

PROPERTY NO. _____
H/D (IF APPLICABLE) _____
MIL. NR. DOE. HABS. HSER. TI. SS. IS. LOCAL _____
UTMS _____

SIGNIFICANCE

Physician & Surgeon. Practiced at 802
Maine. Lived at 808 1/2 Maine before
building this house.

FORM PREPARED BY

QUINCY PRESERVES

TEL _____



PHOTO NO. ____ OF ____ . NAME OF PROPERTY _____

PHOTOGRAPHER _____

LOCATION OF NEGATIVE _____

VIEW _____

DATE _____