them to PDF format.

Massachusetts Archives

William Francis Galvin, Secretary of the Commonwealth

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Vital Records Search

First Name:

Last Name:

Town:

Start Year:

End Year (optional):

Type: Birth
 Death
 Marriage

Page Size: records per page

See Results Below (2 entries available)

Last Name	First Name	Town	Years	Volume	Page	Type
Houghton	Catharine	Boston	1886	375	39	Death
Houghton	Catharine (McColgan)	Boston ✓	1888	393	38	Death

1

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Wife of Edward Houghton, died Jan 25, 1888

Attached two copies (Light/Park)

DEATHS REGISTERED IN THE City of *T. Boston* for the Year eighteen hundred and eighty-eight

No.	DATE OF DEATH	DATE OF BURIAL	NAME AND SURNAME OF THE DECEASED	SEX	AGE	DISEASE OR CAUSE OF DEATH	RESIDENCE AND PLACE OF DEATH (if different)	OCCUPATION	PLACE OF BIRTH	NAMES AND BIRTHPLACES OF PARENTS	
										Father	Mother
53	Jan 26		Robert Walker	M	60	Apoplexy	11 St. James		Ireland	Thomas Walker	Ann Walker
54	"		Mary Walker	F	20	Apoplexy	11 St. James		Ireland	Thomas Walker	Ann Walker
55	"		Edward McWhorter	M	31	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
56	"		John Walker	M	26	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
57	"		George A. Walker	M	22	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
58	"		Margaret Wallace	F	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
59	"		James Wallace	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
60	"		James Walker	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
61	"		Richard P. Brown	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
62	"		Richard P. Brown	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
63	"		Mary P. Brown	F	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
64	"		Edward McCaffrey	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
65	"		Thomas H. Kelly	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
66	"		Thomas H. Kelly	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
67	"		John V. Freathie	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
68	"		John V. Freathie	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
69	"		John V. Freathie	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker
70	"		John V. Freathie	M	20	Apoplexy	25 St. James		Ireland	Thomas Walker	Ann Walker

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Vital Records Search

First Name:

Last Name:

Town:

Start Year:

End Year (optional):

Type: Birth
 Death
 Marriage

Page Size: records per page

Transcribed:

Key 5471 Death Certificate number

Died July 12, 1890

Occupation: Laborer

Age 65

Disease: Pyarimia (2wks)

Place of Death: 41 Lancaster St

Father: Edward Ireland

Mother: Ellen Ireland

See Results Below (5 entries available)

Great Great Grand father
Great Uncle

Last Name	First Name	Town	Years	Volume	Page	Type
Houghton	Edward	Boston	1890	411	226	Death
Houghton	Edward	Boston	1907 ✓	15	161	Death
Houghton	Edward	Boston	1909	12	646	Death
Houghton	Edward J.	Boston	1896	465	492	Death
Houghton	Edward P.	Boston	1907	7	1	Death

- open - need to copy

Age 5

1

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Attachment + Son's record pg 161

RETURN OF A DEATH—1907.

FULL NAME Edward Houghton Registered No. 6610

Place of Death } Boston
and Residence } Deer Island Hospital; 22 Chestnut St

Date of Death Jul 24 1907. Age 40 years.....months.....days.

STATISTICAL DETAILS.

SEX M COLOR W SINGLE, MARRIED, WID., DIV. S

Maiden Name

Husband's Name

Birthplace

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Occupation

Informant

Place of Burial or removal

Undertaker

Boston

Edward Houghton

Ireland

Catherine McColgan

Ireland

Laborer

Cambridge "Old"

J P Crogan

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness, from1907, to1907, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: { Oedema & Congestion of Lungs
(Duration) }
& Brain; Dilatation of Heart
(Autopsy)

Contributory: {

(Signed) G B Magrath M.D.
Jul 26 1907

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Boston
Filed Jul 30 1907

A true copy.
Attest:

E. M. Bennett

Registrar

MAILED 1907 JUL 26 10 30 AM

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts
 DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS

905231

506

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
 No. **129 Brayton Rd** St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON
 (City or town making return)

Registered No. **2690**

2 FULL NAME **Catherine T Doherty**
 (If deceased is a married, widowed or divorced woman, give also maiden name)

{ (If U. S. War Veteran, specify WAR)

(a) Residence. No. **129 Brayton Rd** St., Ward,
 (Usual place of abode) (If nonresident, give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **F** 4 COLOR OR RACE **W** 5 SINGLE MARRIED WIDOWED or DIVORCED **Widowed** (write the word)

6a If married, widowed, or divorced HUSBAND of **Patrick Doherty** (Give maiden name of wife in full) (Husband's name in full)
 (or) WIFE of

7 AGE **76** Years Months Days If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10 Date deceased last worked at this occupation (month and year) **3/35** 11 Total time (years) spent in this occupation **54**

12 BIRTHPLACE (City) (State or country) **Boston** **30**

13 NAME OF FATHER **Edward Houghton**

14 BIRTHPLACE OF FATHER (City) (State or country) **Ireland** **30-2**

15 MAIDEN NAME OF MOTHER **Catherine McColgan**

16 BIRTHPLACE OF MOTHER (City) (State or country) **Ireland** **30-2**

17 Informant (Address) **Son Edward A**

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
 CS
 (Signature of Agent of Board of Health or other)
 (Official Designation) **3/17/35** (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH **Mar 14/35**
 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from **10/21/34**, 19 to **3/14/35**, 19
 I last saw h. **er** alive on **3/14/35**, 19, death is said to have occurred on the date stated above, at **4.25p**
 The principal cause of death and related causes of importance in order of onset were as follows:

coronary thrombosis - Heart Attack 1933
The heart is surrounded by 3 major arteries that supply it w/ blood & oxygen. If a blood clot develops, tissue dies - leads to major heart attack

hypertensive heart disease 1920
Heart problem that occur because of high blood pressure

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

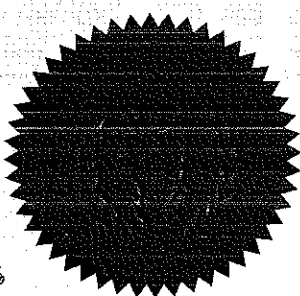
20 Was disease or injury in any way related to occupation of deceased? If so, specify: **R J Donovan** (Signed) **Brookline** (Address) **3/14/35** M. D.

21 PLACE OF BURIAL **St Joseph's** (Crematory) (City or town)
 CREMATION OR REMOVAL
 DATE OF BURIAL **3/18/35** 19

22 NAME OF UNDERTAKER **L. M Birmingham**
 ADDRESS **Boston**

Received and filed **3/19/35** 19
Hilda Pedestrom Durk (Registrar)
 A TRUE COPY, ATTEST:

VOID IF ALTERED OR ERASED



JUN 16 2011

Stanley E. Nyberg
 Registrar of Vital Records and Statistics

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

Massachusetts Archives

William Francis Galvin, Secretary of the Commonwealth

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Vital Records Search

First Name:

Last Name:

Town:

Start Year:

End Year (optional):

- Type: Birth
 Death
 Marriage

Research date 9-2-11

Note: Micro film certin sections were unreadable... Staff member pulled actual book for me to read from.

Page Size: records per page

See Results Below (1 entries available)

Last Name	First Name	Town	Years	Volume	Page	Type
Houghton	Charles J.	Boston	1891	420	309	Death
1						

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Transcribed:

<u>DOB</u>	<u>Name</u>	<u>Sex</u>	<u>Condition</u>	<u>Yrs</u>	<u>Disease, Cause of death</u>	<u>Residence & Place of Death</u>	<u>Occupation</u>
9-7-1891	Charles J Houghton	M	S	23	Gen. Tuberculosis 5 Yrs	Boston Lunatic Hospital 45 Lancaster St.	none

<u>Place of Birth</u>	<u>Name of Parents</u>	<u>Birth place of Parents</u>
Boston	Edward	Ireland
	Bridget Colligan	Ireland

Note: Both Charles's parents died and I believe Bridget is listed as she was either a "Maid" or "Cousin" who was close to Edward. Question - did this Bridget also care for

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Vital Records Search

First Name:
 Last Name:
 Town:
 Start Year:
 End Year (optional):
 Type: Birth
 Death
 Marriage

Page Size: records per page

See Results Below (5 entries available)

Last Name	First Name	Town	Years	Volume	Page	Type
Doherty	Patrick	Boston	1896	465	273	Death
Doherty	Patrick	Boston	1899	495	401	Death <i>Age 7</i>
Doherty	Patrick	Boston	1899 ✓	495	36	Death
Doherty	Patrick	Boston	1899	495	237	Death <i>Age 5</i>
Doherty	Patrick	Boston	1899	495	495	Death <i>Age 2</i>

1

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Died Jan 18, 1899

DEATHS REGISTERED in the City

(USE TWO LINES WHERE NECESSARY. ALL NAMES TO BE GIVEN IN FULL.)

No.	DATE OF DEATH.	DATE OF RECORD.	NAME AND SURNAME OF THE DECEASED. <small>If a married or divorced woman or a widow, give also maiden name and name of husband.</small>	SEX: <small>(and color, if other than white.)</small>	CONDITION <small>(single, married, widowed or divorced.)</small>	AGE.			DISEASE
						Years.	Months.	Days.	
686	Jan 18	Jan 20	Elizabeth Buchanan	F	S		3	15	Char
87	Jan 18		Michael Driscoll	M	W	56			Wre Ker
88	Jan. 18		Dorothea Binkenburg Anna Bauer William Binkenburg	F	M	22	4	6	Bro Pneu
89	Jan 18		William Kopyt	M	M	52	2		Chap Chci
90	Jan 18		John W. Forrester	M	S	58			Chci
91	Jan 18		Madeline Crow	F	S			27	Emp Chci
92	Jan 18		Patrick Doherty	M	M	48			Wre
93	Jan 18		Daniel S. Donahoe	M	S	1	1	13	Wre Chci
94	Jan 18		Samuel Mark	M	S	3		18	Chci Pneu
95	Jan 19		Charles Sewell	M	S			4	Wre Wre
96	Jan 19		Everett B. Brown	M.	S	19	8		Wre Chci
97	Jan 19		Frank Luciano	M	S	1		3	Wre Pneu
			James J. ...	M	W	43	5	25	Wre

AGE	DISEASE, OR CAUSE OF DEATH.		1. Residence.			OCCUPATION.	PLACE OF B.
	Years.	Months.	Days.	2. Place of Death.	3. Place of Burial.		
3	10	Cholera		(1-2) Boston		-	Boston
56		Cerebral Hemorrhage		(1-2-3) Boston		Laborer	Dorchester
22	4	Bronchial Pneumonia		(1-2-3) Boston		at home	Brookline
52	2	Cholera poisoning Accident		(1-2) Boston		Oil Inspector	St. John
58		Alcoholism		(1-2-3) Boston		Painter	Dorchester
		Empyema Atrophy?		(1-2) Boston		-	Dorchester
48		Worms of liver Hepatitis		(1-2) Boston (3) Brookline		Chemist dealer	Dorchester
13	1	Convulsions (ch meningitis)		(1-2) Boston		-	Boston
3	18	Measles and Pneumonia		(1-2-3) Boston		-	Boston
4		Convulsions (unknown)		(1-2) Boston (3) Chalden		-	Boston
19	8	Pulmonary Tuberculosis		(1-2) Boston (3) Bath, Me		Clerk	Bath
3	3	Empyema Pneumonia		(1-2) Boston (3) Chalden		-	Boston
48	5	Heart Disease		(1-2-3) Boston		Merchant	Englewood

NAMES AND BIRTHPLACE OF PARENTS.

OCCUPATION	PLACE OF BIRTH.	NAMES AND BIRTHPLACE OF PARENTS.		No.
		Names. (Give maiden name of mother.)	Birthplace.	
	Boston	Buchanan	-	11
		Elizabeth	-	
Suburban	Ireland	Michael Driscoll	Ireland	8
		Johanna Pole	do	
at home	Brooklyn.	Fredrick S. Bauer	Germany	9
		Mrs. Parothead	do	
Del.	St John.	George Kaye	St. John's N	9
Inspector	A B	Bridget's wife	do	
Painter	Ireland	Prester	-	10
		-	-	
	Cambridge	William F. Chalk	England	11
		Mary M. McKee	Scotland	
Signer	Ireland	Edward Osherty	Ireland	12
rep. dealer		Katherine Farren	do	
	Boston	Roger Donahoe	do	13
		Annie Fitzgerald	do	
	Boston	Robert Clark	do	14
		Elizabeth Armstrong	do	
	Boston	Arthur H. Maxwell	Boston	15
		Kellie Dwyer	do	
Clerk	Bath, Me.	Charles Brown	Littleton, Me.	16
		Julia Radcliffe	Amherst, Me.	
	Boston	Raffaello Serrano	Italy	17
		Emerga Galillo	do	
Merchant	England	John B. Craft	England	18
		Mary Magallon	do	

Patrick
Osherty

COMMONWEALTH OF MASSACHUSETTS

CITY OF 239

Volume 21
pg 239

RETURN OF A DEATH—1905.

BOSTON.

FULL NAME Thomas M Houghton Registered No. 9073

Place of Death and Residence } Boston 739 Huntington Ave

Date of Death Oct 25 1905 Age 58 years months days

STATISTICAL DETAILS.

PHYSICIAN'S CERTIFICATE.

SEX COLOR SINGLE, MARRIED, WID DIV

M W M

Maiden Name

Husband's Name

Birthplace Boston

Name of Father Richard Houghton

Birthplace of Father Ireland

Maiden Name of Mother Catherine Kelley

Birthplace of Mother Ireland

Occupation Custodian of Martin School

Informant

I HEREBY CERTIFY that I attended deceased during last illness, from 1905, to 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: } Mitral regurgitation - 2 yrs
(Duration) } Heart mitral valve does not close properly. Regurgitation of blood back into the left atrium.

Contributory: } Oedema of Glottis - 1 hr
(Duration) } excessive accumulation of fluid in lungs/heart

(Signed) John S Brownrigg M.D.

Oct 26 1905

SPECIAL INFORMATION from Hospitals Institutions, Transients, or Recent Residents.

Place of Burial or removal Brookline "Holyhood"

Undertaker Edw. J. Gilmore

Usual Residence Boston

Filed Oct 30 1905

A true copy Attest: E. M. T. Glenon

Registrar

MARGIN REST FOR BINDING

WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Volume 43
pg 412

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Falmouth (No. State Hospital) St. *Ward* (City or town)
[If death occurred at a hospital or institution, give its NAME and number of street and number.]

2 FULL NAME
Richard Doughton
[If married or divorced woman or widow give maiden name, also name of husband.]
3 RESIDENCE
103 W. Springfield St. Boston Registered No. *30*

PERSONAL AND STATISTICAL PARTICULARS
4 SEX
Male
5 COLOR OR RACE
White
6 DATE OF BIRTH
69 yrs. *1* mos. *1* ds. (Month) (Day) (Year)
7 AGE
69 yrs. *1* mos. *1* ds. If LESS than 1 day, hrs. or min. ?

8 OCCUPATION
Custom House Officer
9 BIRTHPLACE (State or country)
Boston
10 NAME OF FATHER
Richard Doughton
11 BIRTHPLACE OF FATHER (State or country)
Ireland
12 MAIDEN NAME OF MOTHER
Catherine Kelly
13 BIRTHPLACE OF MOTHER (State or country)
Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Richard Doughton*
(Address) *Hotel Doughton*
15 Filed *Apr 12, 1914* Registrar *George R. Eldred*

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)
At place of death *6* yrs. *2* mos. *1* da. In the State *Mass.*
Where was disease contracted, if not at place of death?
Former or usual residence

17 I HEREBY CERTIFY that I attended deceased from *April 12, 1914* to *April 12, 1914* that I last saw *alive on April 12, 1914* and that death occurred, on the date stated above, at *225*
The CAUSE OF DEATH* was as follows:
Chronic Interstitial Kidney Failure
6 yrs duration Nephritis
"Kidney Failure"

18 CONTRIBUTORY (SECONDARY)
Nephritis - disease of kidney
(Signed) *Frank O. Gandy*
Apr 12, 1914 (Address) *Falmouth*

19 PLACE OF BURIAL OR REMOVAL
St. Paul Cemetery
20 UNDERTAKER
F. O. Gandy
21 DATE OF BURIAL
Apr 12, 1914
22 ADDRESS
Falmouth

Research 6-15-11 Eric Williams